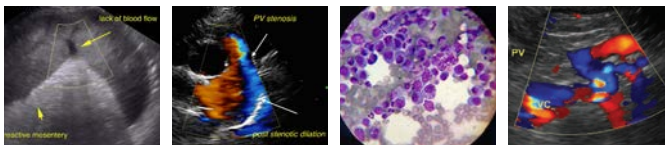
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Jovi Kobzina

SPECIES
Canine

BREED
Samoyed

SEX
Spayed Female

AGE
6 Years

WEIGHT
61.6 Pounds

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

IMAGING PERFORMED BY
Dr. Jessie Evoniuk

HOSPITAL NAME
State Ave Vet

REFERRING VET
Dr. Jessie Evoniuk

INVOICE
42307

DATE
10/24/22

PRESENTING CLINICAL SIGNS

Presented as a referral: First time P V+ was 9/22, was very large amounts of food That weekend P has V+ a few more times O was gone for a few weeks and P was V+ about 1x per day 10/6 P went to a vet appt and P had lost about 10# P was started on some meds, O switched feedings to small amounts of chicken and rice Had about 8 days where P didn't V+ but is V+ again V+ is undigested food, even hours after eating Still has an appetite and wants to eat Did get some banana bread off the counter around 6am this morning No D+, stool has been normal Meds- none

Abnormal PE/Chem/CBC/UA Results: Chem and CBC 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 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 6.0 cm. The right kidney measured 6.0 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm at the cranial pole and 0.50 cm at the caudal pole. The right adrenal gland measured 0.52 cm at the cranial pole and 0.45 cm 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.

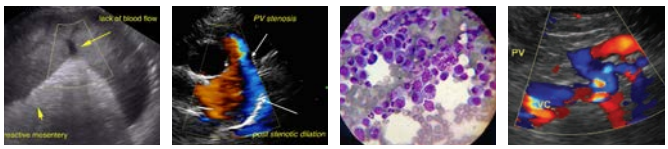
Liver

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

The stomach presented intact yet mild to moderately prominent gastric walls exhibiting intact gastric wall layer detail. The stomach contained a moderate amount of anechoic fluid and luminal gas. No overt evidence of gastric foreign material, retained ingesta, or mechanical pyloric outflow obstruction. Ventral gastric body wall measured 0.64 cm. Pylorus wall measured 0.68 cm in wall 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. Duodenum wall measured 0.48 cm. Jejunum wall measured 0.40 cm.



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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.

ULTRASONOGRAPHIC FINDINGS

- Hypomotile gastritis pattern
- Sonographically unremarkable small bowel/pancreas

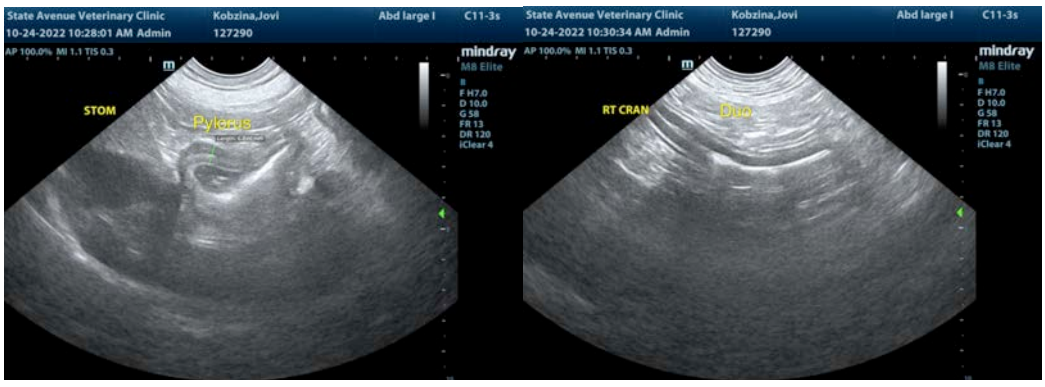
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, the appearance of the stomach is suggestive of gastritis and suspected gastric stasis. Potential for occult infiltrative gastric neoplasia considered unlikely, given intact gastric wall layering. In light of the patient's weight loss, a GI panel to include PLI, TLI, cobalamin and folate to assess for or rule out occult pancreatic or small intestinal disease as a contributing factor, as well as resting cortisol level to assess for or rule out occult Addison's disease, is warranted.

Pending these diagnostics, upper gastrointestinal endoscopy with potential for biopsies could be considered for further assessment and/or definitive diagnosis. Some or all of the following protocol or similar protocol may be considered empirically.

3-view chest radiographs suggested to rule out occult thoracic or esophageal pathology, if not done.

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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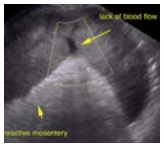
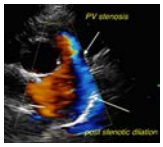
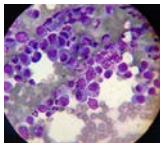
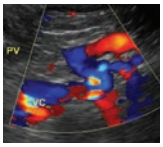

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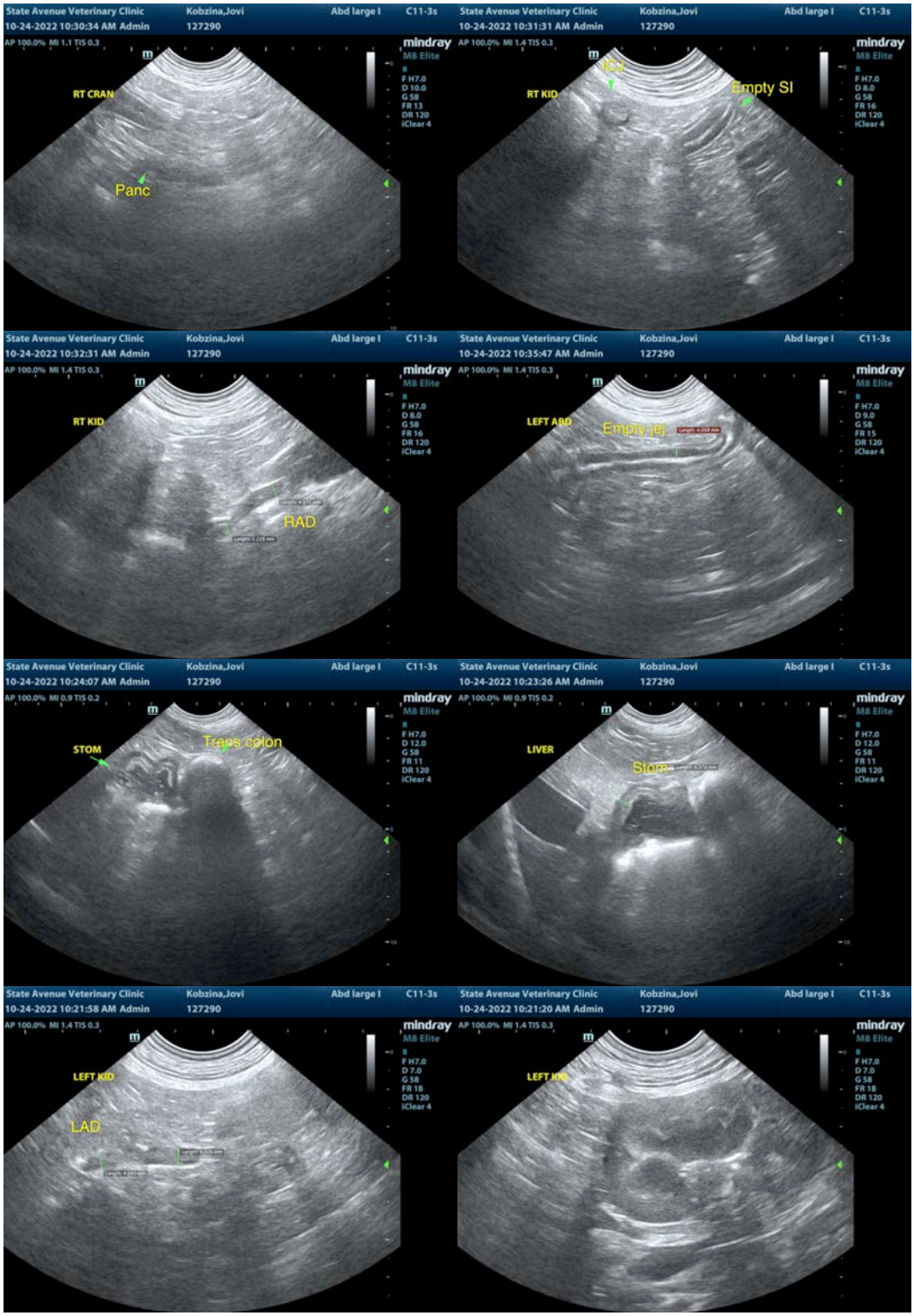

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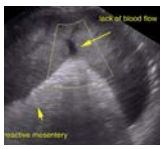
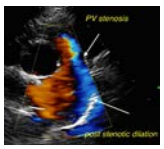
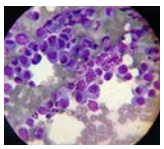
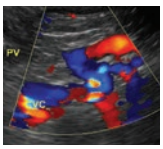

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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