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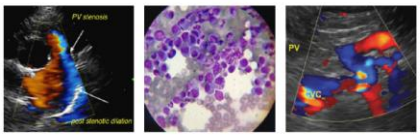

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Duke Hintz

SPECIES

Canine

BREED

Labrador Retriever

SEX

MN

AGE

3 years

WEIGHT

74.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Kristine Mulloy

INVOICE

15309

DATE

11/1/22

PRESENTING CLINICAL SIGNS

Presented 10/28/22 for vomiting for 2 days. Was an occasional thing, but is now happening with every meal. Pt still wants to eat but will throw it up. No toxins or foreign bodies. Eats Purina ProPlan, not on any meds.

Abnormal PE/Chem/CBC/UA Results: Preprofile ran just before scan: ALP 46 (20-150), ALT 99 (10-118), BUN 10 (7-25), CRE 1.3 (0.3-1.4), GLU 126 (60-110), TP 5.9 (5.4-8.2).

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 area of the residual prostate was free of pathology.

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 6.8 cm in length. The right kidney measured 7.3 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 2.7 cm length x 0.65 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 3.5 cm length x 0.79 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. Focal, discrete, nondisruptive nodule, likely consistent with focal hyperplasia, hematopoiesis, or similar, was present measuring 0.40 cm in diameter and considered incidental. 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 or neoplastic changes were not noted. The spleen exhibited subtle enlargement with evidence of folding, which is likely incidental likely secondary to sedation.

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

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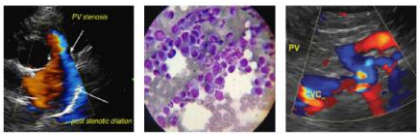

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normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild luminal gas and no evidence of loss of gastric wall layering, gastric distention with retained ingesta, fluid, or foreign material, as well as no evidence of mechanical pyloric outflow obstruction. The ventral gastric body wall width measured 0.31 cm. The pylorus wall width measured 0.63 cm.

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 0.48 cm width. The jejunum wall measured 0.38 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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural or obstructive gastric or gastrointestinal pathology as an obvious cause of the patient's increasing vomiting. Potential for low-grade gastritis or other structurally insignificant gastropathy, dietary intolerance / food allergy, and occult parasitism are all potential assuming no evidence of thoracic or esophageal pathology on three view chest radiographs.

Although considered unlikely, a resting cortisol level to rule out occult Addison's Disease is warranted.

Some or all of the following protocol may be considered empirically with an assessment of clinical response. If persistent or progressive vomiting despite conservative therapy, upper gastrointestinal endoscopy may be indicated.

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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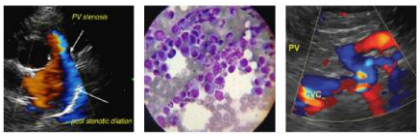

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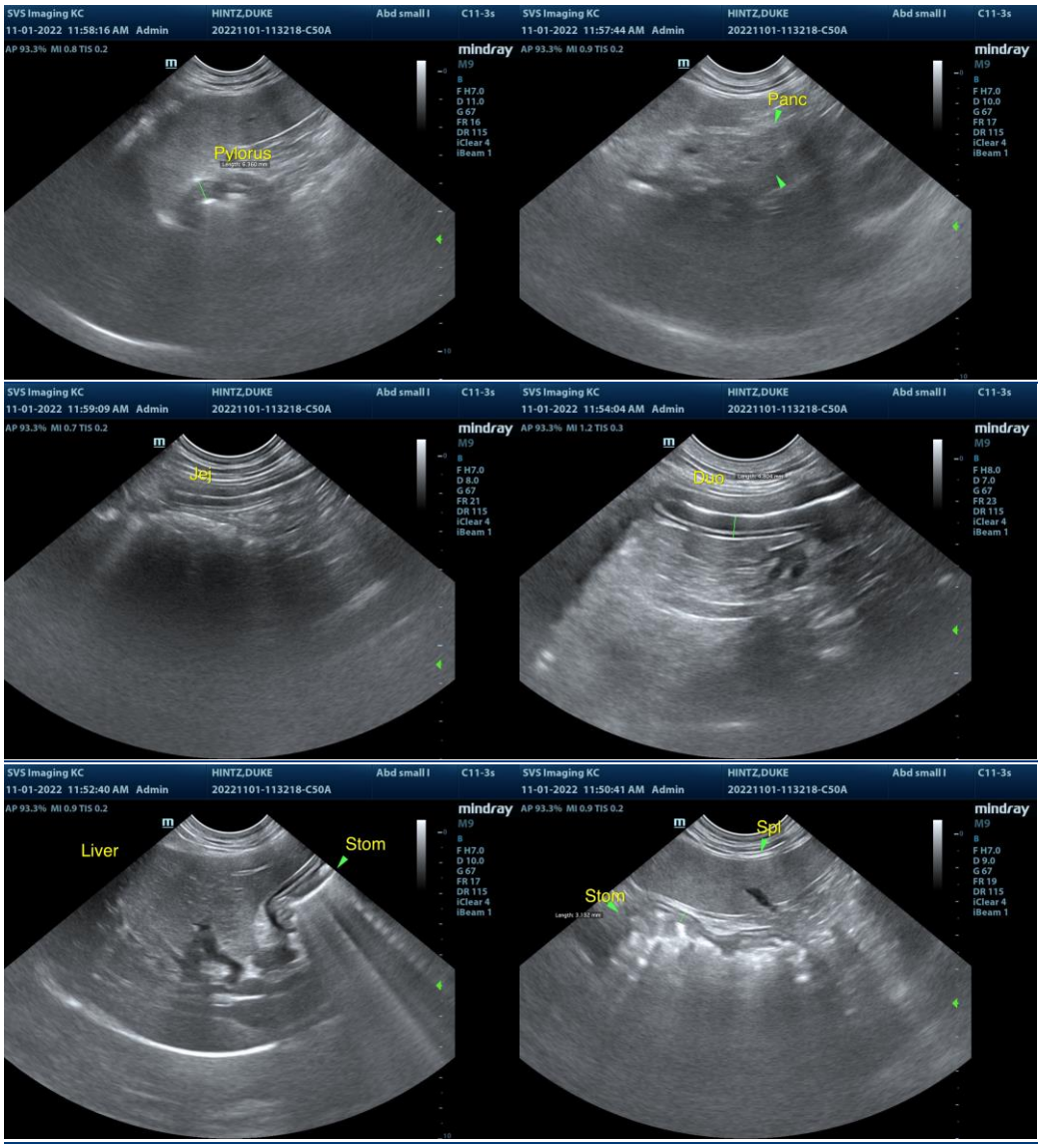

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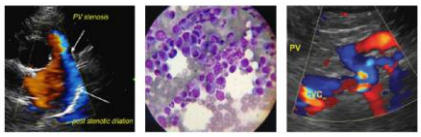

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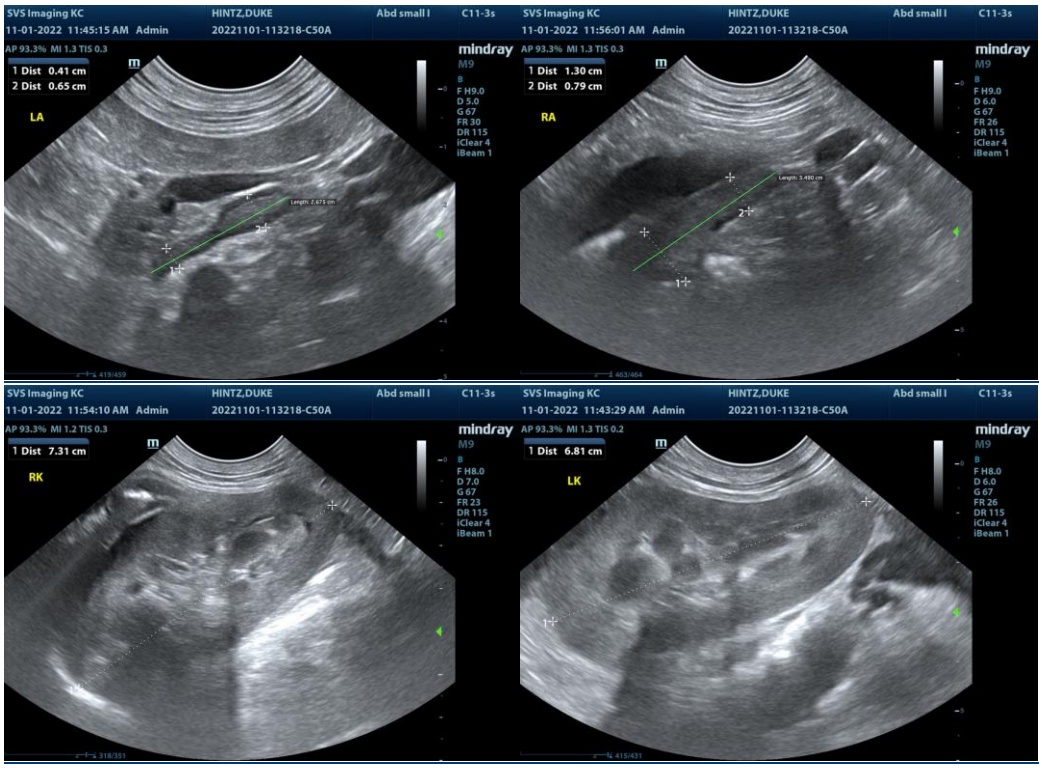

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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