**PATIENT**

Ashleigh Scarpino

SPECIES

Canine

BREED

Samoyed

SEX

FS

AGE

12 years

WEIGHT

50 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP (Canine
and Feline)**IMAGING
PERFORMED BY**

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Beth Myers

INVOICE

13024

DATE

1/11/22

PRESENTING CLINICAL SIGNS

-Presented with weight loss, vomiting, decreased appetite to anorexia. Losing weight.

Abnormal PE/Chem/CBC/UA Results: December CBC/Chemistries WNL, abdominal and thoracic radiographs from December NSF, treated for suspected gastritis at that time in December. Dental two weeks ago - extracted a few loose/infected teeth. Abdomen is soft and comfortable, acting overall normal, but vomits intermittently and has decreased appetite.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN***Urinary System***

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm 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 was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.1 cm in length. The right kidney measured 6.6 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 2.8 cm x 0.49 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 2.6 cm length x 0.51 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/ Gallbladder

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 presented moderate wall thickening secondary to moderate echogenic mucosa hypertrophy. Minor evidence of gastric mucosal hyperechoic foci, which are nonspecific but sometimes seen in cases of chronic gastritis, were present. Intact wall layering was maintained and

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distinct. The gastric body wall measured 0.65 cm width. The pylorus wall measured 0.66 cm width. Mild gastric distension was present. Mild retained anechoic fluid was present primarily in the antrum and pylorus.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall width measured 0.40 cm. The jejunum wall width measured 0.43 cm.

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

Pancreas

The pancreas exhibited subjective mild prominent size and mild subtle hypoechoic uniform parenchyma compared to the adjacent peripancreatic omentum.

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Free Abdomen

No evidence of associated lymphadenopathy was noted. Subtle evidence of peripancreatic to perigastric reactive mesentery was noted. No overt effusion was noted.

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ULTRASONOGRAPHIC FINDINGS***Primary Findings***

- Moderate gastritis - subjectively chronic
- Potential concurrent low-grade pancreatitis
- Minor perigastric reactive mesentery
- Overtly normal small bowel

Secondary Findings

- Mild age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for emerging infiltrative gastric mural disease cannot be definitively excluded, yet thought less likely. Endoscopic gastrointestinal biopsies would be ideal for further assessment and histopathology for further clarification.

The potential for concurrent structurally insignificant enteropathy, given the patient's weight loss, cannot be definitively excluded. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate.

Some or all of the following protocol or similar protocol may be considered empirically:

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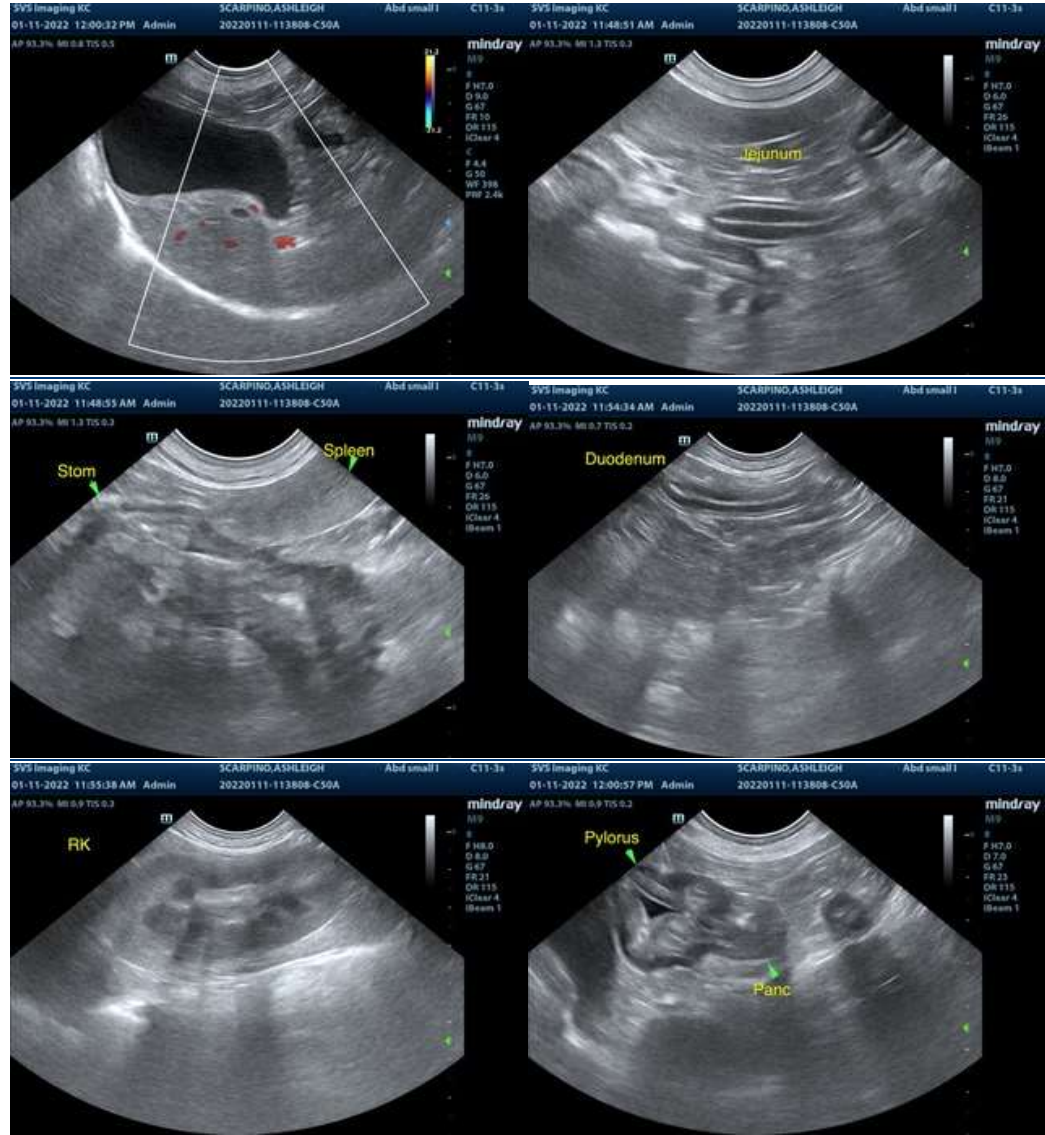
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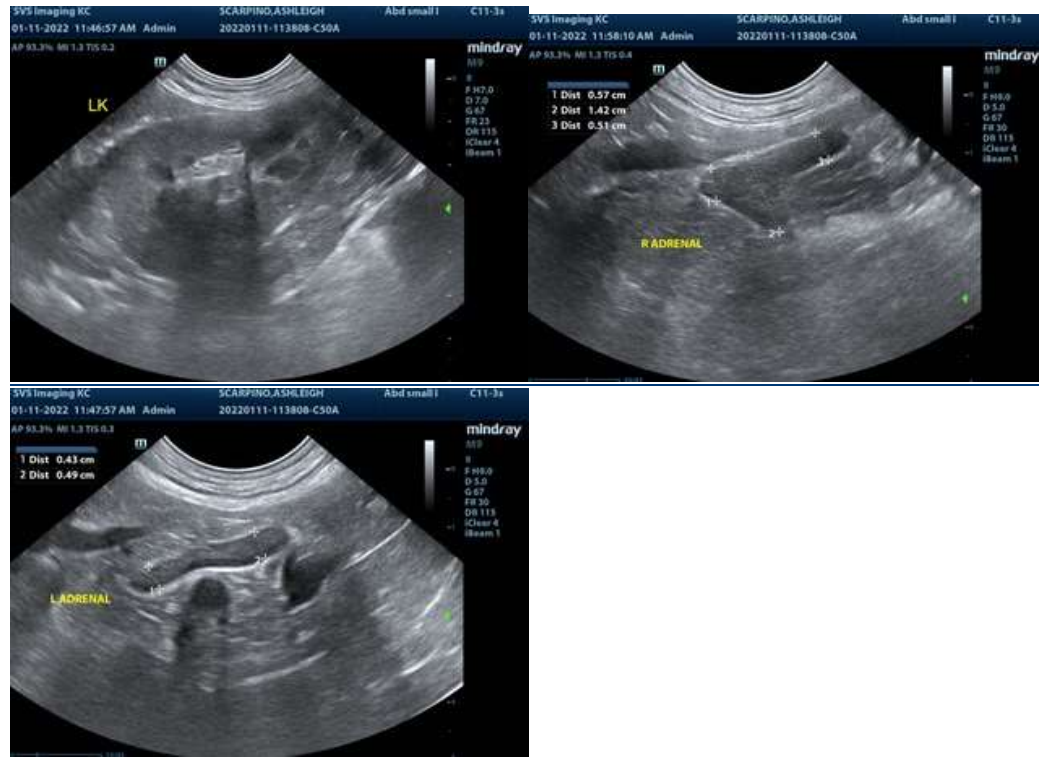
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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