



PATIENT PRESENTING CLINICAL SIGNS

Gustav Kranich History: 9.2021 GDV surgery w/ gastropexy, hyporexic, weight loss, painful since
 Medication: Cerenia, Metoclopramide, GasX

SPECIES WBC 22.2 w/neutrophilia and monocytosis. Chem – Glob 4.6, unremarkable otherwise.

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Weimaraner

The urinary bladder presented 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. The bladder was potentially located caudally, adjacent to the pelvic inlet.

SEX

Neutered Male

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.3 cm. The right kidney measured 8.1 cm.

AGE

9 years

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

60 Pounds

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.6 cm length x 0.77 cm at the caudal pole. The right adrenal gland measured 3.01 cm length x 0.69 cm at the caudal pole.

INTERPRETED BY *Spleen*

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

The spleen exhibited subjective normal size and overall contour. Generalized mild splenic parenchyma heterogeneity was noted with moderate coarse echotexture. Several subtly expansive, non-homogeneous to hypoechoic parenchymal nodules were noted. Example of described nodule in the cranial spleen measured 1.5 cm in diameter, resulting in very subtle yet symmetrical distortion of the lateral splenic capsule. Splenic vascularity was normal. No distinct splenic masses.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Liver

HOSPITAL NAME

Easton AH

The liver was mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Nankman

Gastrointestinal

INVOICE

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The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. A mild to moderate amount of retained anechoic fluid was present in the gastric fundus, body, and extending into the area of the pylorus, likely in the area of the previous gastropexy. Gastric body wall measured 0.60 cm. No evidence of retained ingesta or foreign material. Gas artifact was noted in the area of the probable gastropexy, extending into the upper duodenum.

DATE

10.28.2021



PATIENT Gustav Kranich
 The duodenum exhibited intact yet subjective mild prominent wall layering with segmental to generalized mild duodenal ileus. Duodenum wall measured 0.55 cm. The jejunum and ileum to the level of the colon were sonographically unremarkable without evidence of concurrent jejunoileal ileus.

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

Pancreas

Canine
 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.

BREED

Weimaraner **Free Abdomen**

SEX

Neutered Male
 Subtle reactive perigastric and periduodenal mesentery noted. No overt evidence of concurrent free fluid or significant lymphadenopathy.

PRIMARY FINDINGS

AGE

- 9 years
- Mild to moderate hypomotile stomach exhibited by mild to moderate retained anechoic fluid
 - Concurrent mild upper to generalized duodenal ileus
 - Subjective mild perigastric and periduodenal reactive mesentery
 - Non-specific splenic nodules

WEIGHT

- 60 Pounds
- Mild age related kidneys

SECONDARY FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)
 Potential etiologies for the splenic nodules may include benign processes such as nodular hyperplasia, extramedullary hematopoiesis, hematoma, infection, infarction, or neoplasia. Ultrasound guided FNA of the nodule using 25-gauge needle and assuming normal coagulation parameters may be considered. Otherwise, sonographic monitoring of the splenic nodules for any changes in size or appearance with initial recheck in 3-4 weeks would be a more conservative approach.

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT
 Given the patient history, potential for mild to moderate mechanical versus metabolic gastric stasis, potentially owing to residual gastric to gastroduodenal inflammation possible. Contrast study could be considered to assess gastric and upper duodenal motility and pyloric outflow. Given the weight loss, a GI panel to include PLI, TLI, cobalamin and folate could be considered. Empirically, some or all of the following protocol with as-needed gastrointestinal support may prove beneficial.

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Easton AH

REFERRING VET

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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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SPECIES

Canine

BREED

Weimaraner

SEX

Neutered Male

AGE

9 years

WEIGHT

60 Pounds

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Rebekah Jakum, CVT
ARDMS/RVT

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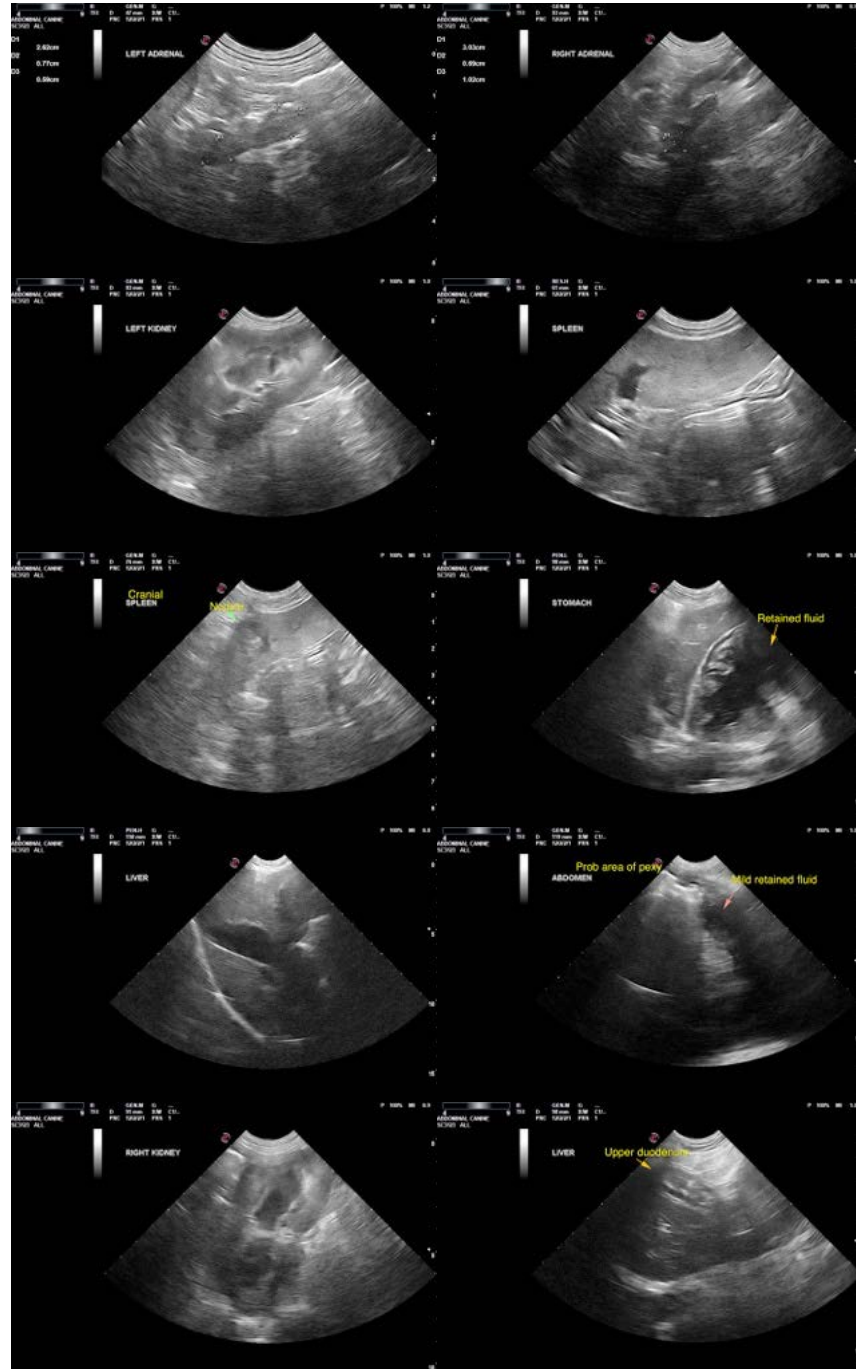
Dr. Nankman

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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)
mac.daniel@sonopath.com