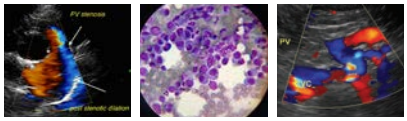
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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DATE

12/29/22

PATIENT

Poppy Groves

SPECIES

Canine

BREED

Old English Mastiff

SEX

Spayed Female

AGE

3/15/12

WEIGHT

166 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME

Everhart Vet Hospital

REFERRING VET

Dr. Betta

INVOICE

43788

PRESENTING CLINICAL SIGNS

Presented for multiple days of inappetence and vomiting. No longer vomiting but now still not interested in food. Despite cerenia and IV fluids.

Current Medications: cerenia, mirtazapine
Lab Results: amylase 1828, cpl normal
Radiographs: NSF on abdominal x-rays, multiple calcified areas in chest - appears to be normal age related calcification
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Requested/Approved.
Imaging Performed By: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 8.27 cm. The left kidney measured 7.4 cm.

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 right adrenal gland measured 3.32 cm x 0.81 cm at the caudal pole and 0.77 cm at the cranial pole. The left adrenal gland measured 3.26 cm x 0.71 cm at the caudal pole and 0.72 cm at the cranial pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** revealed slight increased portal markings and coarse architecture. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **pylorus** revealed mild concentric wall thickening measuring up to 1.0 cm. Minor amount of luminal artifact noted, consistent with retained ingesta or possible grass or similar material, non-obstructive. The upper duodenum was also thickened, with similar changes to the pyloric outflow. The remainder of the duodenum and small intestine revealed normal curvilinear patterns and lumen with wall thickness measured up to 0.44 cm. Adjacent to the pylorus, rounded hypoechoic lymph nodes were noted up to 1.5 cm. Reactive mesentery noted around the pathological duodenum and lymph nodes.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

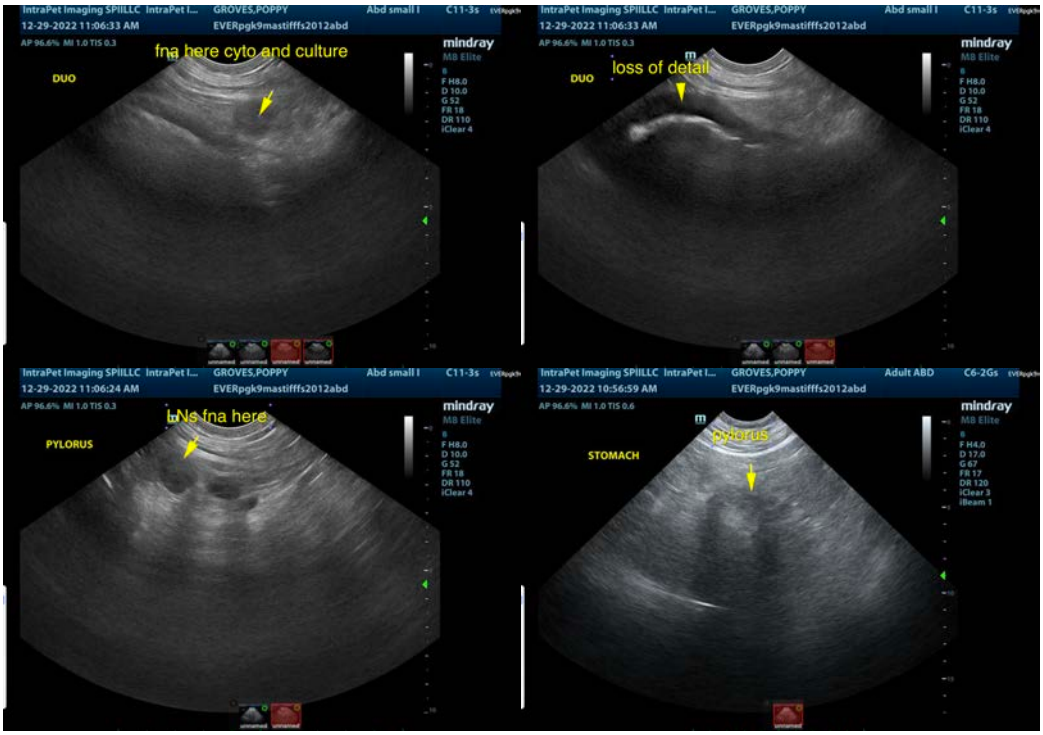
- Pyloric/duodenal thickening with regional lymphadenopathy
- Age related changes otherwise

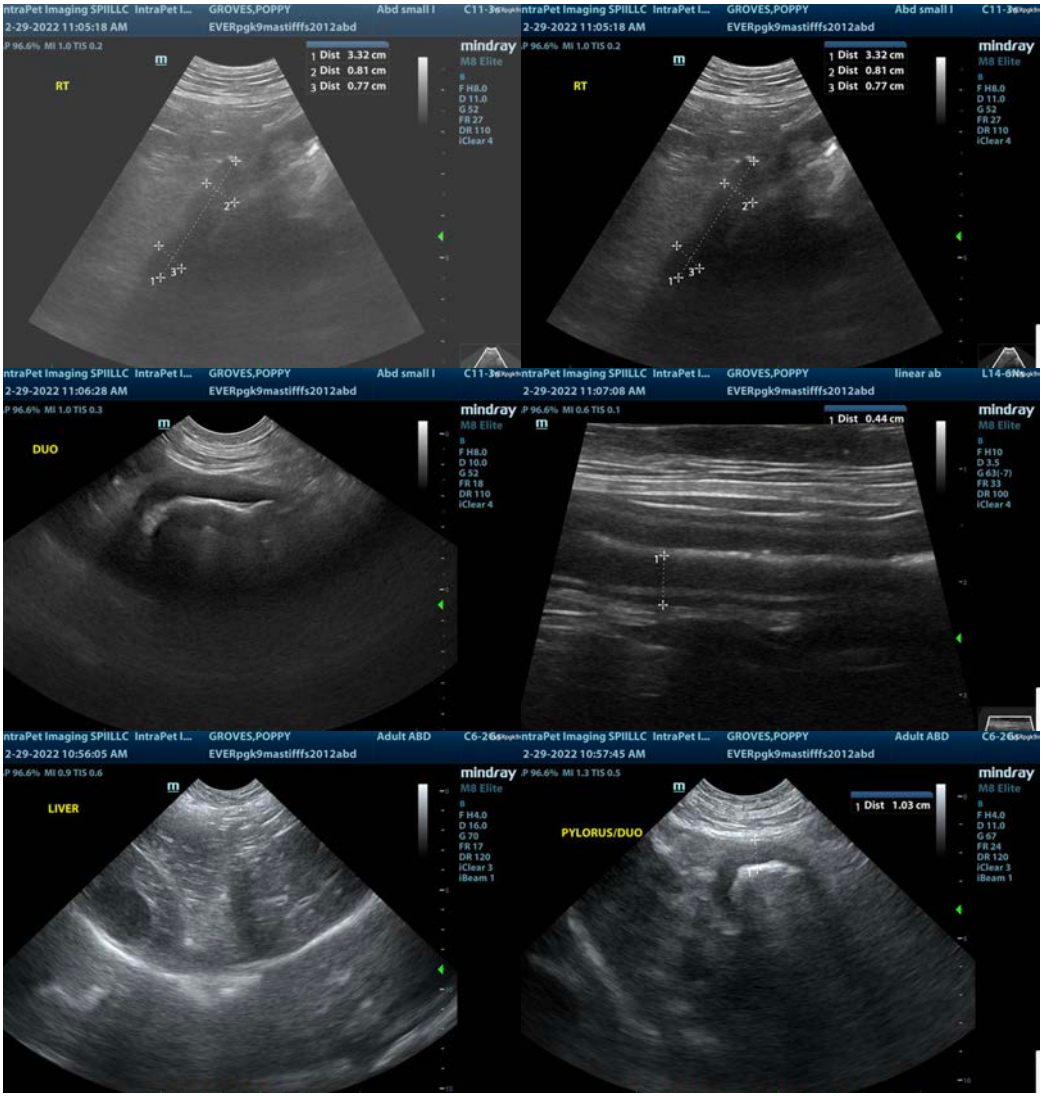
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The rounding of the lymph nodes and undifferentiated tissue presence are concerning for round cell neoplasia. Gastroduodenitis and lymphadenitis possible yet less likely. Ultrasound guided FNA of the lymph nodes, cytology and culture indicated. Full thickness pyloric and duodenal biopsies would be ideal. If sampling is absolutely not an option, a clinical trial of the following may prove effective, yet the lymph nodes do meet neoplastic criteria at a very early phase.

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.




GROVES,POPPY
EVERpgk9mastifffs2012abd
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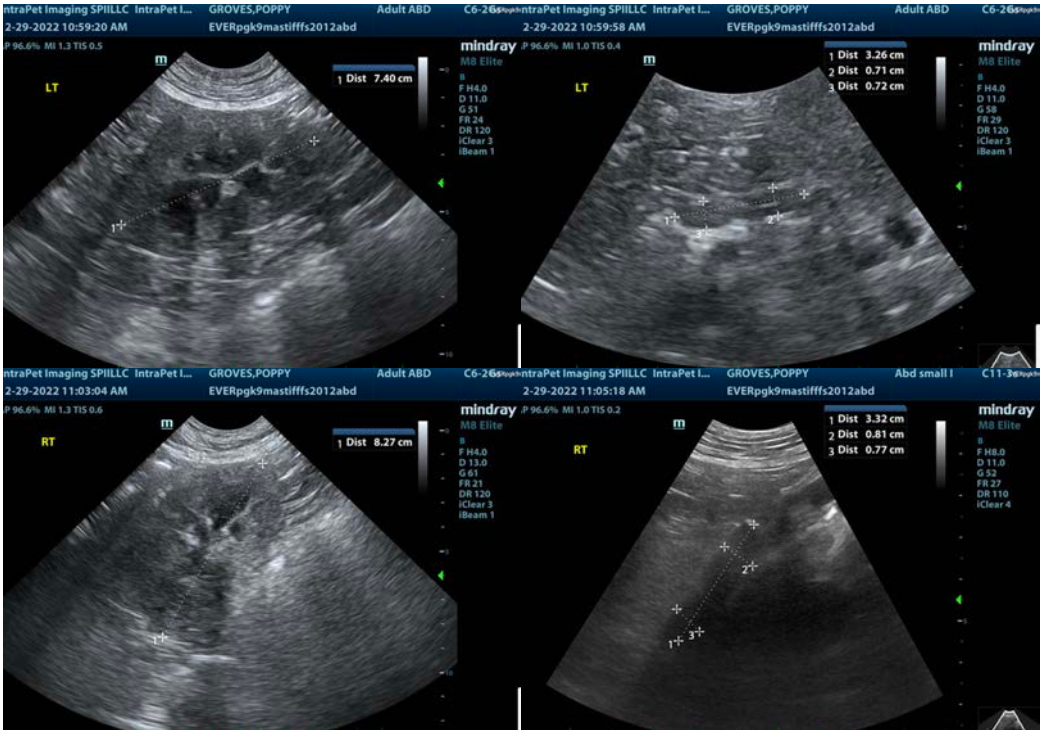
RT
1 Dist 3.32 cm
2 Dist 0.81 cm
3 Dist 0.77 cm
mindray
M8 Elite
2-29-2022 11:06:28 AM
DUO
2-29-2022 11:07:08 AM
1 Dist 0.44 cm
2-29-2022 10:56:05 AM
LIVER
2-29-2022 10:57:45 AM
PYLORUS/DUO
1 Dist 1.03 cm



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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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