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SVS Mobile Imaging KC 816 - 401 - 5010
svsimagingkc@gmail.com

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-836-4266 info@sonopath.com SonoPath.com

PATIENT

Nala Suhr

SPECIES

Canine

BREED

Labrador

SEX

FS

AGE

10 Years

WEIGHT

71 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging Kansas City

REFERRING VET

Dr. Meineka

INVOICE

49724

DATE

1-21-22

PRESENTING CLINICAL SIGNS

Intermittent gagging/vomiting for the past 6 months.
Abnormal PE/Chem/CBC/UA Results: CBC/Chem WNL. Rads suggest microhepatia. Painful upon abdominal palpation.

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, calculi, or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination was 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 6.9 cm in length. The right kidney measured 6.3 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 0.72 cm width at the caudal pole and 0.87 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 0.73 cm width at the caudal pole and 0.83 cm width at the cranial 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 exhibited potential for subnormal size. 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 visualized gastric walls were sonographically unremarkable. The stomach contained moderate ingesta exhibiting mild near field hyperechogenicity and progressive distal acoustic shadowing without overt evidence of obstruction to pyloric outflow. The ventral gastric body wall measured 0.43 cm width.

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 0.47 cm.

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

Pancreas

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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.

Free Abdomen

No omental masses, lymphadenopathy, or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Moderate progressively shadowing gastric ingesta.
- Sonographically unremarkable small bowel and pancreas.
- Mild age related kidneys.
- Possible mild subnormal liver size.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall liver exhibited normal architecture and uniform parenchyma echogenicity with potential for subnormal size. This is suspected to be an incidental finding or patient variant given lack of hepatic structural pathology and normal hepatic enzymes.

The presence of progressively shadowing gastric ingesta is nonspecific and may indicated postprandial presentation. Correlation with last meal ingestion recommended. If documented NPO, some degree of metabolic gastric stasis or nonobstructive delayed gastric emptying may be possible. Likewise, the possibility of potential foreign material such as hair, fabric, or similar cannot be definitively excluded.

Ideally, sonographic reassessment of the stomach and pyloric outflow following documented fast is recommended.

Potential for low grade to chronic pancreatitis or structurally insignificant inflammatory gastric or gastrointestinal process which may present sonographically normal may also be possible.

Although considered unlikely given normal adrenal presentation, resting cortisol to rule out occult Addison's disease could be considered.

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

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.

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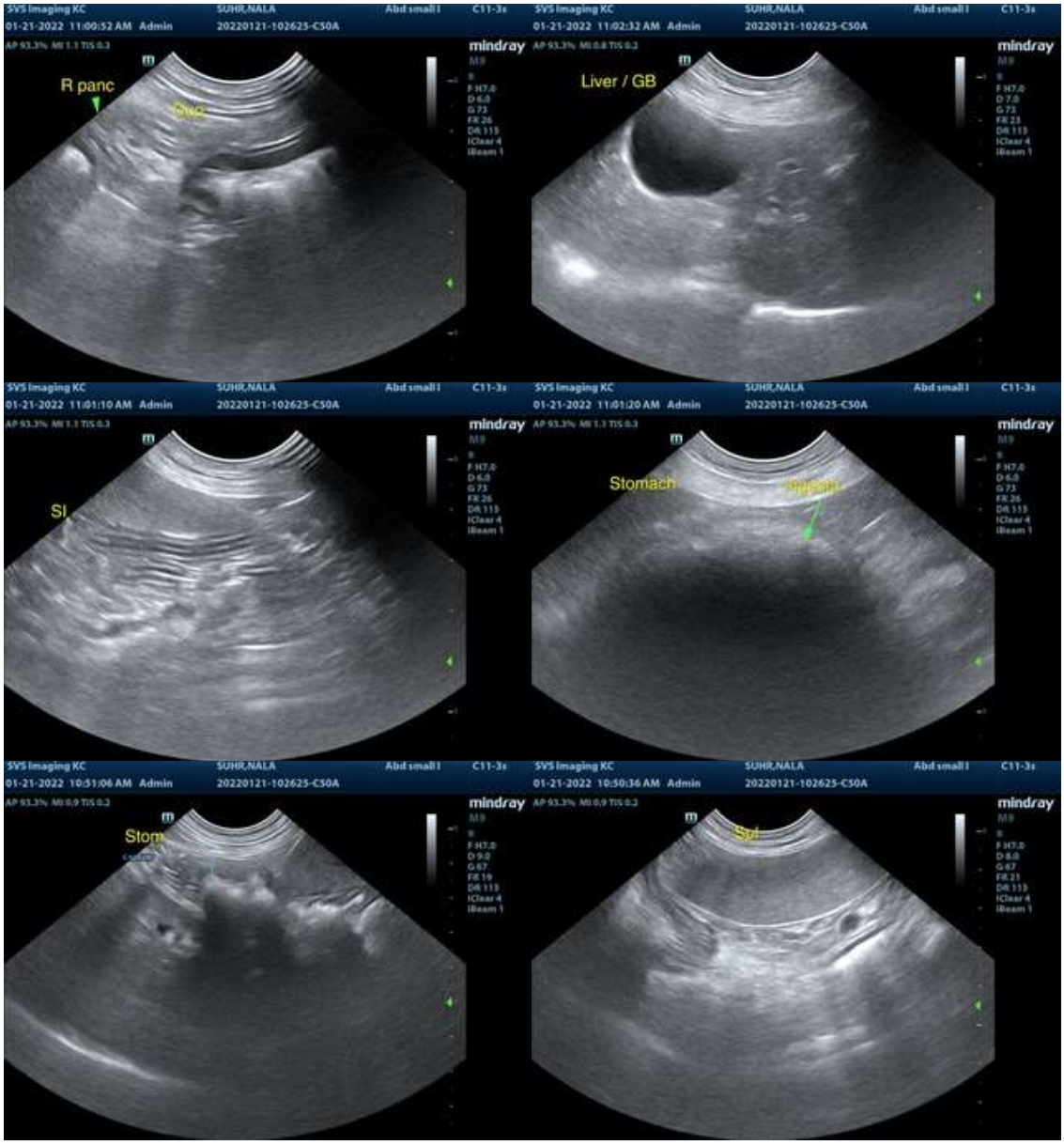

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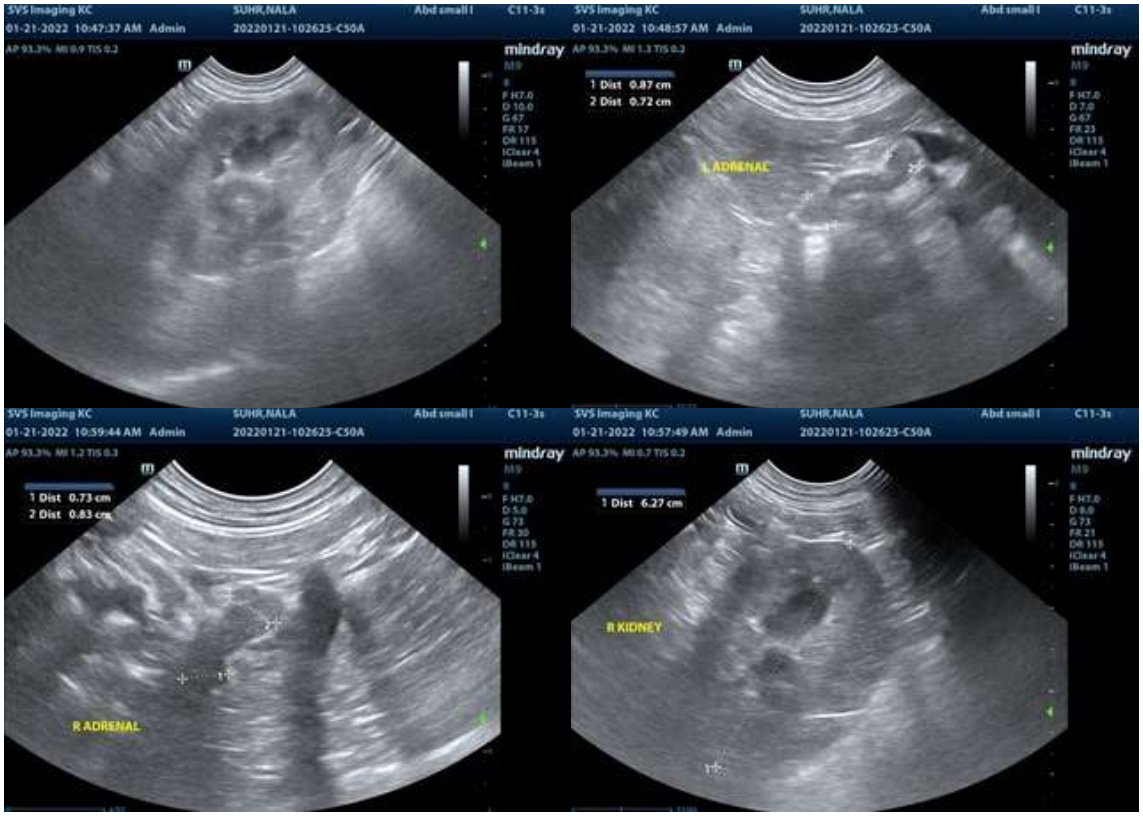

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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