



PATIENT

Darlene Larrieu

SPECIES

Canine

BREED

Pomeranian Mix

SEX

Female

AGE

13 years

WEIGHT

6.28 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Mckenzie AH

REFERRING VET

Dr. Arpaia

INVOICE

12399

DATE

10/20/21

PRESENTING CLINICAL SIGNS

Working up elevated BUN and anorexia- possible ulcer, GERD, GI mass/bleed? Current Medications Gastrofate started within the last week. Gabapentin, SP Thyroid Support
Abnormal PE/Chem/CBC/UA Results: 10/13/21 senior panel CBC - Wnl; Chemistry profile - Superchem: wnl except - BUN 73 (6-31) - creatinine 1.1 (0.5-1.6) - cholesterol 335 (92-324); Heartworm test - Neg; Thyroid hormones - TT4 1.1 (0.8-3.5); Urinalysis - USG 1.030 pH 5.5 urine chems: trace o. blood urine sedi: nsf MA: 0.5 (<2.5)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 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. A thinly walled, corticomedullary cyst was noted in the caudomedial right kidney, measuring 1.0 cm in diameter. No evidence of pelvic dilation was present. The left kidney measured 2.7 cm in length. The right kidney measured 2.7 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.3 cm length x 0.46 cm width in the caudal pole. The right adrenal gland measured 1.1 cm length x 0.44 cm width in the caudal 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



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benign parenchymal remodeling. A focal, small, thinly walled parenchymal cyst containing anechoic fluid was noted adjacent to the gallbladder, measuring 0.66 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact yet subjective prominent wall layering. The stomach was empty with mild luminal gas. Overt evidence of gastric ulceration was not definitively evident, yet the potential for mild or micro-ulceration is possible. The gastric body wall width measured 0.44 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. The duodenum wall width measured 0.36 cm. The jejunum wall width measured 0.30 cm.

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

- Mildly thickened stomach
- Bilateral chronic renal changes with right kidney corticomedullary cyst
- Sonographically unremarkable small bowel

Secondary Findings

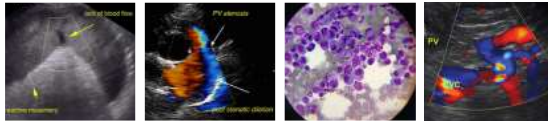
- Mild gallbladder debris (non-mucocele) - likely incidental

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gallbladder debris may be secondary to fasting or indicate nonclinical cholestasis.

The overall appearance of the stomach is suggestive of probable gastritis. The potential for early neoplastic or infiltrative gastric mural disease cannot be definitively excluded yet is thought less likely.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.



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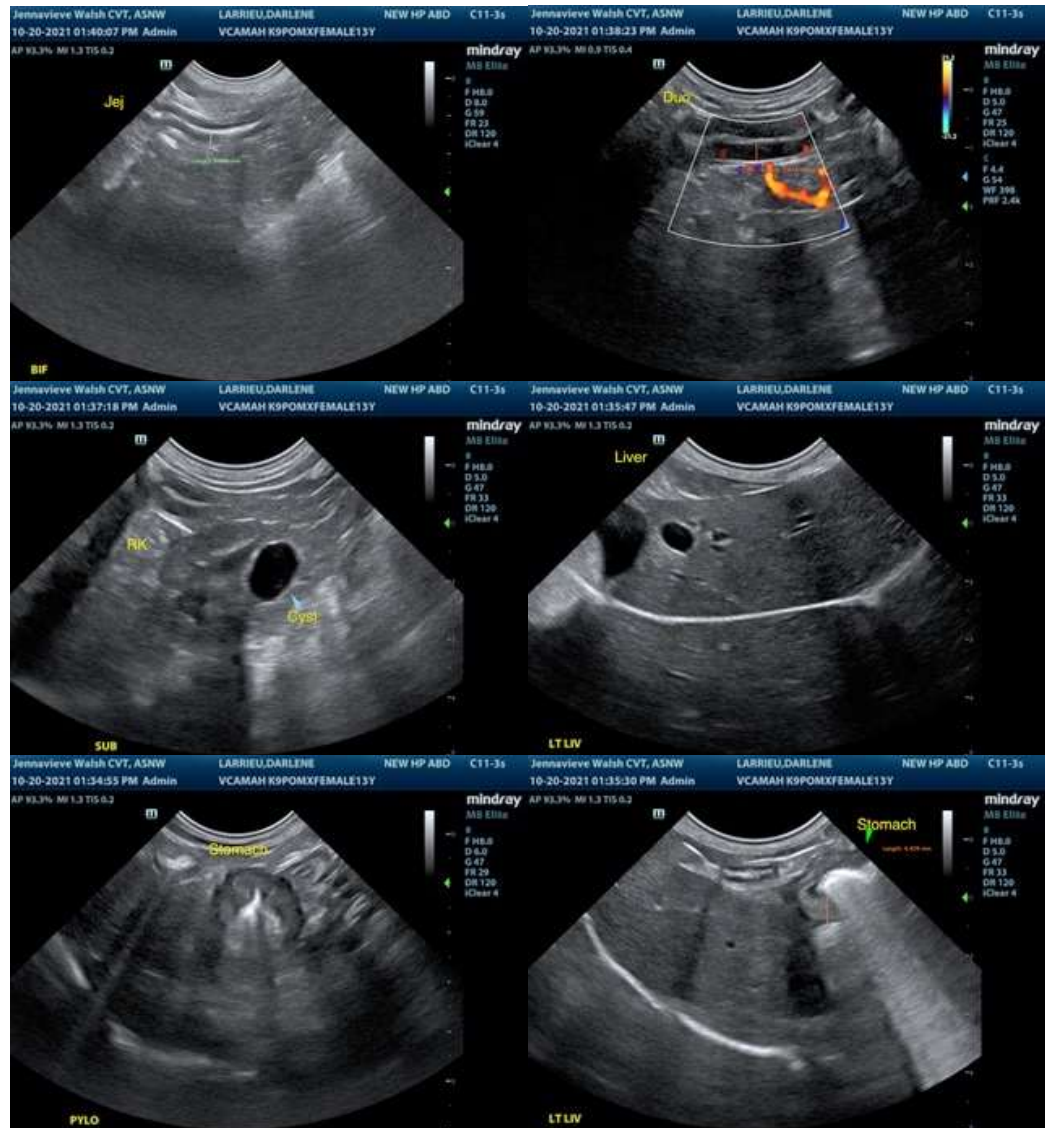
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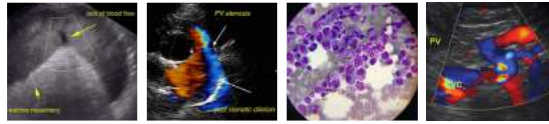
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Some or all of the following protocol may be considered empirically with as-needed gastrointestinal support. Upper GI endoscopy may be considered for further assessment and potential biopsies for histopathology.

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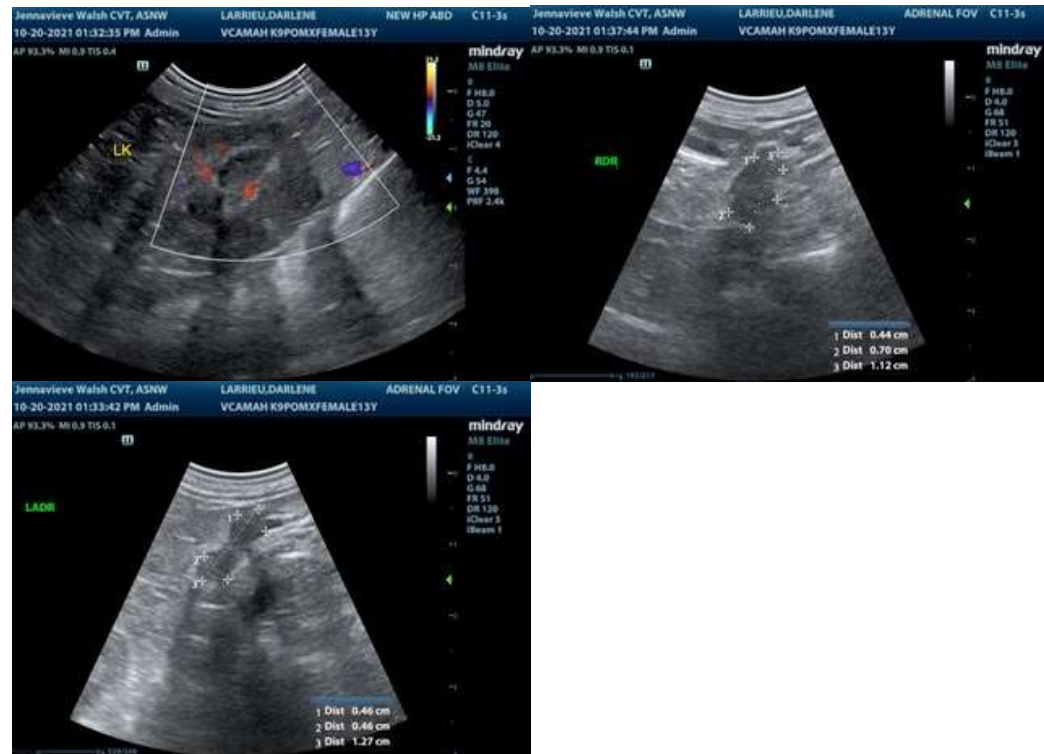
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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