

PATIENT

Deuce Hoppmann

SPECIES

Canine

BREED

Lab

SEX

Intact Male

AGE

12 years

WEIGHT

108 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. Katie Merkes

INVOICE

13206

DATE

1/28/22

PRESENTING CLINICAL SIGNS

Weight loss. History of chronic vomiting, vomited a huge blood clot 3 days ago. Vomiting has since been controlled with cerenia and bland food diet. Has lost about 8 pounds in the last 3 months. Hx of arthritis and has been on Carprofen for long time. D/C when vomited clot.
Abnormal PE/Chem/CBC/UA Results: Slightly elevated WBC, other parameters WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 5.5 cm x 3.8 cm. Anechoic, thinly walled parenchyma cysts were present.

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 8.5 cm in length. The right kidney measured 8.5 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 0.83 cm width at the caudal pole and 1.0 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 0.72 cm width at the caudal pole and 0.64 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 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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EDUCATIONAL TELECONSULTATION SERVICES™
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Gastrointestinal

The stomach exhibited thickened walls with hypoechoic mural echogenicity and indistinct to loss of discernable wall layering, primarily in the area of the fundus and gastric body. The gastric body wall measured up to 1.1 cm width. Intact yet prominent wall layering was noted in the area of the antrum and pylorus with mild retained antrum and pyloric chyme. The pylorus wall, by comparison, measured 0.83 cm. The gastric fundus and body contained moderate retained anechoic fluid. Potential areas of ulceration are suspected.

The duodenum presented intact yet subjective mild prominent wall layering with minor duodenal Ileus. The duodenum wall width measured 0.68 cm. The jejunum and ileum to the level of the colon were normal.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. Evidence of minor remodeling was present. This is likely an age-related change and incidental. No signs of active inflammation or neoplasia.

Free Abdomen

Mild regional perigastric reactive mesentery and potential for mild perigastric lymphadenopathy was present. No effusion was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Moderately thickened gastric fundus and body exhibiting decreased mural echogenicity and indistinct to loss of discernable wall layering - moderate to severe gastritis / ulcerative gastritis with warranted concern for neoplastic infiltrative gastropathy
- Secondary metabolic to paralytic gastric stasis
- Possible concurrent mild duodenitis

Secondary Findings

- Bilateral chronic renal changes
- Mild pancreatic remodeling
- Benign prostatic hyperplasia with parenchymal cysts

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Endoscopic or surgical biopsies of the stomach wall are required for a definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate, as well as three view chest radiographs to rule out concurrent occult disease as potential contributors to weight loss, may be considered.

Empirically, some or all of the following protocol with as-needed gastrointestinal support may be considered.

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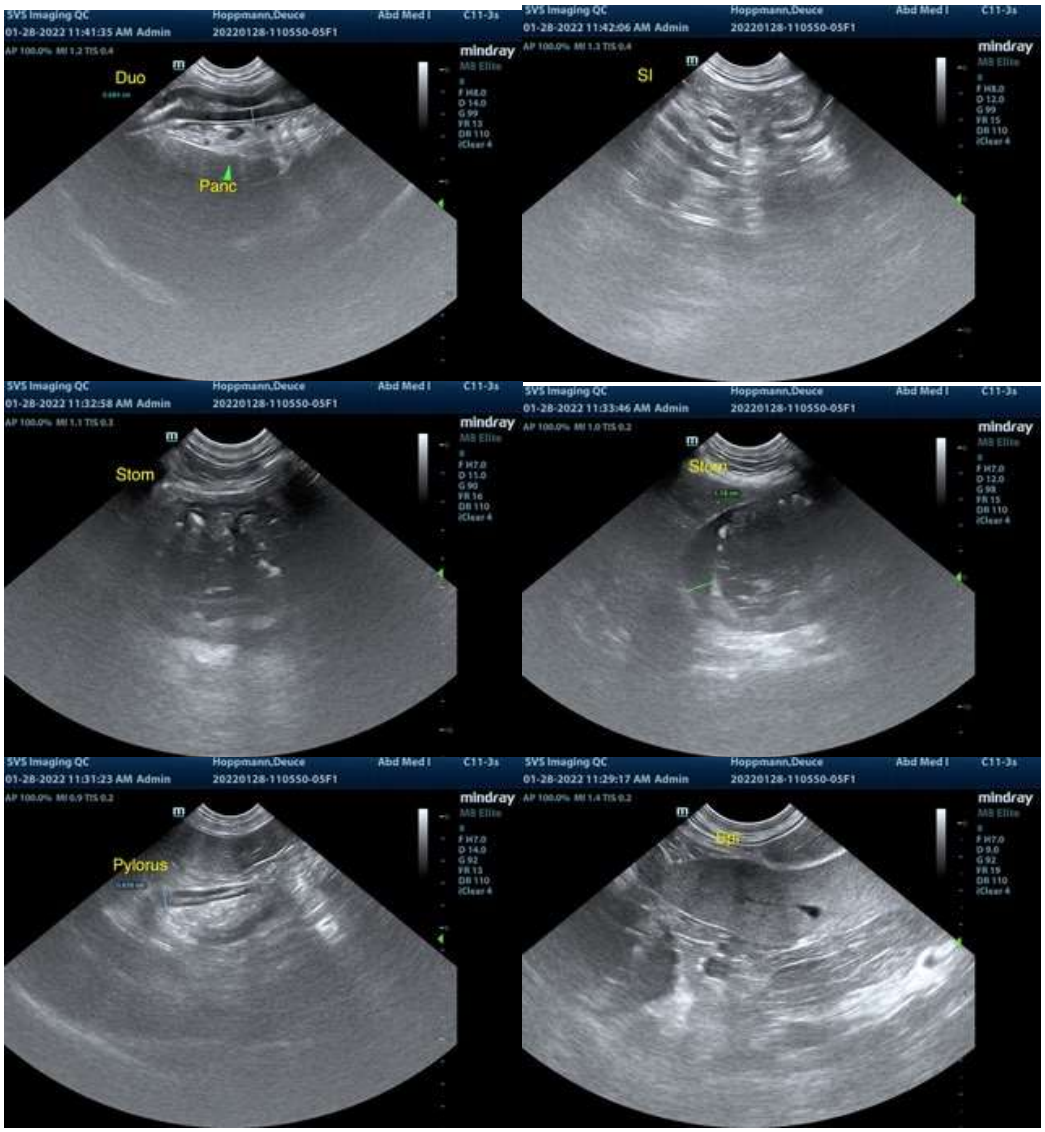
A clinical trial of **Zithromax (*Dogs:*** 5-10 mg/kg p.o. q24h. May increase dosing interval to q48h after 3-5 days of treatment)**, Metronidazole** (10-20 mg/kg p.o. b.i.d.), **Pepcid** (0.5-1 mg/kg s.i.d.) and **Sucralfate** (0.5-2 g/dog PO) or **Omeprazole** (1 mg/kg p.o. s.i.d.) over the next 3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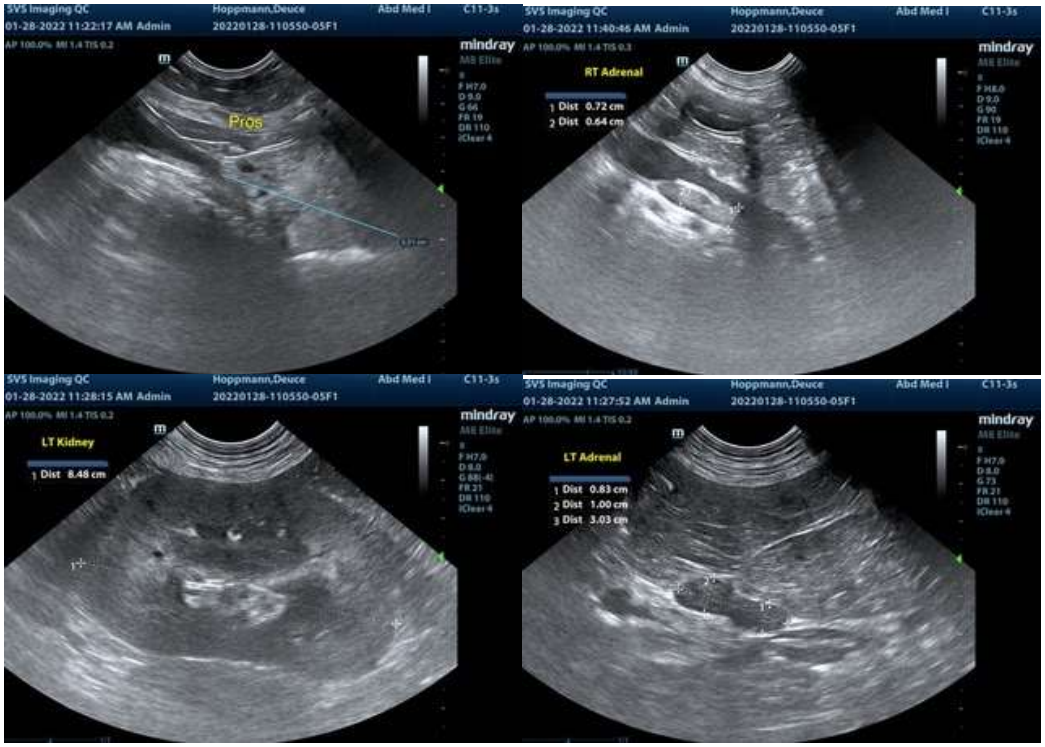

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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