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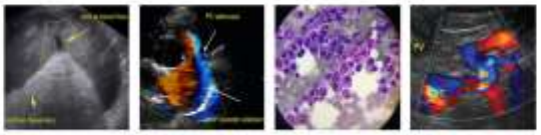


SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Bodhi Rupee

SPECIES

Canine

BREED

Lab Mix

SEX

Neutered Male

AGE

6 years

WEIGHT

77 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Stanglein VC

REFERRING VET

Dr. Rothrock

INVOICE

13023

DATE

1.11.2022

PRESENTING CLINICAL SIGNS

History: 1 week duration vomiting, aspiration pneumonia

Medication: Ampicillin, Pepcid, Cerenia

WBC 21.4 with neutrophilia and lymphopenia, Potassium 3.2, Chloride 123

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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 residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.95 cm in diameter.

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 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 7.9 cm in length. The right kidney measured 7.5 cm in length.

Adrenal Glands

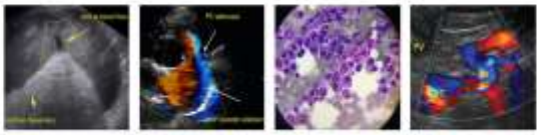
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.85 cm width at the caudal pole and 0.80 cm width at the cranial pole. No overt pathology was noted in the area of the right adrenal gland.

Spleen

The spleen was overall normal in size and contour with subtle generalized splenic parenchyma heterogeneity. A solitary isoechoic caudomedial intraparenchymal nodule and associated mild symmetrical capsule distortion were present. The nodule measured 0.51 cm in diameter.

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.



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Gastrointestinal

Moderate gastric wall thickening and loss of gastric wall layer detail was present. The thickened gastric walls exhibited decreased echogenicity and an asymmetrical luminal surface. Mild retained anechoic fluid was present in the gastric lumen without evidence of foreign material. The ventral gastric body wall width measured up to 1.6 cm.

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.

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

Pancreas

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 were evident.

Free Abdomen

Associated regional perigastric mildly nonuniform echogenic mesentery was present.

A gastric lymph node was noted adjacent or caudal to the gastric antrum or pylorus. The lymph node exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph node was bordered by echogenic to reactive mesentery. The gastric root lymph node measured 3.9 cm length x 3.0 cm width. No overt evidence of concurrent effusion was noted.

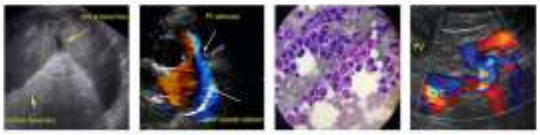
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Moderately thickened stomach exhibiting hypoechoic mural echogenicity and loss of discernable wall layering
- Associated regional perigastric mildly nonuniform to echogenic mesentery and hypoechoic to swollen gastric lymphadenopathy
- Overtly normal small bowel
- Subtle splenic parenchyma heterogeneity with solitary isoechoic intraparenchymal nodule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential considerations for the thickened stomach may include significant gastritis, infectious gastropathy (helicobacter), or infiltrative / neoplastic gastric mural disease. Although sampling is required for a definitive diagnosis, primary concern for infiltrative / neoplastic gastric mural disease, given its sonographic appearance and loss of discernable wall layering, is warranted.
Likewise, strong concern for associated neoplastic or metastatic gastric lymphadenopathy is warranted. Potential for regional gastric omental seeding cannot be definitively excluded.



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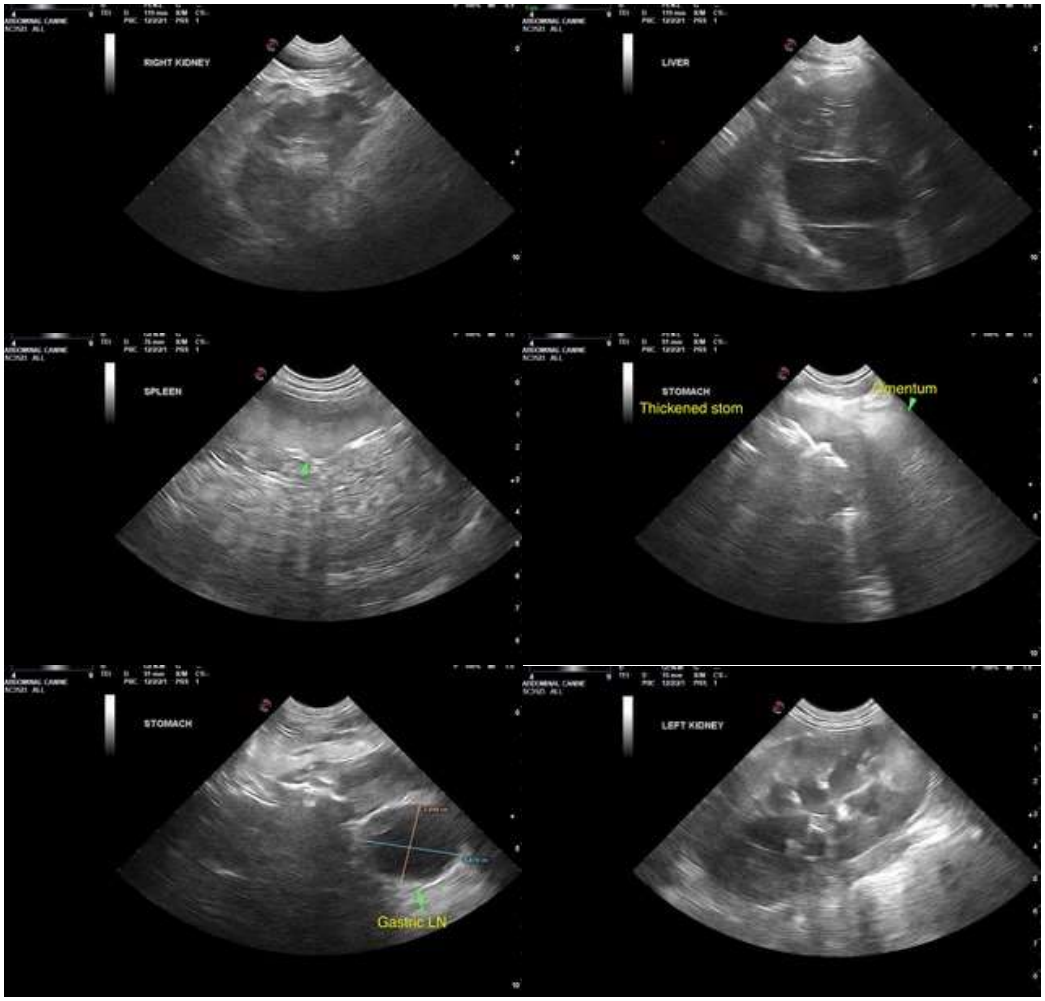
The splenic changes are nonspecific yet not overtly consistent with concurrent neoplastic criteria.

Assuming normal clotting status, ultrasound-guided FNA of the gastric lymph node and gastric wall if accessible could be considered for screening cytology. Otherwise, endoscopic or surgical gastric mural and lymphatic biopsies would be required for a definitive diagnosis with potential for oncology consultation. Concurrent screening hepatic FNA, assuming normal clotting status and using a 25-gauge needle, could be considered primarily to ensure only benign changes are present. Empirically, some or all of the following protocol could be considered.

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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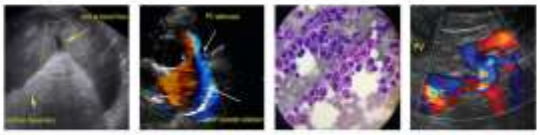

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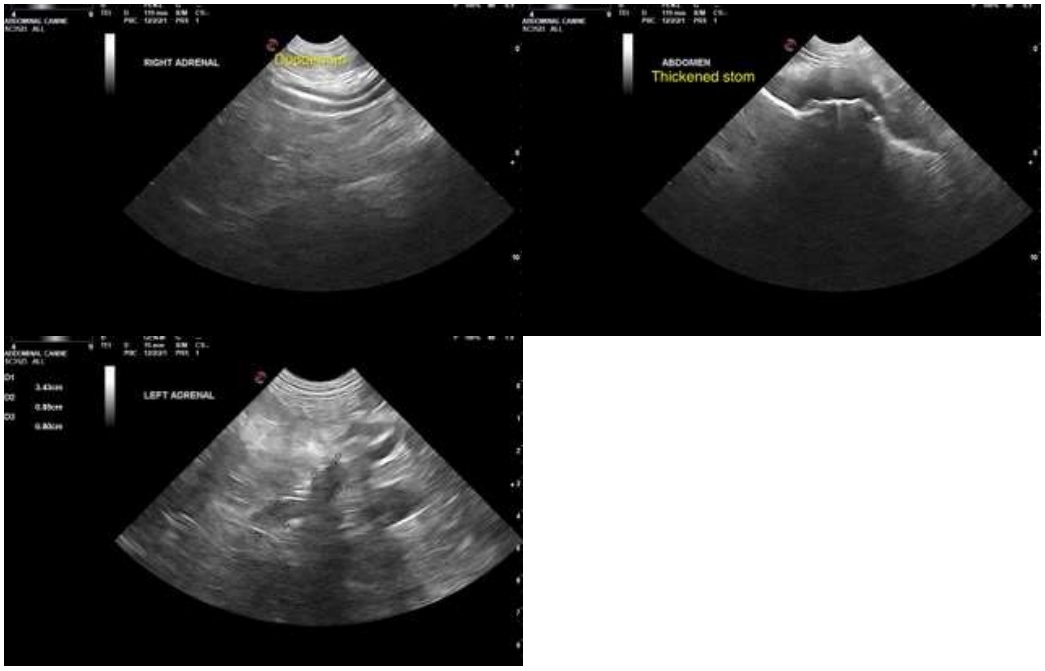

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com