



PATIENT

Buckshot Tosh

SPECIES

Canine

BREED

Boxer

SEX

Neutered Male

AGE

2 Years 3 Months

WEIGHT

70 Lbs.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

**IMAGING
PERFORMED BY**

Shari Reffi, CVT

HOSPITAL NAME

North Warren AH

REFERRING VET

Dr. Corrado

INVOICE

13368

DATE

1/10/22

PRESENTING CLINICAL SIGNS

History: Not eating x 3 days, vomiting, gulping, hacking. Concern for megaesophagus. Endoscopy: Single focal gastric ulcer (pyloric and stomach). Current meds: Omeprazole, Sucralfate, Hydroxyzine.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.9 cm in length. The right kidney measured 7.1 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.2 cm in length x 0.59 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.5 cm in length x 0.46 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach exhibited generalized yet variable mural hypertrophy with intact, indistinct wall layering. Subjective moderate pyloric thickening was present. Areas of asymmetrical luminal surface to potential luminal cratering with associated gas artefact present within the ventral gastric body and ventral fundus. A mild amount of retained anechoic fluid present in the gastric lumen without overt evidence of retained ingesta or foreign material. Ventral gastric body wall measured 0.6 cm. The ventral pyloric wall measured up to 1.1 cm, respectively.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. Mild generalized



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duodenal and segmental jejunal ileus present. The duodenum wall measured 0.45 cm. The jejunum wall measured 0.30 cm.

Normal visible colon wall layers were present with apparent formed feces in lumen.

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Pancreas

Canine

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

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Free Abdomen

Potential for minor gastric lymphadenopathy, exhibiting normal width to length ratio <0.5 cm was present. An example measured 0.94 cm in width. Potential gastric lymph nodes were not consistent with overt inflammatory or neoplastic criteria.

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ULTRASONOGRAPHIC FINDINGS

AGE

2 Years 3 Months

- Chronic gastritis pattern with suspect persistent gastric ulcers
- Probable focal subjectively benign to reactive gastric lymphadenopathy
- Potential concurrent duodenitis and segmental jejunitis

WEIGHT

70 Lbs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for emerging neoplastic criteria associated with the stomach cannot be definitively excluded yet thought less likely. If not done previously, gastric mural biopsies via endoscopy as well as depending on when endoscopy was performed, gross reassessment of the gastric lumen could be considered. Empirically, some or all of the following protocol or similar protocol warranted.

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Helicobacter/Gastritis protocol

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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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Adrenal screening to rule out unlikely occult Addisons Disease and broad spectrum deworming may be considered.

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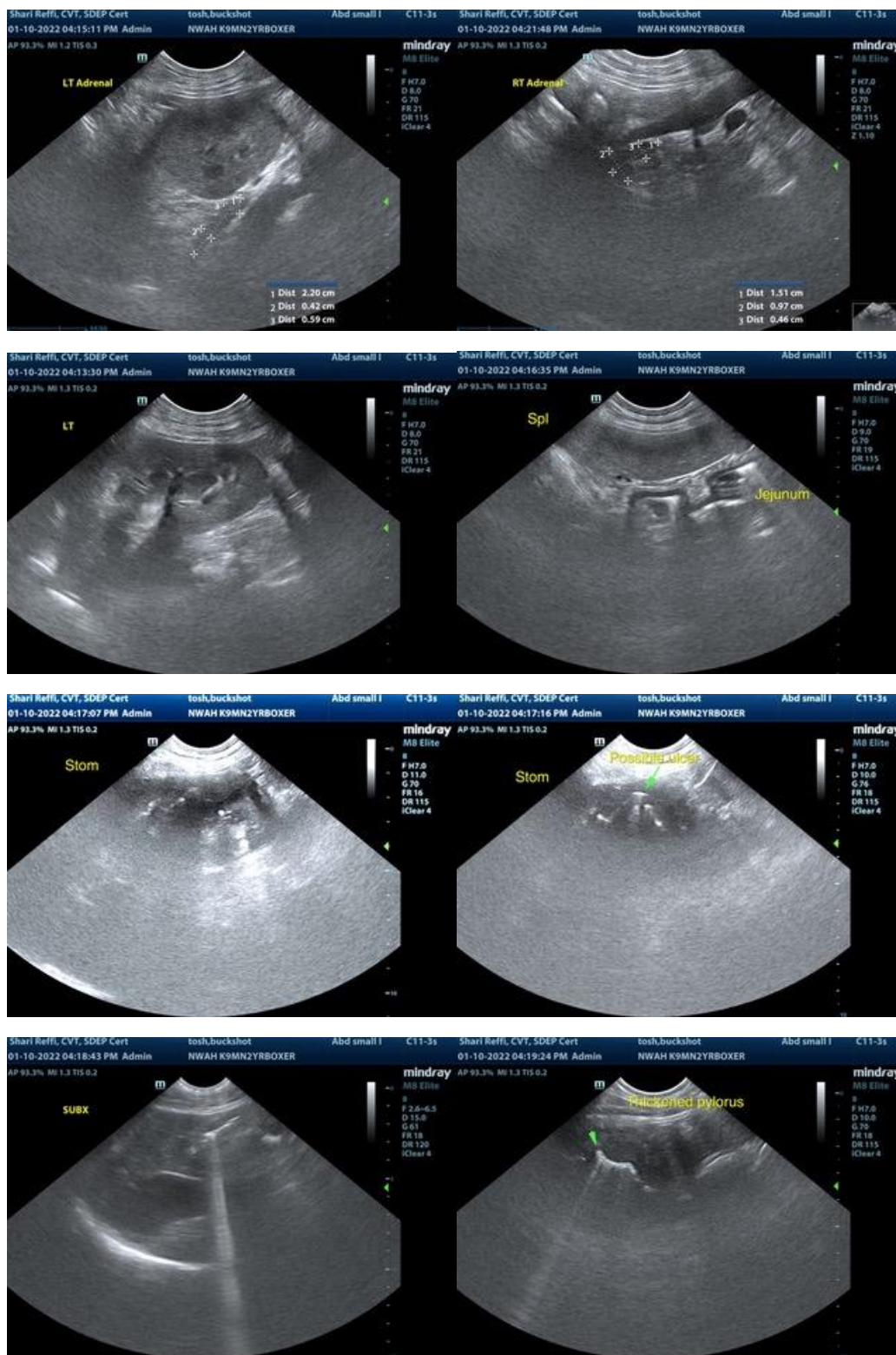
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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