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Clinical Sonography & Telecytology
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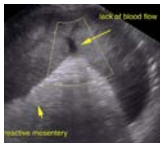
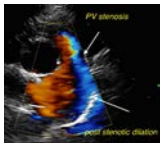
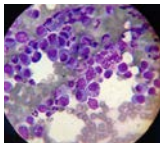
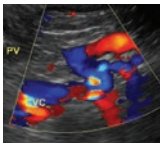

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Roxy Cuthbertson

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9

WEIGHT

3.1

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Bogosain

HOSPITAL NAME

Animal Emergency Hospital of Volusia

REFERRING VET

Dr. Bogosain

INVOICE

44628

DATE

8/13/23

PRESENTING CLINICAL SIGNS

Started vomiting on Tuesday, went to rDVM on Wednesday they sent out rads and BW rads were somewhat concerning for a hairball in the SI; repeat rads on Thursday showed resolution. BW came back as pancreatitis. P had two injections of cerenia from rDVM and metronidazole to go home, did better but started vomiting again and is now hospitalized for pancreatitis. BW NSF today.

Abnormal PE/Chem/CBC/UA Results: CBC/EPOC NSF Prior BW showed pancreatitis

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 3.3 cm. The left kidney measured 3.3 cm.

Adrenal Glands

The **right adrenal gland** was 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 0.40 cm with slight areas of mineralization noted.

The region of the **left adrenal gland** was imaged, no evident pathology.

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** presented normal size, contour, and vascularity. The gallbladder and common bile duct were unremarkable. Slight increased portal markings noted, largely an age related changes. No evidence of significant disease.

Gastrointestinal

The **gastric** wall was excessively thickened (0.67 cm) with loss of mural detail. Concentric thickening noted in the gastric fundus. The small intestine and colon were unremarkable.

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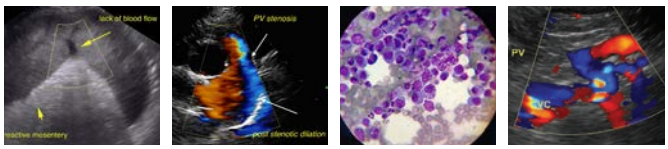

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Pancreas

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.

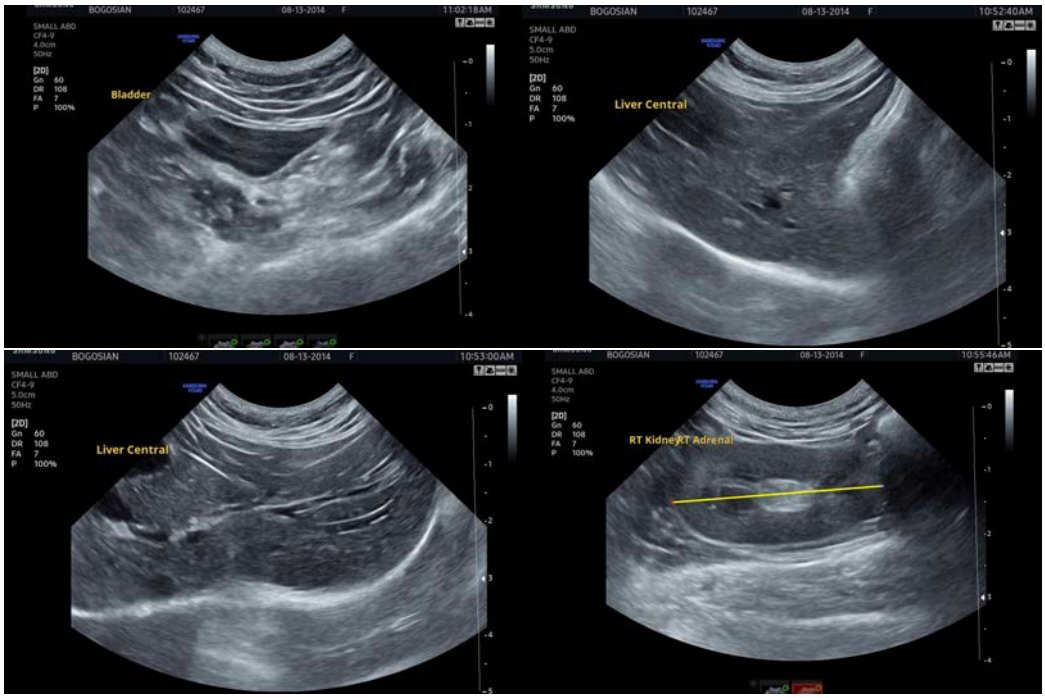
ULTRASONOGRAPHIC FINDINGS

- Concentric gastric fundic thickening – strong concern for emerging round cell neoplasia.
- Age related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full thickness gastric biopsies or endoscopy strongly encouraged in this patient with objective to obtain histopathology to rule out inflammatory bowel, granulomatous, round cell neoplasia emerging in the stomach in an early phase. Prognosis is guarded. If sampling is absolutely not an option, a clinical trial treating for helicobacter and gastritis empirically could be considered, such as the following. However, full thickness biopsies would be ideal in this patient, ideally guided by intraoperative ultrasound.

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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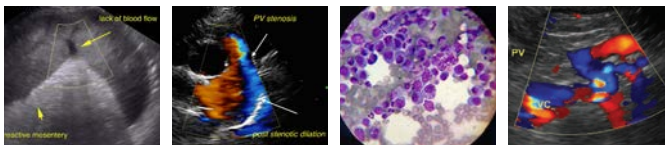

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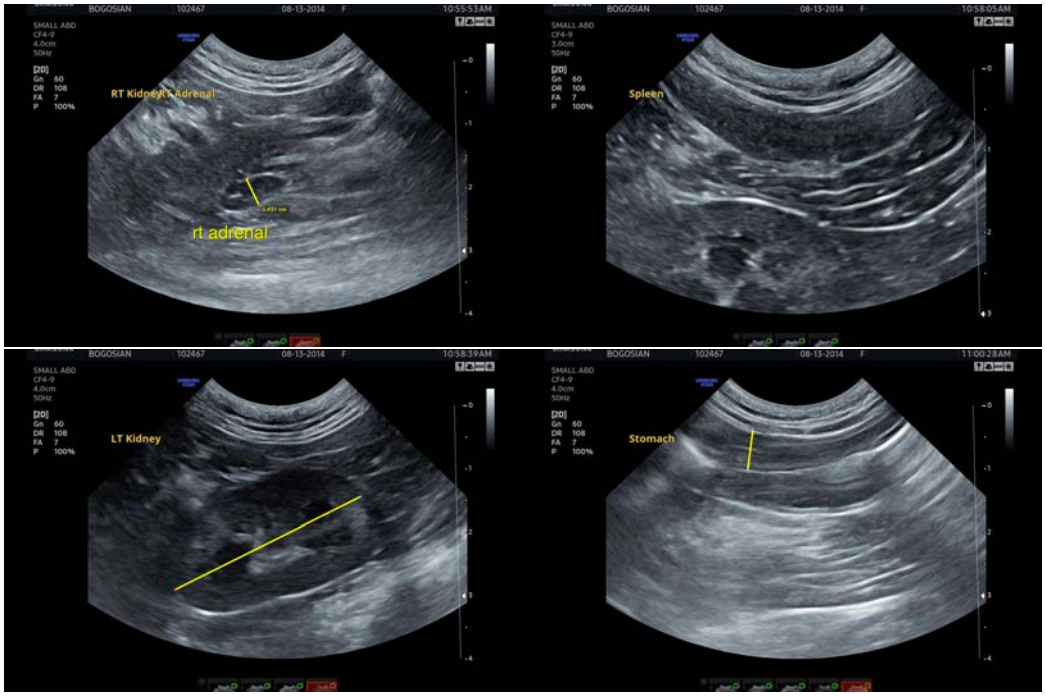

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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