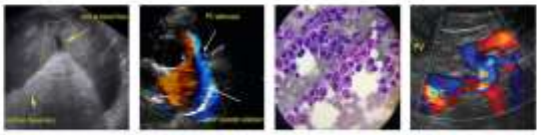


PATIENT

Mysha Drake

SPECIES

Canine

BREED

Rottweiler

SEX

FS

AGE

12 years

WEIGHT

80 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Lehigh Valley AH (Allen)

REFERRING VET

Dr. Meyer

INVOICE

13129

DATE

1.20.2022

PRESENTING CLINICAL SIGNS

History: Chronic, gradual weight loss, nausea, dry heaves

Medication: Carafate, Probiotic

Unremarkable CBC, Chemistry Panel- ALP 949, Cholesterol 546

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 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 7.3 cm in length. The right kidney measured 7.6 cm in length.

Adrenal Glands

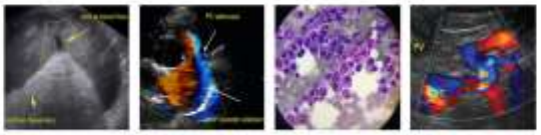
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.61 cm width at the caudal pole and 0.51 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.76 cm width at the caudal pole and 0.58 cm width at the cranial pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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

The stomach exhibited intact yet subjective mildly thickened walls in the fundus body, as well as in the area of the antrum / pylorus. The stomach was primarily empty with luminal gas and without evidence of retained ingesta, fluid, or foreign material. The ventral gastric body wall width measured 0.65 cm. The ventral pylorus wall width measured 0.58 cm.

The duodenum exhibited intact yet subjective mildly prominent wall layering. No evidence of duodenal stasis or ileus was noted. The duodenum wall width measured 0.52 cm. The jejunum and ileum exhibited Intact wall layering and maintained a 1:3 muscularis/mucosa ratio to the level of the colon. No evidence of mechanical / metabolic small Intestinal ileus, masses, or loss of wall layering was noted.

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

Pancreas

The pancreas was normal in size and contour with subtle heterogeneous to isoechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Intact yet mildly thickened stomach and duodenum
- Hepatopathy - subjectively benign
- Mildly heterogeneous pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overt evidence of significant gastrointestinal or pancreatic pathology as a potential cause of the patient's clinical signs was not overtly evident. The subjective mildly thickened stomach and duodenum are suggestive of gastroduodenitis. Potential for early infiltrative gastroduodenal or generalized gastrointestinal disease cannot be definitively excluded yet thought less likely. The possibility of low-grade to chronic pancreatitis which may present essentially sonographically normal may also be possible. Correlation with a Spec cPL could be considered.

Mild hepatic parenchymal remodeling and suspect vacuolar hepatic changes are likely. No evidence of hepatic neoplastic criteria was noted.

Given the patient's weight loss, a GI panel to include PLI/TLI/Cobalamin/Folate +/- three view chest radiographs to rule out occult thoracic or esophageal pathology would be warranted. Some or all of the following protocol in addition to current supportive care may be considered. Although considered unlikely, resting cortisol to rule out occult Addison's disease may be considered.

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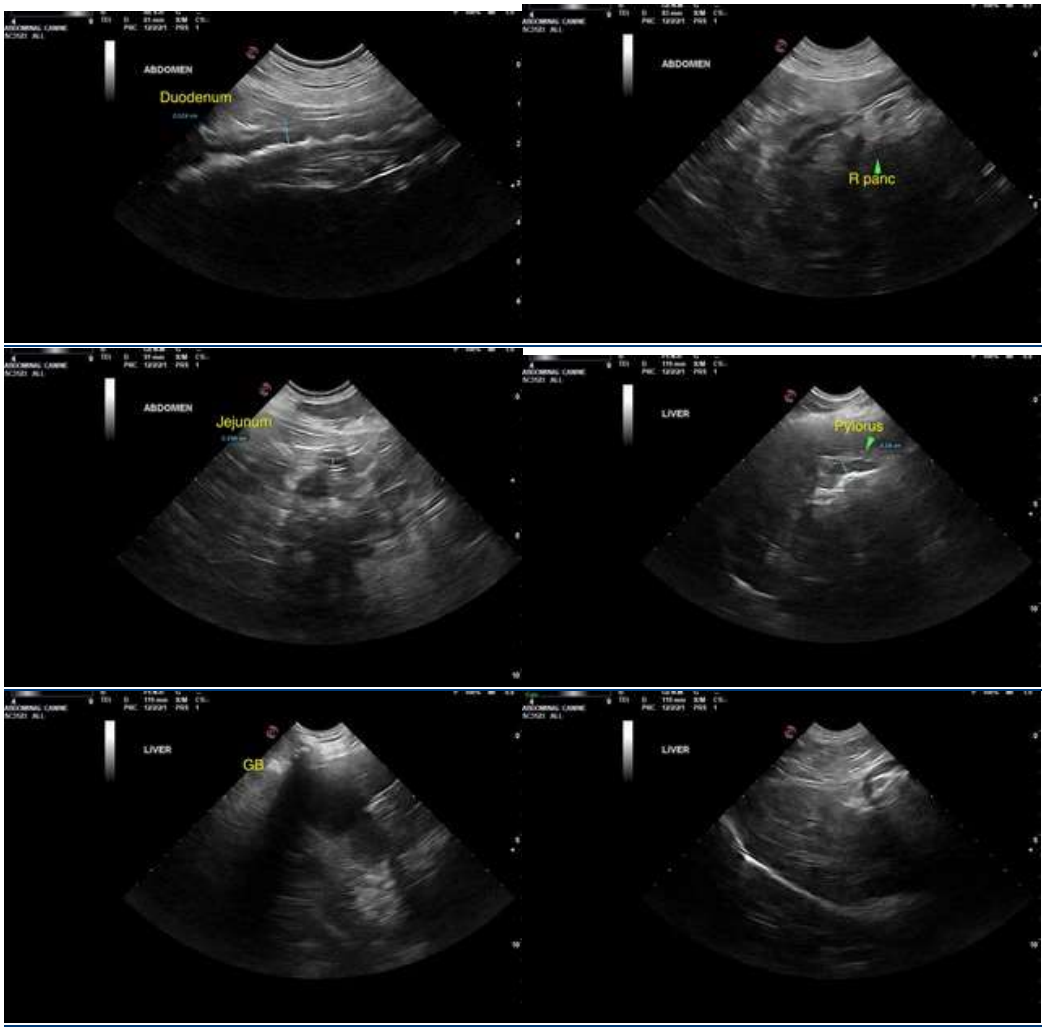
A clinical trial of **Zithromax (*Dogs:*** 5-10 mg/kg p.o. q24h. May increase dosing interval to q48h after 3-5 days of treatment)**, Metronidazole** (10-20 mg/kg p.o. b.i.d.), **Pepcid** (0.5-1 mg/kg s.i.d.) and **Sucralfate** (0.5-2 g/dog PO) or **Omeprazole** (1 mg/kg p.o. s.i.d.) over the next 3 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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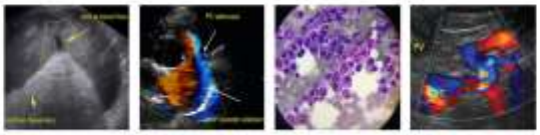

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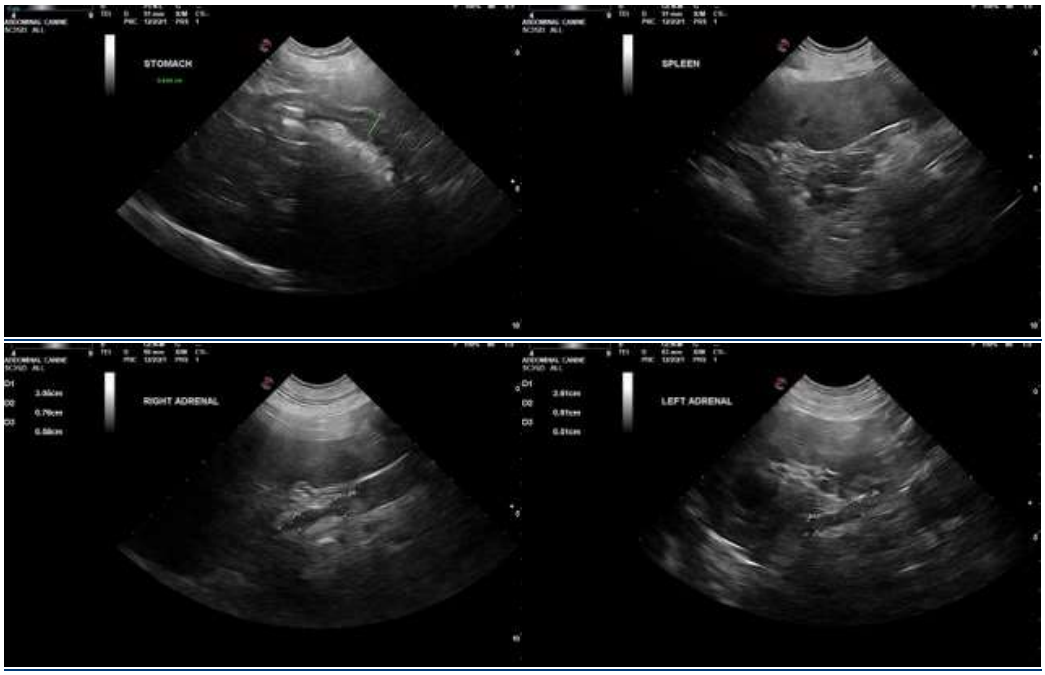

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com