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Clinical Sonography & Telecytology
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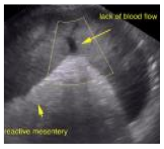
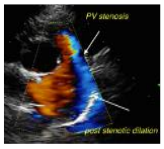
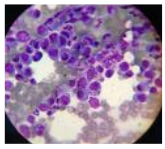
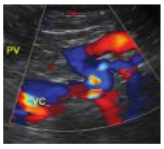





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Simba Rassam

SPECIES
Canine

BREED
Shiba Inu

SEX
Neutered Male

AGE
12 Years

WEIGHT
34 Pounds

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

IMAGING PERFORMED BY
Val Shumskaya

HOSPITAL NAME
New Bridge VP

REFERRING VET
Dr. Glennon

INVOICE
20266

DATE
12/29/22

PRESENTING CLINICAL SIGNS

History: Repeat ultrasound from 12/18/22, not eating, sore throat.

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 were noted. Aortic trifurcation was normal.

No overt pathology in the area of the residual prostate.

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. The left kidney measured 5.7 cm in length. The right kidney measured 5.4 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. No evidence of adrenomegaly. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured2.5 cm length x 0.64 cm width in the caudal pole. The right adrenal gland measured 1.9 cm length x 0.61 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

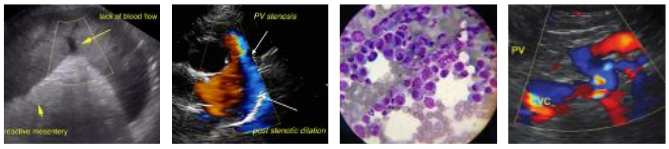
Liver

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. Previously noted focal areas of biliary tree mineralization.

No overt evidence of pathology in the area of the previous gallbladder or area of previous to residual common bile duct.

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact mildly prominent wall layering was noted. The pylorus wall measured 0.79 cm width. The stomach was moderately distended with retained primarily anechoic to mildly echogenic fluid, along with a mild to moderate amount of nonshadowing chyme. No obvious evidence of mechanical pyloric outflow obstruction or gastric foreign material.



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The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Focal to intermittent, mildly prominent to enlarged cranial abdominal lymph nodes were present in the area of the pancreas and portal vein. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation or neoplastic criteria and maintaining a normal width: length ratio (<0.5). An example measured 0.79 cm in diameter. No evidence of peritoneal free fluid.

ULTRASONOGRAPHIC FINDINGS

- Persistent gastroenteritis pattern, including gastric and segmental small bowel hypomotility, moderate retained gastric fluid and nonshadowing chyme
- Suspect possible low-grade pancreatitis
- Static mild chronic renal changes
- Static hepatic parenchymal remodeling with areas of nonobstructive biliary tree mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the persistent to recurrent clinical signs in this patient, in conjunction with sonographic abnormalities, endoscopy is likely ideal, if possible. No obvious evidence of mechanical pyloric or upper gastrointestinal obstructive criteria. Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation in the area of the pancreas, as well as spec CPL, if not done, is suggested. Further assessment could also include a GI panel to include PLI/TLI/Cobalamin/Folate, as well as resting cortisol level to rule out unlikely potential for occult Addisons disease. Some or all of the following protocol or similar protocol with potential for hospitalization and IV supportive fluids may be considered.

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** (7.5- 10 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. Recheck sonogram in 3-5 days if clinically indicated. Promotility medications, such as Metoclopramide, given the lack of obstructive criteria, may be beneficial.

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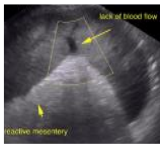
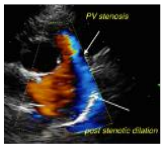
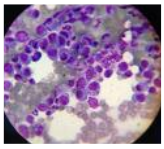
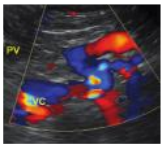

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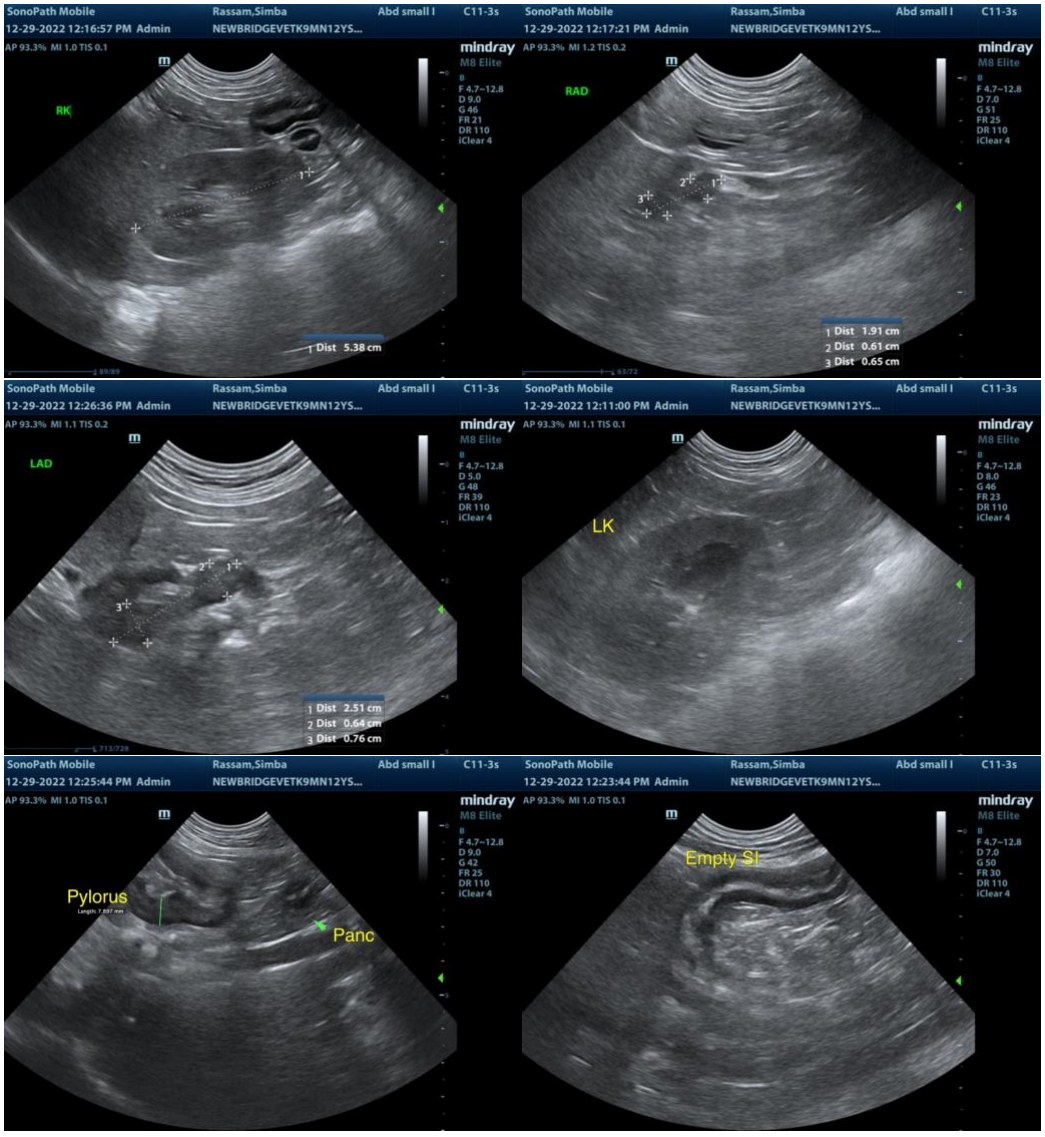

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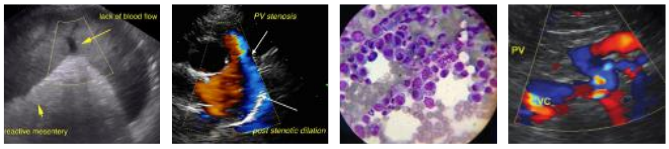

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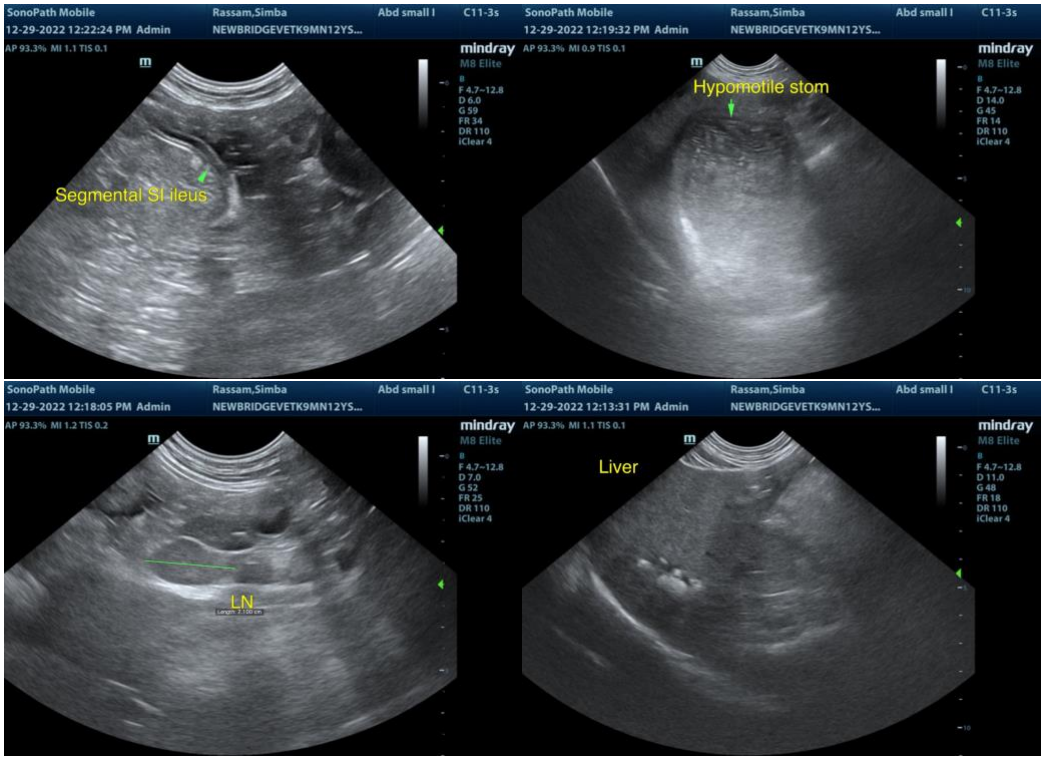

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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