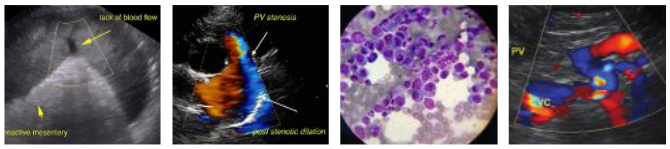
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Mackie Tran

SPECIES

Canine

BREED

Labradoodle

SEX

FS

AGE

12mo

WEIGHT

19.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kiffney

HOSPITAL NAME

Northshore Veterinary Hospital

REFERRING VET

Dr. Kiffney

INVOICE

11949ag

DATE

10/20/2022

PRESENTING CLINICAL SIGNS

Persistent chronic bilious vomiting with hyporexia. Vomiting started March 2022. Vomitus is usually foamy/yellow, o thinks maybe more frequent in AM but will occur throughout the day occasionally. Frequency of several times weekly. P is also picky eater- o has hard time convincing to eat sometimes and will use food additives to encourage appetite. On exam, p is of appropriate BCS/MCS, generally unremarkable PE. Trial therapies: feeding small meals including right before bed to reduce empty-stomach vomiting (no improvement), Ultamino hypoallergenic diet (no improvement), famotidine PRN as decided by o (?).

Abnormal PE/Chem/CBC/UA Results: Diagnostics: fecal (neg), CBC/chem (CBC WNL, mild inc GGT/AST), pre/post bile acids (WNL) Resting cortisol is elevated (rule out Addisons) Submitted a cPL, TLI, Folate and Cobalamin today Radiographs taken today as well

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 were noted.

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 4.6 cm in length. The right kidney measured 5.3 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm width at the caudal pole and 0.34 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 0.43 cm width at the caudal pole.

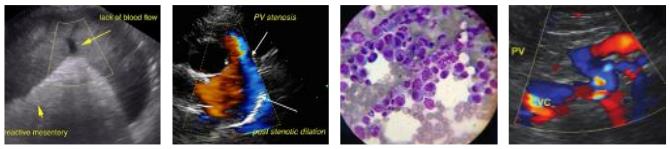
Spleen

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

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



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The stomach presented intact wall layering in the area of the fundus and gastric body. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. Intact yet mildly prominent wall layering owing to prominent mucosa was present in the area of the antrum and pylorus. The pylorus wall measured 0.40 – 0.44 cm in 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 measured 0.45 cm width. The jejunum wall measured 0.34 cm width.

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 was evident.

Free Abdomen

No omental masses or peritoneal effusion was present.

Focal, mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 1.4 cm. These nodes were not consistent with inflammatory/neoplastic criteria.

ULTRASONOGRAPHIC FINDINGS

- Mildly prominent yet intact antrum/pylorus walls-no evidence of mechanical pyloric outflow obstruction
- Sonographically unremarkable small bowel/pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the stomach may suggest mild potentially chronic gastritis. No overt evidence of pyloric hypertrophy was present in the area of the pyloric sphincter or gastroduodenal junction. No evidence of gastric polyps, foreign material or gastric mural neoplastic criteria was observed. Potential canned hydrolyzed diet trial or diet rotation and omeprazole trial may prove beneficial.

Correlation with GI panel recommended. Some or all of the following protocol or similar may prove beneficial.

If persistent vomiting despite supportive care, endoscopic gastric biopsies may be indicated. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

Some or all of the follow protocol or similar may be considered with assessment of clinical response. A clinical trial of **Zithromax (*Dogs:*** 5-10 mg/kg PO q24h. May increase dosing interval to q48h after 3-5 days of treatment)**, Metronidazole** (10-20 mg/kg PO BID), **Pepcid** (0.5-1 mg/kg PO SID.) and **Sucralfate** (0.5-2 g/dog PO) or **Omeprazole** (1 mg/kg PO SID.) over the next 3 weeks along with a **novel-protein or hydrolyzed diet** with slurry feeding BID/TID. 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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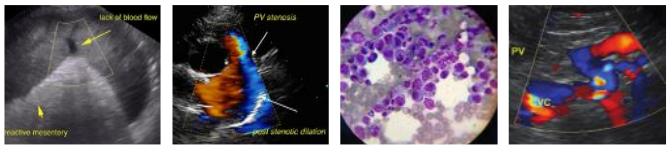

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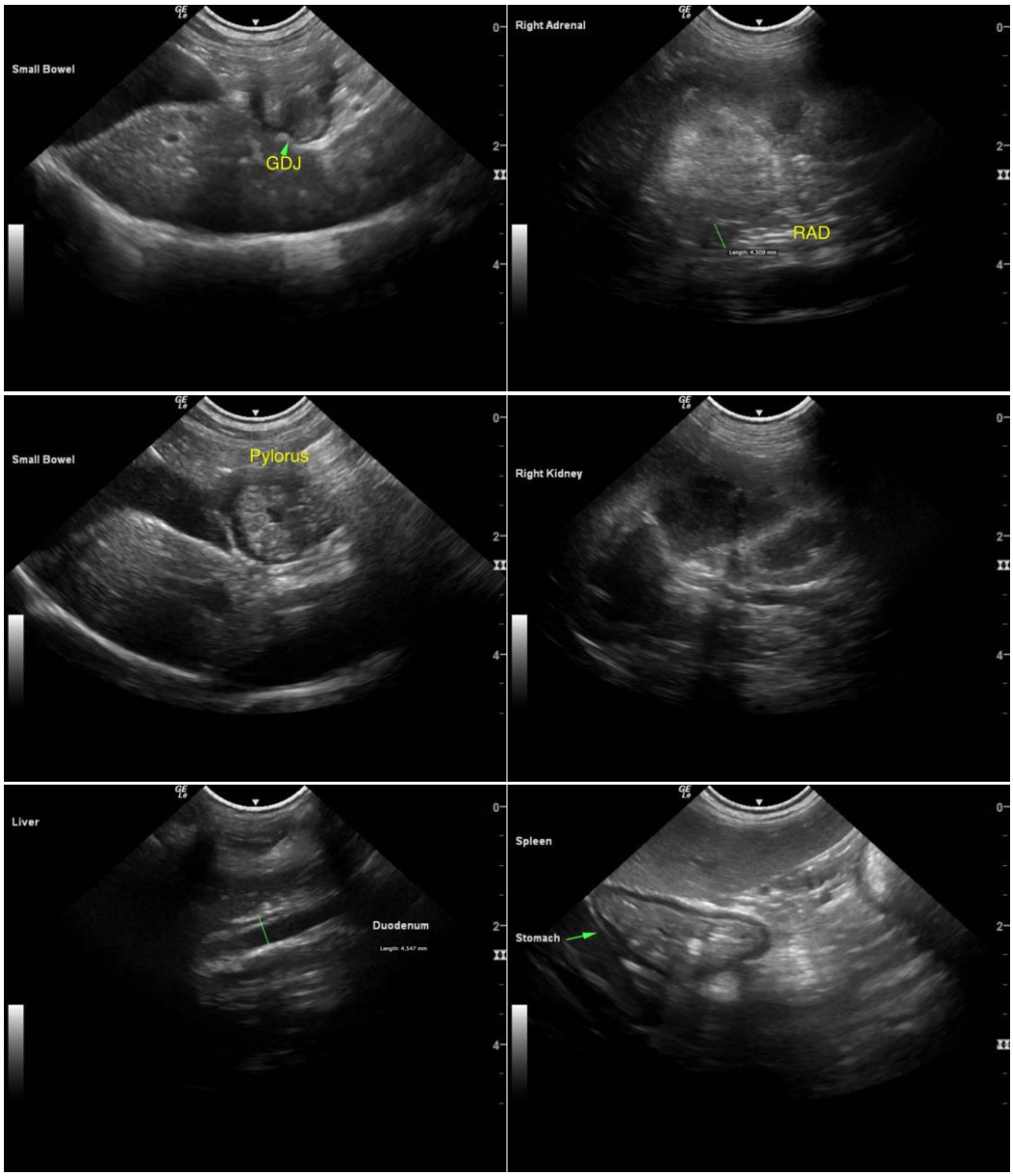

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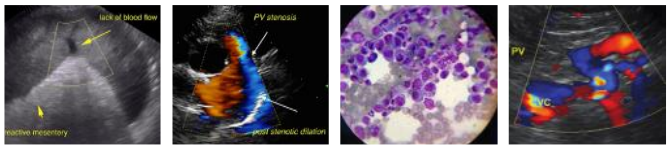

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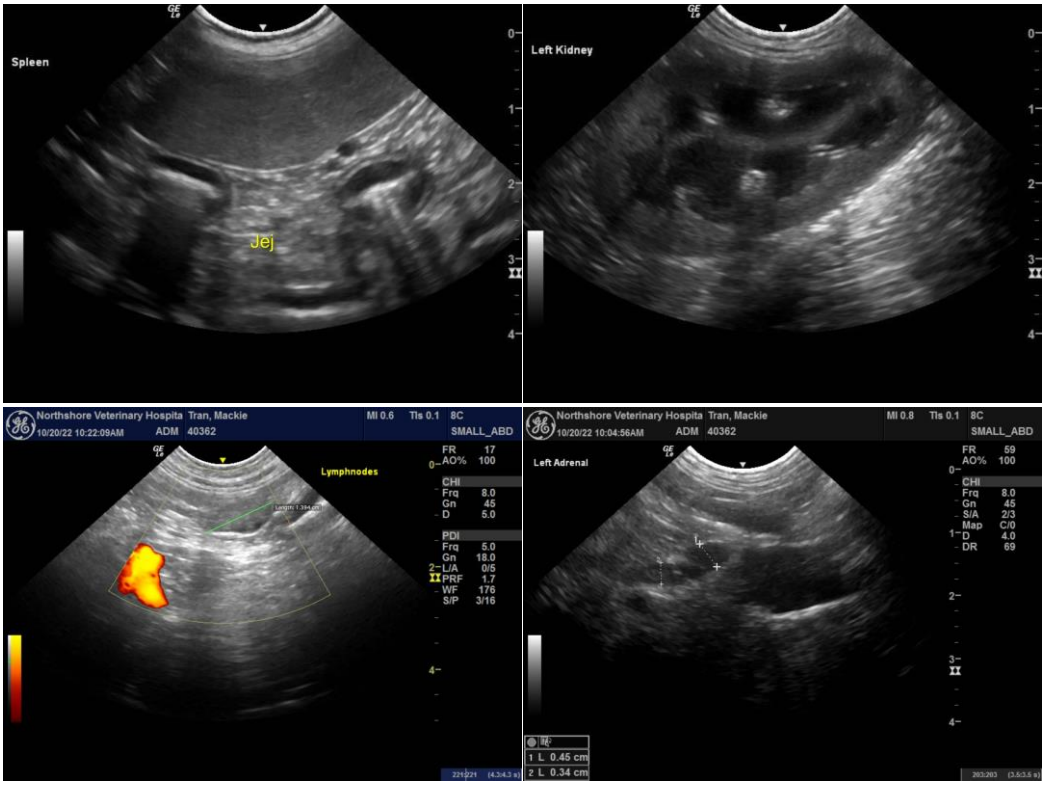

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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