

**DATE PRESENTING CLINICAL SIGNS**

10/19/21 Chronic vomiting. Vomiting undigested food despite Cerenia and Metoclopramide. Did well on canned i/d for a few days but vomits when dry i/d mixed in. Now vomiting canned i/d as well.

PATIENT

Jax Agnello
 Current Medications: None
 Lab Results: NSF, but elevated amylase 438
 Date of Previous IntraPet Ultrasound: No previous
 Sedation: IV sedation utilized for AUS
 Stat Report: not requested

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

Labrador X

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

SEX

Neutered Male

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 5.96 cm. The right kidney measured 5.0 cm.

AGE

2019

WEIGHT

50.6 Pounds

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.45 cm x 0.57 cm at the cranial pole and 0.47 cm at the caudal pole. The right adrenal gland measured 2.67 cm x 0.58 cm at the caudal pole and 0.53 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

Spleen

The **spleen** was uniformly enlarged with relatively uniform parenchyma without evidence of masses. The capsule was mildly swollen. This is most consistent with hypersplenism and reactive hyperplasia deriving from splenic white or red pulp. However, early infiltrative disease, such as lymphoma or mast cell neoplasia can, at times, present in this manner but not suspected. 25g US-guided FNA would be best in order to ensure only reactive hyperplasia is present. If clinical signs fit with potential neoplasia or mast cell disease, then Benadryl injection (1 mg/pound IM) 15 minutes prior to FNA would be recommended.

HOSPITAL NAME

Festival Vet Clinic

REFERRING VET

Dr. Harvey

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

INVOICE

26384

Gastrointestinal

The **gastric** wall was slightly thickened with increased submucosal echogenicity, yet curvilinear patterns were maintained. A regional lymph node was slightly enlarged and hypoechoic, measuring 1.24 cm x 1.01 cm. No evidence of foreign body. The small intestine and colon were unremarkable.

Pancreas

The **pancreas** revealed heterogeneous mixed hypoechoic parenchymal changes with irregular contour and remodeling, measuring 2.0 cm in width. Regional inflammation noted around the right pancreatic limb.

ULTRASONOGRAPHIC FINDINGS

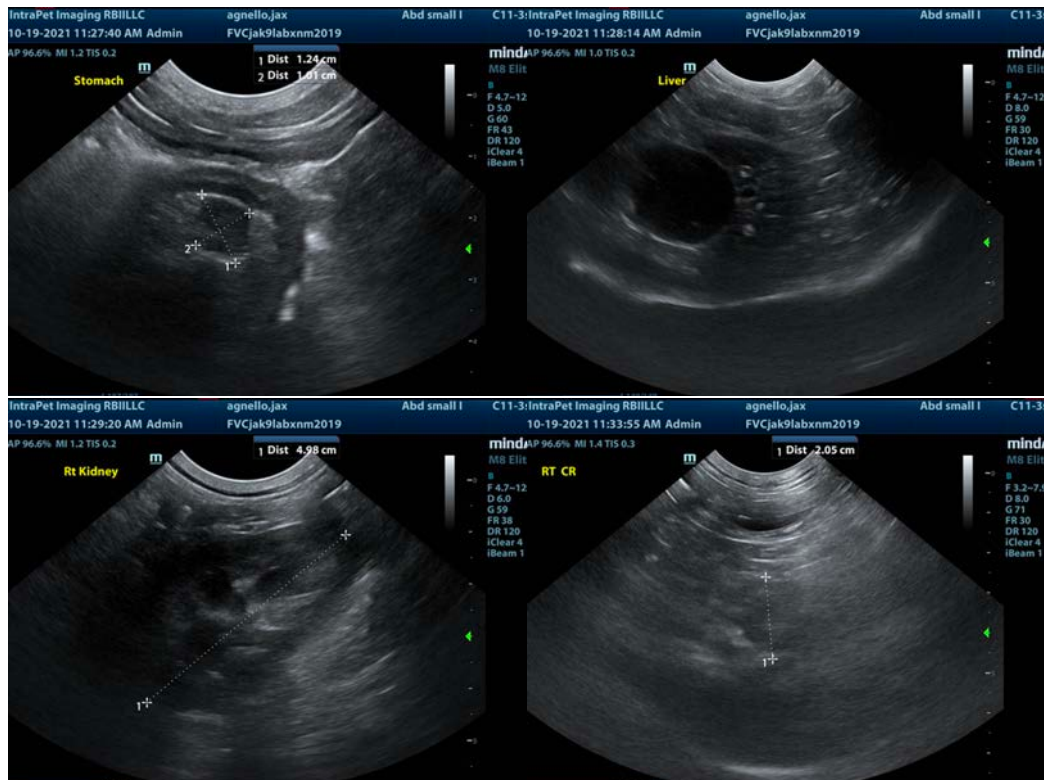
- Chronic active pancreatitis/gastritis pattern with minor regional lymphadenopathy

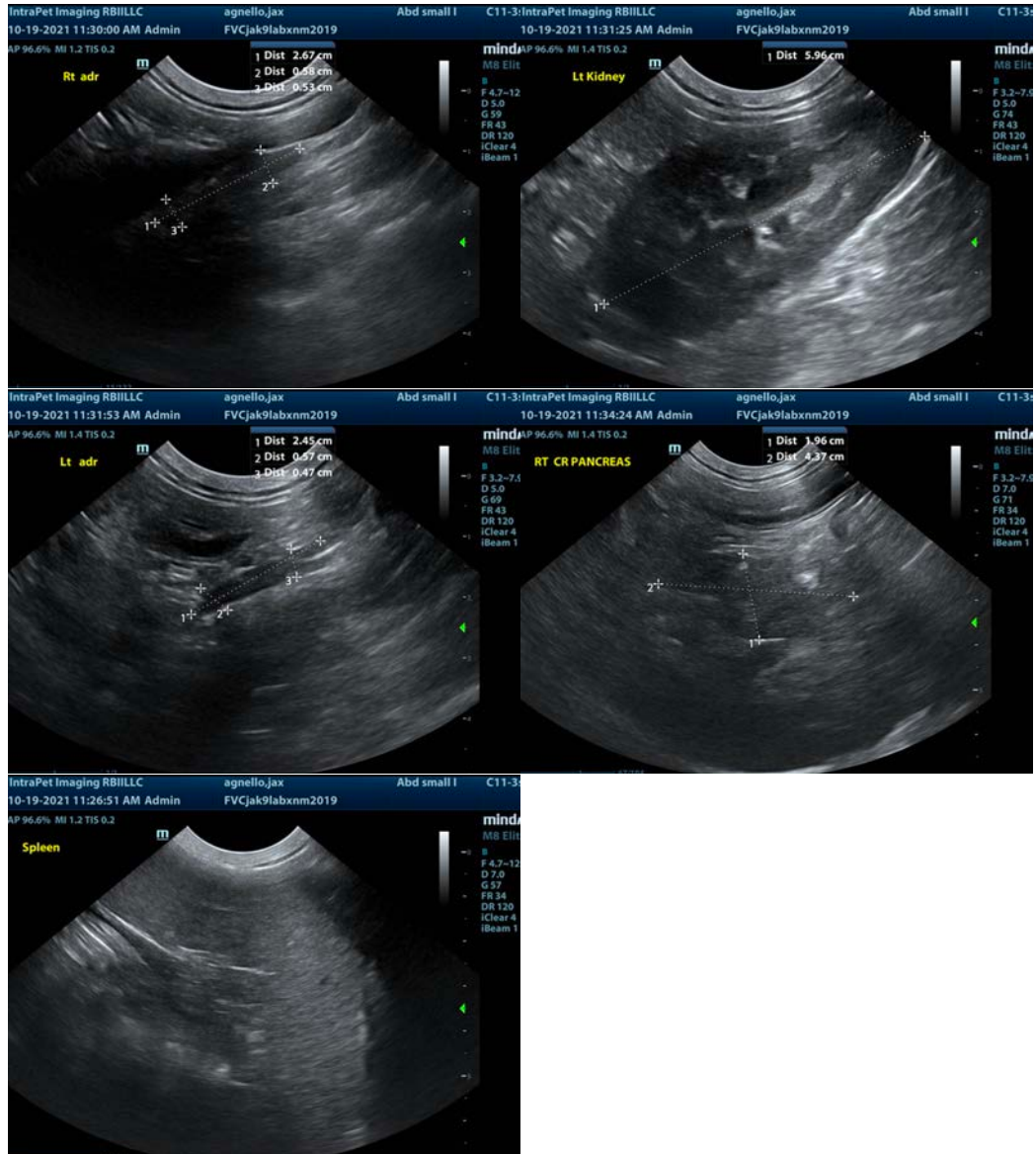
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A clinical trial of the following may prove effective. If clinical signs persist, endoscopy or full thickness gastric and lymph node biopsies indicated. Likely gastritis, minor potential for emerging gastric neoplasia. Recheck sonogram in one week to ensure adequate resolution.

Helicobacter/Gastritis protocol

A clinical trial of **Zithromax** (Dogs: 5-10 mg/kg p.o. q24h. May increase dosing interval to q48h after 3-5 days of treatment), **Metronidazole** (10-20 mg/kg p.o. b.i.d.), **Pepcid** (0.5-1 mg/kg s.i.d.) and **Sucralfate** (0.5-2 g/dog PO) or **Omeprazole** (1 mg/kg p.o. s.i.d.) over the next 3 weeks along with a **novel-protein or hydrolyzed diet** with slurry feeding b.i.d./t.i.d. over the next 2-4 days and then increase to canned diet bid. Dry food should be avoided over the next 4 weeks. A recheck sonogram to assess GI improvement or progression would be ideal in 4 weeks.





The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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