

PATIENT PRESENTING CLINICAL SIGNS

Doridoro Poppin

History: Vomiting off/on a few times over the last 2-3 weeks. Gagging intermittently and seems like something is stuck in throat. No trouble swallowing and normal appetite. Did feed today and so far food has stayed down. Vomit is undigested food and mucus, usually pet vomits shortly after she eats. Physical exam findings: EENT: PLR=WNL; nuclear sclerosis; mild-moderate dental dz; poss. sl. inflamed pharynx, MS: NSF; ambulatory x 4; BCS= 2.5 /9 Very thin/cachectic), Profound weight loss over last 6 months/cachexia , Possible PU/PD (increase drinking) , TDx: Renal dz vs. other , Intermittent gagging and occasional vomiting (food and mucus), TDx: Doggie GERD?

SPECIES

Canine

BREED

Lab/Hound

Abnormal CBC values: WNL Abnormal Chemistry Values: Very elevated ALT (=513), ALKP (=1662) and PSL (=581) Abnormal UA Values: Microalbuminuria =2.8 / protein =Trace HIGH Reason for Ultrasound: Vomting and abnormal lab values

SEX

FS

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

AGE

10y 8m

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor dependent hyperechoic sediment to mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

WEIGHT

54 lbs.

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. No evidence of pelvic dilation was present. Bilateral pinpoint to minor medullary mineral was present. The left kidney measured 6.6 cm in length. The right kidney measured 6.3 cm in length

INTERPRETED BY

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

Adrenal Glands

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.73 cm width at the caudal pole and 0.81 cm width at the cranial pole.

The right adrenal gland measured 0.70 cm width at the caudal pole and 0.96 cm width at the cranial pole. A mild discrete well-defined, hyperechoic nodule was present in the cranial pole of the right adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 0.93 cm x 0.72 cm.

HOSPITAL NAME

Grass Valley VH

REFERRING VET

Dr. Bonnie Yoffe

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.

INVOICE

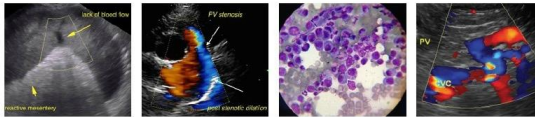
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Liver/ Gallbladder

DATE

11/24/22

The liver presented mild to moderately 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. Right medial to lateral caudate lobar swelling was present with a possible isoechoic uniform mass in the right liver lobe



PATIENT

measuring ~ 9 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion.

Doridoro Poppin

SPECIES

The gallbladder was non-distended in size with primarily anechoic luminal content and focal congealed hyperechoic subtly shadowing debris in the dependent lumen. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

Canine

Gastrointestinal

BREED

The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The pylorus wall measured 0.94 cm in width. Mild gastric distension with retained primarily anechoic fluid was present.

Lab/Hound

SEX

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained mild retained anechoic fluid with no signs of ileus, obstruction, or foreign material.

FS

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

AGE

Pancreas

10y 8m

The right pancreatic limb was mildly prominent in size with mild asymmetrical contour and heterogeneous mildly hypoechoic parenchyma.

WEIGHT

Free Abdomen

54 lbs.

No overt lymphadenopathy or peritoneal effusion was present.

INTERPRETED BY

Intermittent subtly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). This finding is not consistent with inflammatory or neoplastic criteria.

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

ULTRASONOGRAPHIC FINDINGS

IMAGING PERFORMED BY

Primary Findings

Loetitia Saint-Jacques, RVT

- Mild urinary bladder dependent sediment/mineral
- Mild age-related kidneys with pinpoint medullary mineral, this patient may be passing small amounts of mineral from the kidneys into the urinary bladder
- Hepatopathy exhibiting subjective right lobar swelling to possible isoechoic mass-nonspecific, vacuolar hepatopathy, inflammatory/immune mediated disease, hyperplasia, hematopoiesis, ill defined hepatoma like mass with infiltrative neoplasia thought less likely
- Focal congealed potentially emerging mineralized gallbladder debris
- Gastroduodenitis pattern with gastric hypomotility
- Right adrenal nodule, suspect adenoma
- Mildly prominent to non-homogeneous right pancreas- patient/ age variant, remodeling owing to previous inflammatory episode or mild to chronic pancreatitis possible

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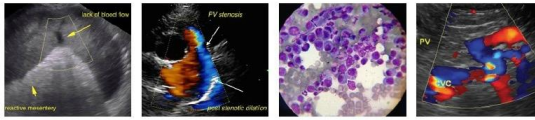
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

SPECIES

Canine

Assuming normal clotting status and using a 25g needle, a hepatic/lobar swelling FNA for screening cytology could be considered for further assessment.

BREED

Lab/Hound

Potential for mild chronic gastritis, gastroduodenitis or esophagitis is possible, however given the profound weight loss a more generalized GI disease cannot be definitively excluded. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

SEX

FS

Low grade pancreatitis may be considered if evidence of cranial abdominal or subxiphoid discomfort on palpation. Sonographic monitoring of the right adrenal gland for evidence of progression as well as systemic BP is suggested. Some or all of the follow protocol or similar may be considered with assessment of clinical response.

AGE

10y 8m

A clinical trial of **Zithromax (Dogs: 5-10 mg/kg PO q24h. May increase dosing interval to q48h after 3-5 days of treatment), Metronidazole (10-20 mg/kg PO BID), Pepcid (0.5-1 mg/kg PO SID.) and Sucralfate (0.5-2 g/dog PO) or Omeprazole (1 mg/kg PO SID.)** over the next 3 weeks along with a **novel-protein or hydrolyzed diet** with slurry feeding BID/TID. 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.

WEIGHT

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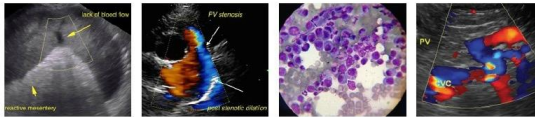
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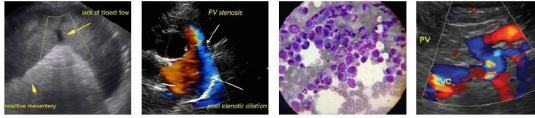
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



PATIENT visible in the image/video clips provided.

Doridoro Poppin 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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