

**DATE**

06/09/2022

PRESENTING CLINICAL SIGNS

Hx of waxing/waning vomiting/diarrhea/anorexia episodes q 6 months, now progressing to weekly or every other week with recent weight loss of 4 lbs. BW showed elevated amylase, lipase, and low total protein.

PATIENT

Havok Mansfield

Current Medications: Cerenia, Metronidazole.

Lab Results: See attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Torb 0.81mL IV.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SPECIES

Canine

BREED

Weimeraner

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

MN

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.

AGE

10 yr

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 7.74 cm in length. The right kidney measured 7.69 cm in length.

WEIGHT

90 lb

INTERPRETED BY**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 3.4 cm in length by 0.83 cm caudal pole width by 0.67 cm cranial pole width. The right adrenal gland measured 3.55 cm in length by 0.7 cm caudal pole width by 0.75 cm cranial pole width.

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 images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Eric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**Bayside Animal
Medical Center**REFERRING VET**

Dr. Buchanan

INVOICE

10771ag

Gastrointestinal

Examination of the gastrointestinal tract revealed a minor variable muscularis hypertrophy with intact submucosal layer however the pylorus was particularly thickened up to 1.3 cm with early areas of loss of mural detail. This area should be monitored carefully for potential emerging neoplasia/lymphoma.

Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the pancreas exhibited heterogeneous parenchymal changes consistent with remodeling. Potential for low grade inflammation. No evidence of masses. The right pancreatic limb measured 3.2 cm.

ULTRASONOGRAPHIC FINDINGS

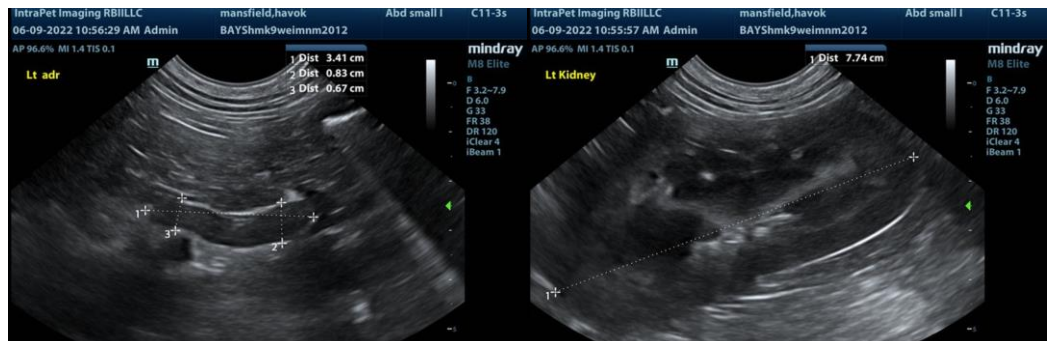
- Variable gastrointestinal thickening with focal pyloric thickening

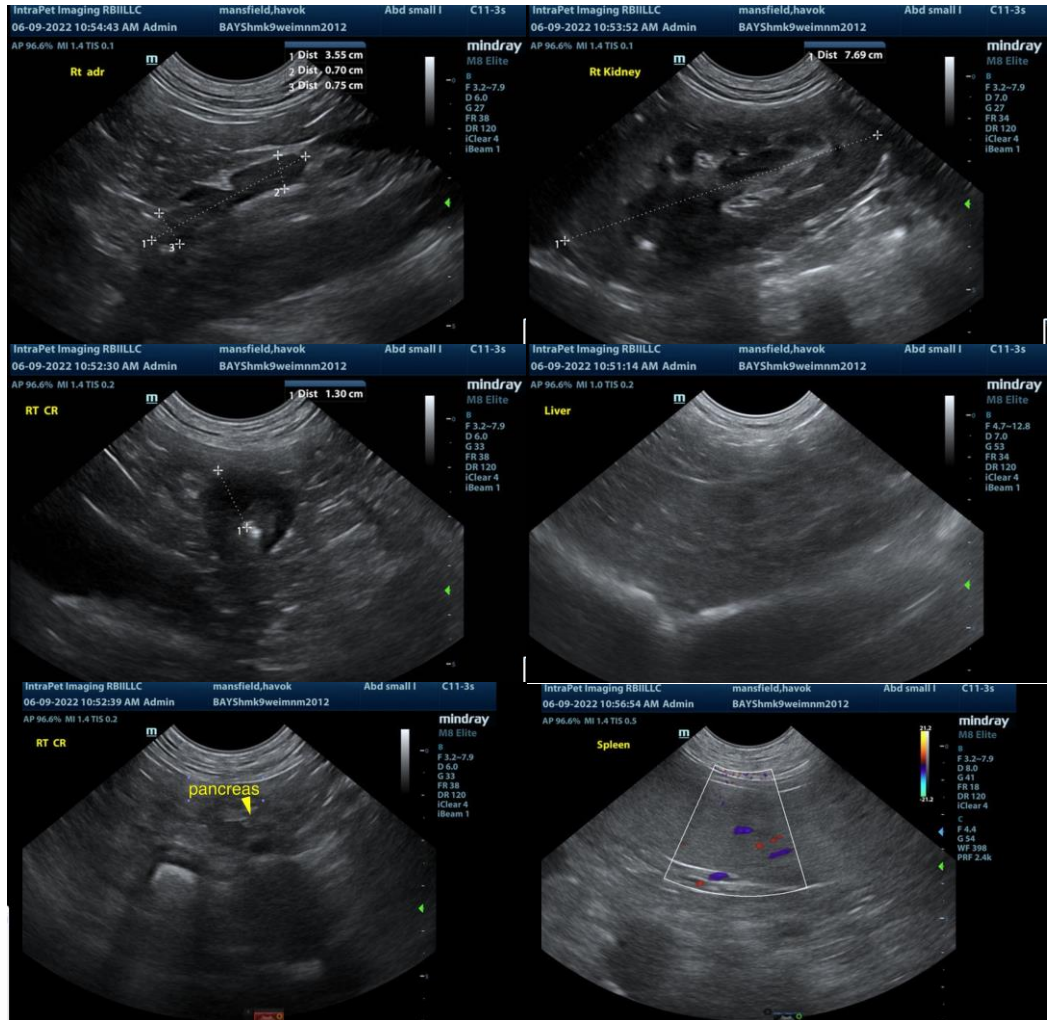
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A clinical trial of the following may prove effective.

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.

Anti-parasitic protocol is warranted. Purina HA or Royal Canin HP diet is suggested. Reassessment of the sonogram in 10 days primarily focusing on the pyloric outflow is recommended. Inflammatory bowel with protein losing enteropathy is likely with potential conversion to round cell neoplasia depending on response to therapy.





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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