



PATIENT

Rosie Nolin

SPECIES

Canine

BREED

Puggle

SEX

FS

AGE

10 y

WEIGHT

22 lbs.

INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Pamela Harrigan, RDMS

HOSPITAL NAME

Wood River AH

REFERRING VET

Casey Schuelke, DVM

INVOICE

15136

DATE

10/7/22

PRESENTING CLINICAL SIGNS

-Recheck AUS. Study done 6/21/21 (R. McKenzie Daniel, DVM, DABVP): Proximal duodenal mass lesion. Was resected - histopath = polypoid adenoma. Treated with tapering dose of prednisone, the d/c. Currently, intermittent vomiting, increasing in frequency. Current medications: Apoquel (5.4 mg QD) and omeprazole 10 mg QD.

Abnormal PE/Chem/CBC/UA Results: Elevated lipase on chem screen=2437 (SNAP cPL was normal).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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. Pinpoint areas of medullary mineral were noted. No evidence of pelvic dilation was present. The left kidney measured 4.5 cm in length. The right kidney measured 4.5 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 0.50 cm width at the caudal pole and 0.55 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 0.52 cm width at the caudal pole and 0.58 cm width at the cranial 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 mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with moderate, variably echogenic, suspended yet nonorganized, regionally hyperechoic debris occupying the majority of the gallbladder lumen. The gallbladder walls were overtly normal without overt evidence of inflammatory criteria, as well as no evidence of peripheral gallbladder inflammation or effusion.



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Gastrointestinal

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The stomach was overall non-distended in size containing a mild amount of retained non-shadowing ingesta / chyme. The visualized ventral gastric body wall was sonographically unremarkable exhibiting intact wall layering measuring 0.4 cm width. Variably thickened to nonhomogeneous antrum, pyloric, and gastroduodenal walls were present, potentially extending mildly into the upper duodenum. The gastroduodenal junction and pyloric wall measured 1.0-1.2 cm width. The pyloric and gastroduodenal wall thickening did not overtly appear to be obstructive to pyloric outflow, given the lack of gastric distention, yet some degree of delayed outflow is suspected.

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The duodenum was sonographically unremarkable with minor duodenal chyme, yet no evidence of mechanical duodenal obstructive pattern. The duodenum wall measured 0.40 cm width. The jejunum and ileum to the level of the colon were sonographically normal.

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

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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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Variably thickened pyloric / gastroduodenal junction walls with mild retained gastric ingesta / chyme
- Sonographically unremarkable small bowel including duodenum
- Normal pancreas

Secondary Findings

- Static mild chronic renal changes
- Moderate, nondependent yet nonorganized, variably echogenic gallbladder debris - possible early noninflamed gallbladder mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential considerations for the thickened pylorus and gastroduodenal junction, which correlates with the likely cause of the patient's intermittent yet increased frequency vomiting, may include regional gastritis, chronic mucosal hyperplasia, infectious (helicobacter) or granulomatous process, adenomatous change, (similar to previous lesion), neoplasia or other.

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Some or all of the following protocol or similar protocol may be considered empirically. Endoscopic gastric biopsies are likely required for a definitive diagnosis and should be considered if evidence of persistent / progressive vomiting despite conservative therapy.

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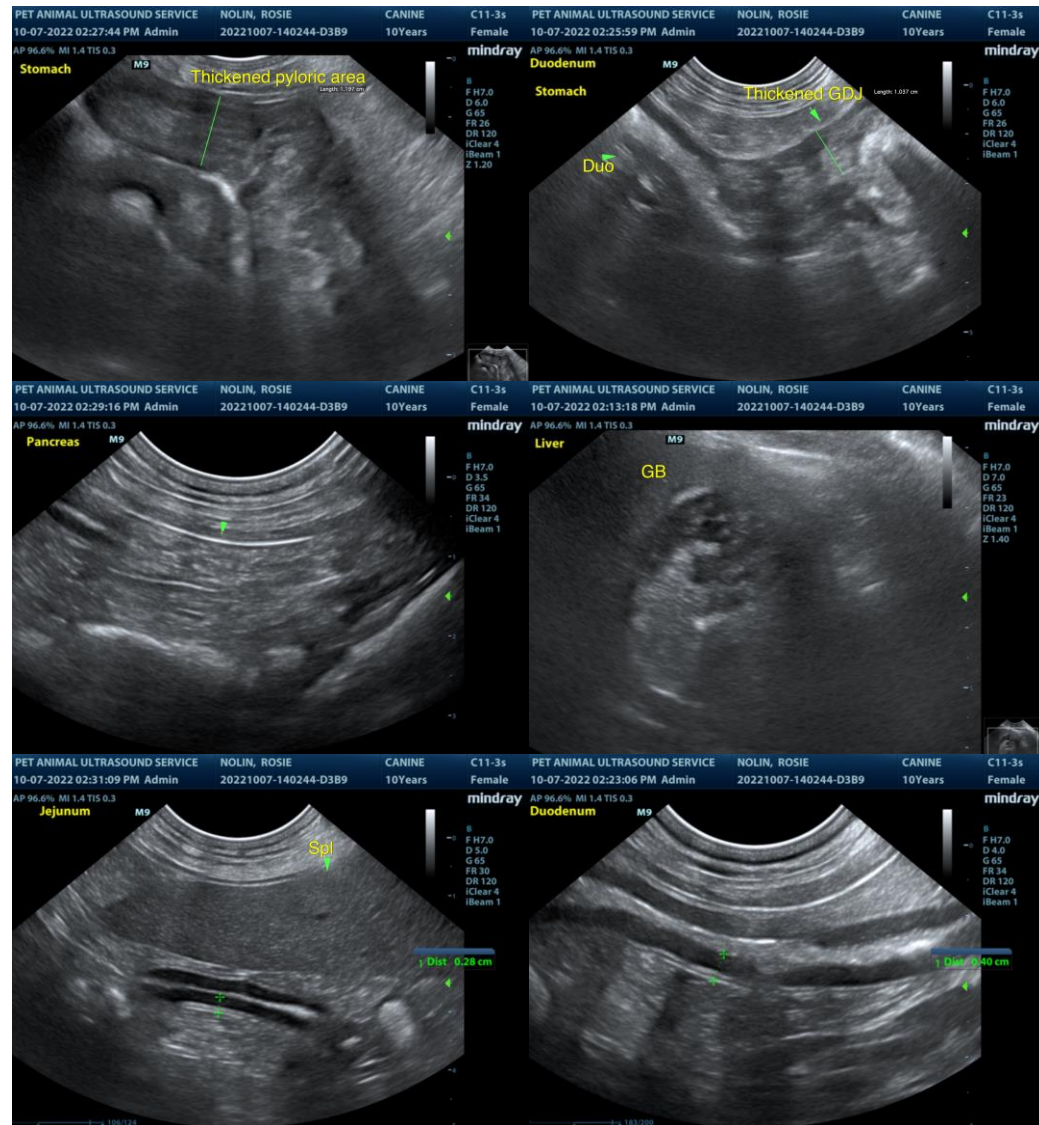
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A clinical trial of **Zithromax** (Dogs: 5-10 mg/kg p.o. q24h. May increase dosing interval to q48h after 3-5 days of treatment), **Metronidazole** (10-20 mg/kg p.o. b.i.d.), **Pepcid** (0.5-1 mg/kg s.i.d.) and **Sucralfate** (0.5-2 g/dog PO) or **Omeprazole** (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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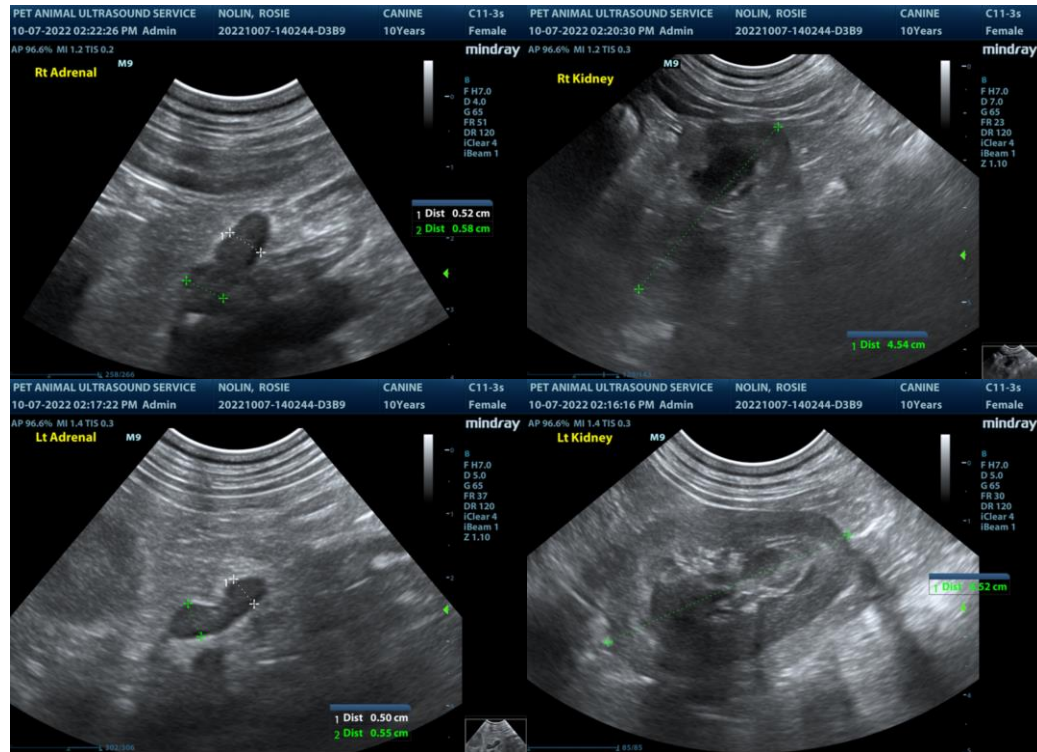
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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