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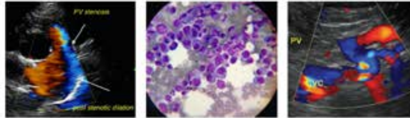
svsimaging.net 309-737-3070



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Gia Grimes

SPECIES
Canine

BREED
Pit Bull

SEX
Spayed Female

AGE
13 Years

WEIGHT
62 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Sara Pender, CVT

HOSPITAL NAME
SVS Imaging QC

REFERRING VET
Dr. Narske

INVOICE
37994

DATE
5/26/22

PRESENTING CLINICAL SIGNS

Vomiting, started black sandy diarrhea now orange/yellow diarrhea, has not eaten anything since Sunday, drank some water this morning, unable to urinate, lethargic. Does not typically eat things she shouldn't but recently grill drippings fell on sand around pool and she may have eaten some of it. Currently on IVF, cerenia, buprenorphine, Proviable, Denamarin which hasn't been started yet
Abnormal PE/Chem/CBC/UA Results: Distended and pendulous abdomen some discomfort on palpation. ALP 1201, ALT 234, BUN 77, PHOS 7.1, PCV 54%, TS 8.2g/dl Fecal 1+spore forming rod bacteria and large amounts of rods

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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

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 left kidney measured 7.68 cm. The right kidney measured 7.55 cm.

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The right adrenal gland measured 3.58 cm x 1.17 cm at the cranial pole and 0.81 cm at the caudal pole. The left adrenal gland measured 3.19 cm x 1.09 cm at the caudal pole and 0.82 cm at the cranial pole.

Spleen

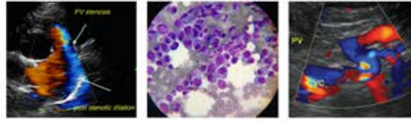
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or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

Liver

The **liver** revealed heterogeneous parenchymal changes, both micro- and macronodular changes. The gallbladder and common bile duct were unremarkable. Slight increased portal markings. This is most consistent with benign hepatopathy with nodular hyperplasia, potentially induced by underlying Cushing's disease. The nodular changes presented ill-defined margins, yet were non-disruptive.

Gastrointestinal

The **gastric** wall was hypertrophied. No loss of mural detail noted. Enhanced mesentery noted around the gastric serosa, suggestive for transmural inflammation. Minor excessive GI gas noted. A portion of



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distal small intestine revealed intestinal thickening with reactive surrounding mesentery and irregular contour. This region should be monitored for any progression.

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.

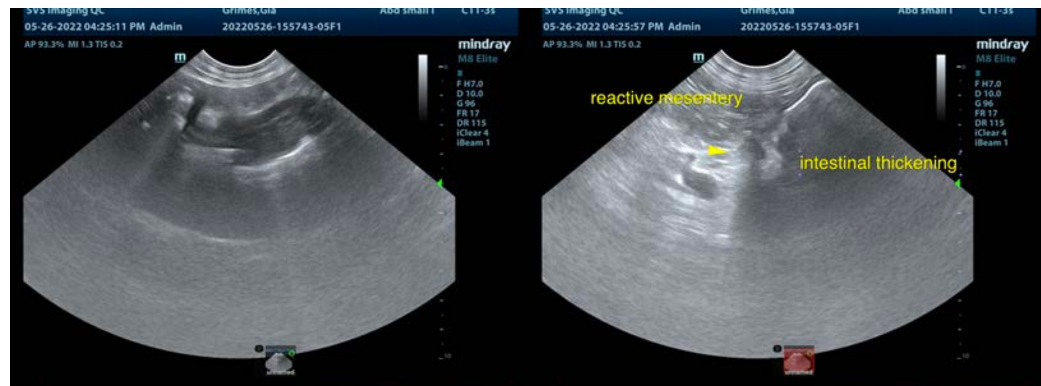
ULTRASONOGRAPHIC FINDINGS

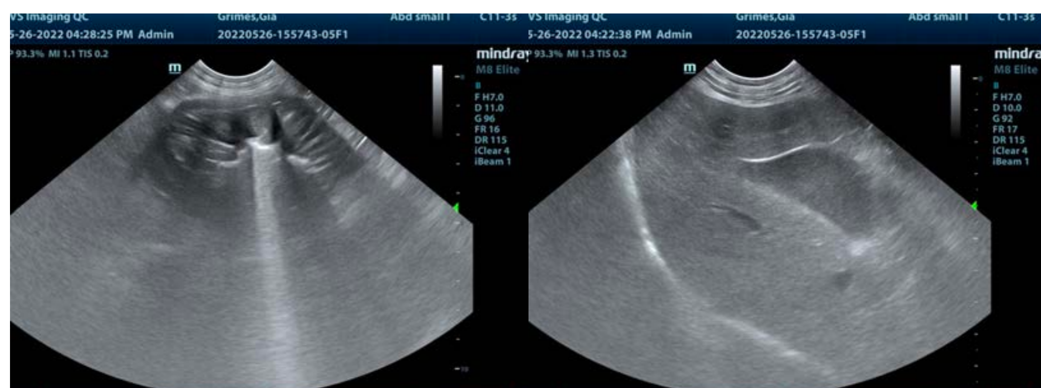
- Vacuolar hepatopathy/nodular hyperplasia liver pattern
- Bilateral adrenal enlargement – suggestive for Cushing's/PDH
- Non-specific gastroenteritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No neoplastic criteria met. However, emerging round cell GI neoplasia cannot be ruled out. IV fluid support, GI protectant protocol such as the following should be considered. Eventual workup for PDH warranted if PU/PD is present/USG <1.020. If clinical signs persist, endoscopy would be indicated. No evidence of foreign bodies. Recheck sonogram in 48-72 hours, earlier if clinical signs worsen.

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.





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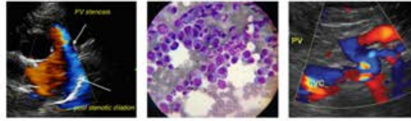

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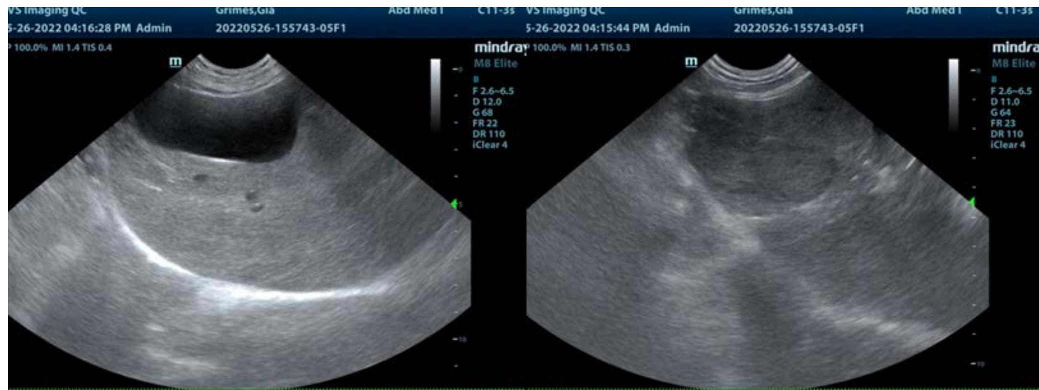

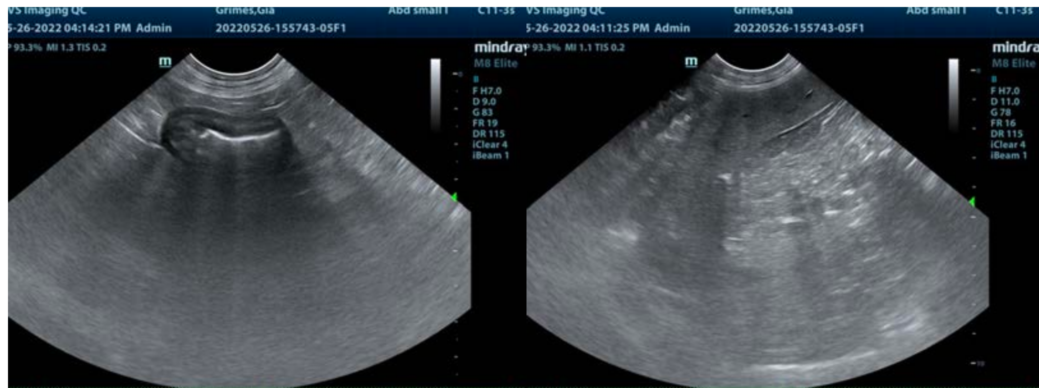

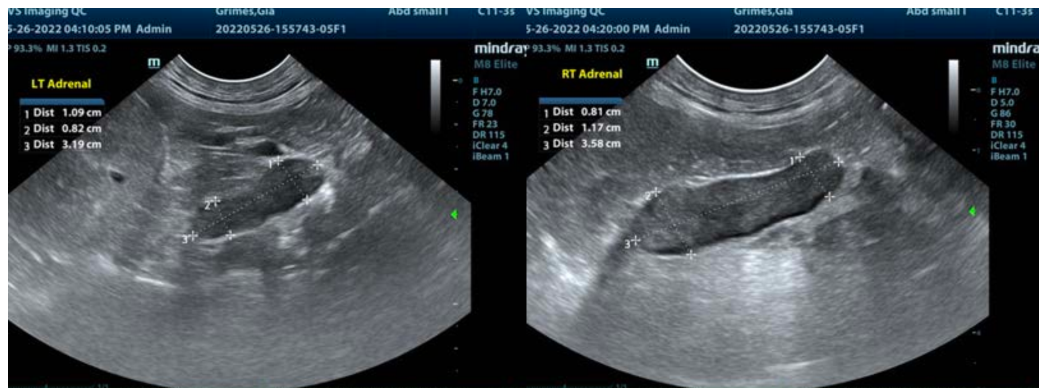

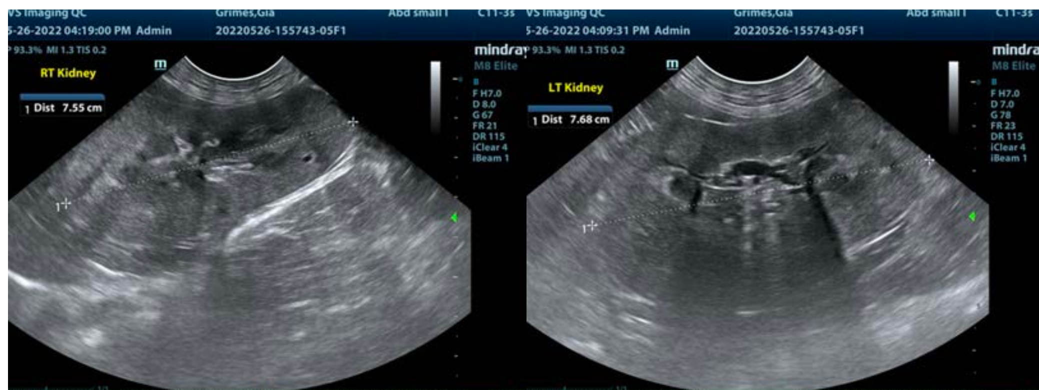

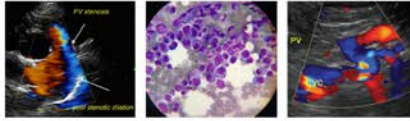

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com