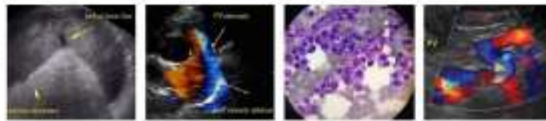


PATIENT

Duke Mainelli

SPECIES

Canine

BREED

German Shep

SEX

MN

AGE

--

WEIGHT

37.8 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Beatties Brulington PH

REFERRING VET

Dr. Nozomi

INVOICE

12468

DATE

10/28/21

PRESENTING CLINICAL SIGNS

–vomiting on and off for about 3 weeks - despite cerenia regurgitating water few sips of water will trigger him to vomit will only eat if cooked pork is added onto food. Confirmed with owner last food and drink was 8pm last night. famotidine 20mg 2tab twice a day

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.

The evidence of 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 7.7 cm in length. The right kidney measured 7.0 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 2.5 cm length x 0.71 cm width at the caudal pole. The right adrenal gland was indistinctly visualized owing to patient size and conformation, yet without overt pathology subjectively measuring 0.59 cm width at the caudal pole.

Spleen

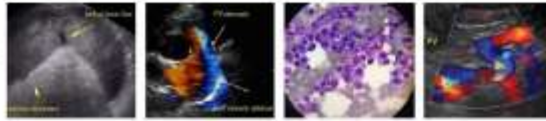
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ 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 exhibited mild to moderate retained echogenic, non-shadowing ingesta / chyme. The visualized gastric walls were sonographically unremarkable with intact wall layering and without



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evidence of mural hypertrophy, including no evidence of mechanical pyloric outflow obstruction or evidence of gastric foreign material. The ventral gastric body wall width measured 0.5 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental, mild echogenic digesta / chyme was present in the jejunum lumen. The jejunum wall width measured 0.41 cm. No evidence of mechanical or metabolic small intestinal ileus, obstruction, foreign material, or mural pathology.

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

- Sonographically unremarkable gastrointestinal tract with mild to moderate retained gastric Ingesta / chyme

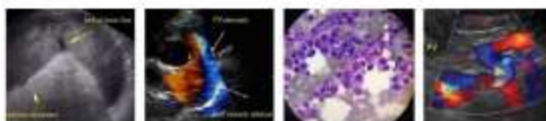
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of gastrointestinal mechanical / metabolic ileus, foreign material, or other obstructive mural pathology was present. No Indication for immediate surgical intervention. The presence of retained gastric ingesta and chyme, given the reported NPO, may suggest some degree of metabolic gastric stasis or delayed gastric emptying. Potential for structurally insignificant gastritis / gastroenteritis or other Inflammatory gastroenteropathy is possible. Concurrently, esophagitis may be a consideration in this patient, given the reported regurgitation.

Resting cortisol level may be considered to assess for or rule out occult Addison's Disease.

Some or all of the following protocol may be considered empirically with preference for Omeprazole over Pepcid with as-needed gastrointestinal support may be considered. Ultimately, upper gastrointestinal endoscopy with potential for biopsies may be indicated if clinical signs continue.

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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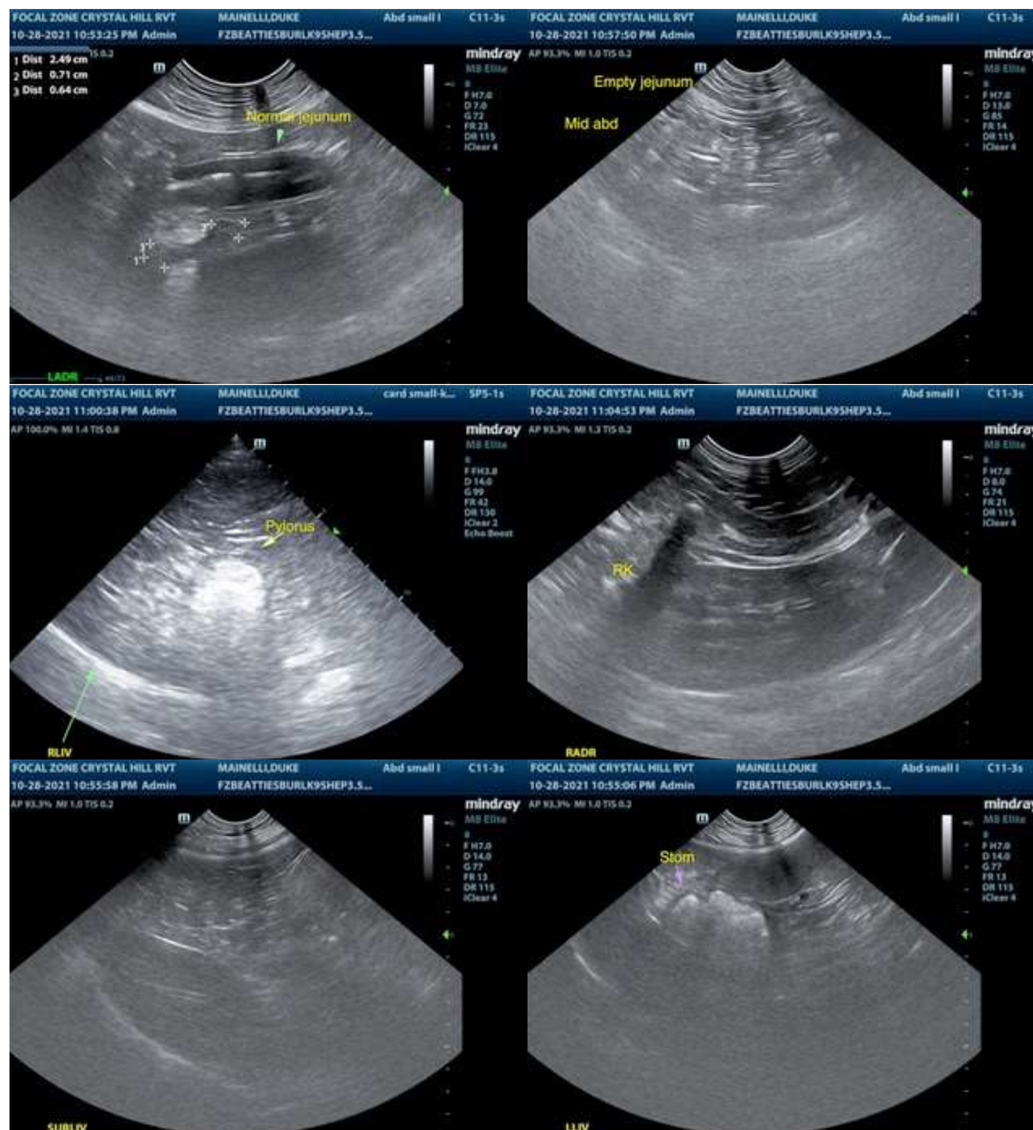

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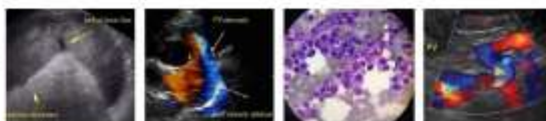

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com