IMAGING PERFORMED BY

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

PATIENT

Stout Hannah

SPECIES

Canine

BREED

Lab

SEX

NM

AGE

9 years

WEIGHT

79 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Westerhof

INVOICE

13185

DATE

1/26/22

PRESENTING CLINICAL SIGNS

Vomiting on and off Has had 2 MCT removed Currently taking Rimadyl for arthritis
Abnormal PE/Chem/CBC/UA Results: Possible mass on rads. Bloodwork WNL

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.

No overt pathology was noted in the area of the residual prostate.

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 6.4 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 2.6 cm length x 0.52 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 2.8 cm length x 0.71 cm width at the caudal pole.

Spleen

The spleen exhibited mild subjective enlargement yet maintained symmetrical capsule contour and finely texture homogeneous parenchyma. A solitary, discreet, non-expansive hypoechoic nodule was noted in the mid lateral spleen, measuring 0.82 cm.

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 mild wall thickening secondary to mild echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension was present. The ventral stomach wall in the area of the mid gastric body to antrum measured 0.67 cm wall width. Mild retained anechoic fluid was present in the stomach without evidence of retained ingesta or foreign material. No overt evidence of mechanical pyloric outflow obstruction was noted.

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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.

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

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild splenomegaly with nonspecific discreet hypoechoic nodule
- Gastritis pattern with mild gastric hypomotility

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild splenomegaly may be owing to sedation in this patient. Potential etiologies for the splenic nodule may include benign processes such as nodular hyperplasia, extramedullary hematopoiesis, hematoma, infection, infarction, or neoplasia. Ultrasound guided FNA of the nodule using 25-gauge needle, as well as splenic parenchyma, assuming normal coagulation parameters would be warranted given the patient's history of MCT. Otherwise, sonographic monitoring of the splenic nodule for any changes in size or appearance with initial recheck in 3-4 weeks would be a more conservative approach.

No overt evidence of intraabdominal specifically hepatosplenic or gastrointestinal masses was noted. Some or all of the following protocol may be considered empirically. If persistent vomiting despite conservative therapy, adrenal screening with resting cortisol to rule out occult Addison's Disease may 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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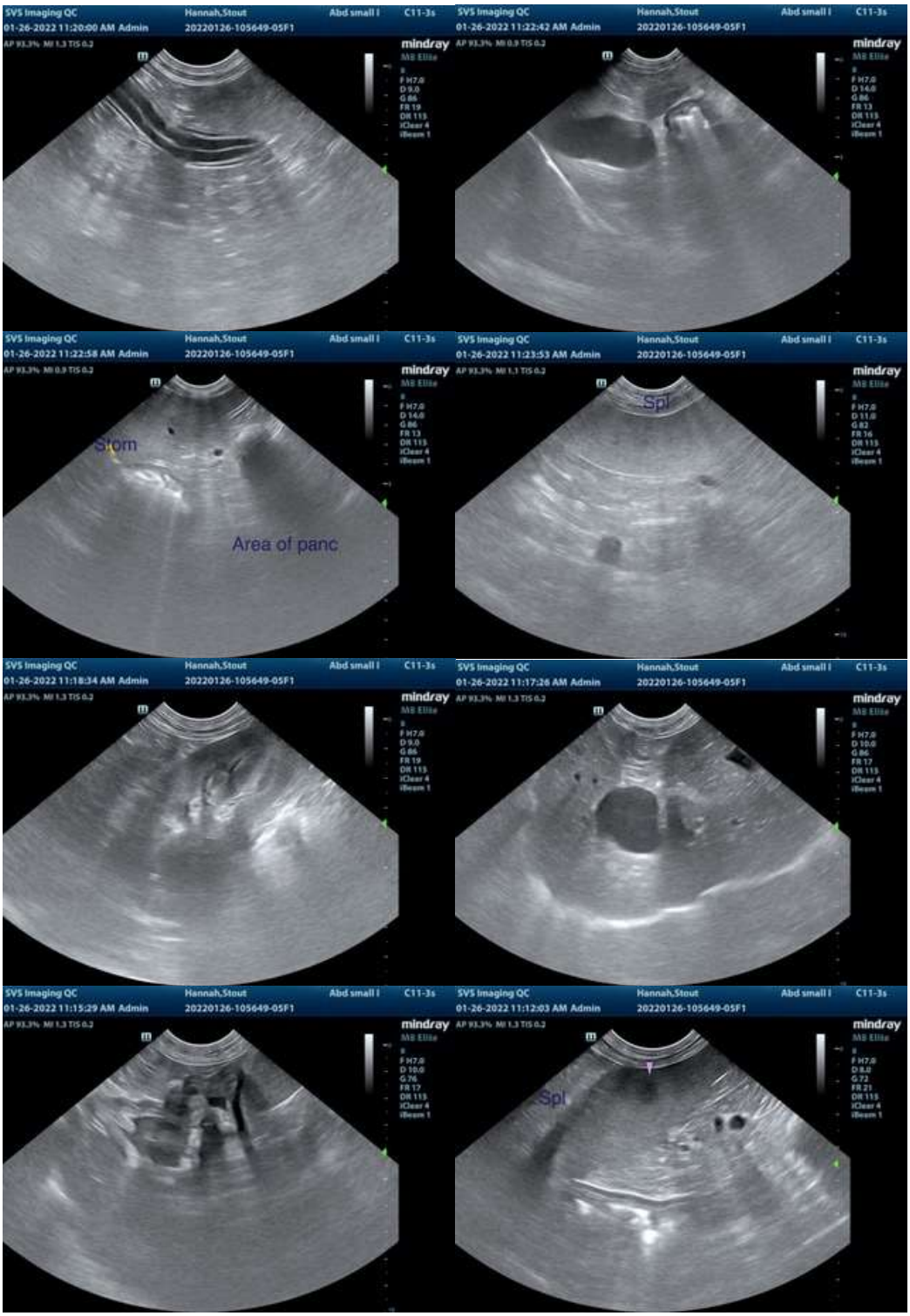

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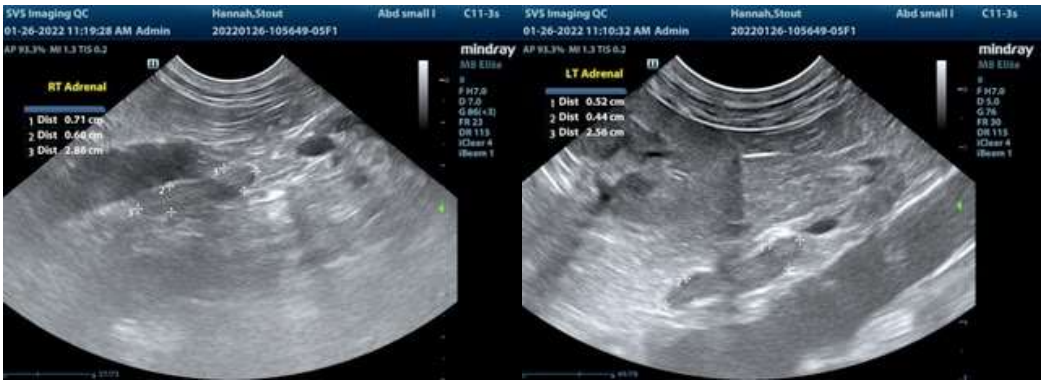

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com