

**DATE PRESENTING CLINICAL SIGNS**

9/7/21

Presenting Complaint: Vomiting, Diarrhea, Lethargic / Tired.

PATIENT

Duke Granata

Date: 09-06-2021 Notes: Duke is a 4 y/o MN pit bull who presents for acute vomiting and diarrhea. Diarrhea started yesterday, then began to vomit frequently every few hours approximately 9-10x; vomitus started as undigested food, thick yellow fluid and became clear liquid. His diarrhea has been liquid and dark brown. No hx of FB ingestion, dewormed approximately 1 year ago. Medications: - HW prevention - Flea/tick not in 3 months. Assessment: Vomiting and diarrhea, FB obstruction vs gastroenteritis (dietary indiscretion, viral, bacterial) vs HGE vs metabolic disease (liver, kidney, Addison's) vs pancreatitis vs IBD vs other. Plan: Diagnostics: PCV/TP, AXR, Chem 10/lytes. Treatment: 2x maintenance pantoprazole 1 mg/kg q24h Ondansetron 0.03 mg/kg q8h FBZ 50 mg/kg when eating Provable PO q24h. Recommend BW and AXR under sedation. Owner elects to move forward with treatment plan.

SPECIES

Canine

BREED

Pit Bull Terrier X

Discussed initial diagnostics, based on level of dehydration, would recommend hospitalization for supportive care, rehydration. Owner elects to move forward with treatment plan.

SEX

Neutered Male

Current Medications: Unasyn, Buprenorphine, Ondansetron, Pantoprazole, Cerenia, Acepromazine, Provable.

AGE

9/5/17

Lab Results: PCV 64

Rads: Minor excessive GI gas

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: not needed

Stat Report: not requested

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**WEIGHT**

57.6 Pounds

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 residual prostate was uniform at 1.82 cm.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS

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 right kidney measured 7.2 cm.

HOSPITAL NAMEAnimal Emergency
Hospital**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 0.51 cm at the caudal pole and 0.7 cm at the cranial pole. The right adrenal gland measured 2.97 cm x 0.9 cm at the caudal pole and 0.79 cm at the cranial pole.

REFERRING VET

Dr. Thompson

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.

INVOICE

25219

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.

Gastrointestinal

The **pylorus** was mildly thickened with empty lumen and echogenic, hypertrophied mucosal layer. Wall thickness measured up to 1.64 cm. The small intestine and colon were unremarkable.

Pancreas

The **pancreas** presented minor heterogeneous parenchymal changes in the left and right limbs.

ULTRASONOGRAPHIC FINDINGS

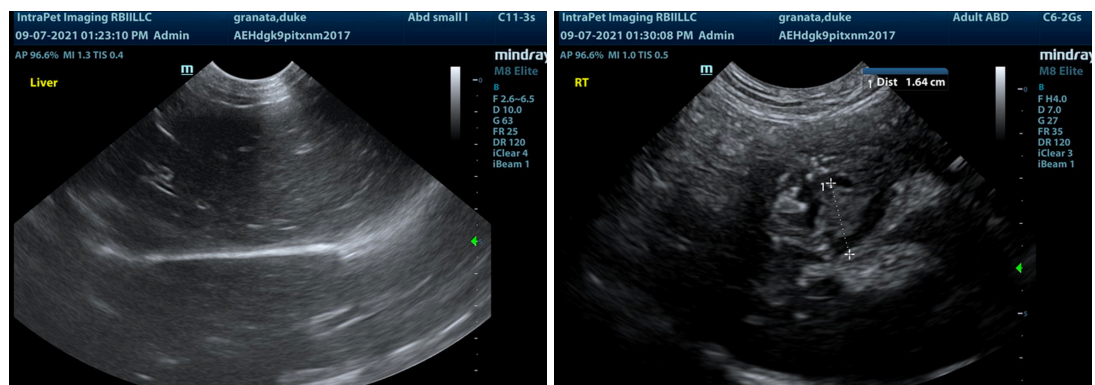
- Pancreatic remodeling
- Pyloric hypertrophy – minor potential for emerging gastric neoplasia, likely chronic gastritis and pancreatitis

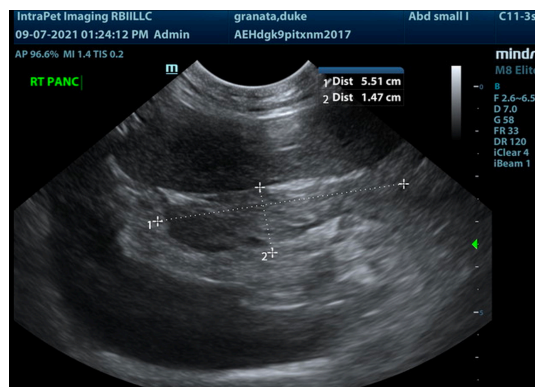
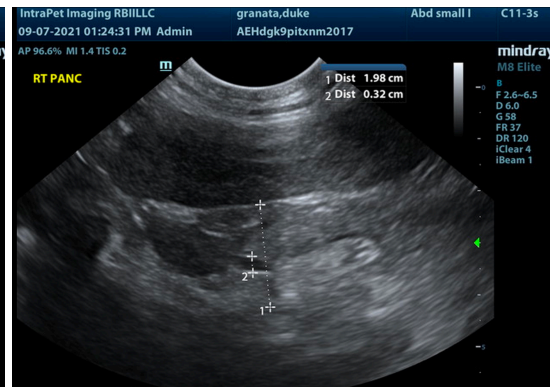
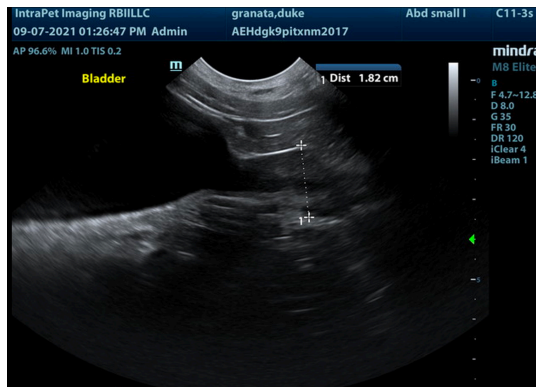
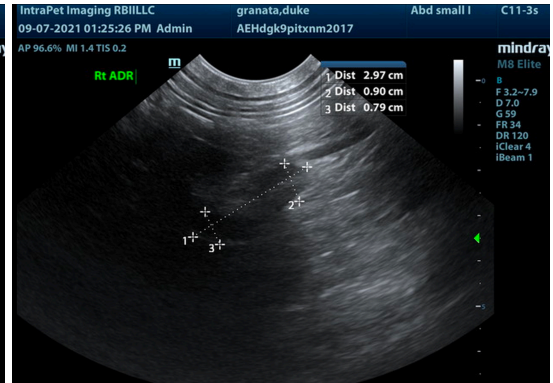
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Canned BID feedings recommended in this patient, as bulk will likely irritate the pyloric hypertrophy. A clinical trial of the following may prove effective. Recheck sonogram in 2-3 weeks to assess for any progression or regression, primarily over the pyloric outflow. No evidence of foreign bodies.

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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