



PATIENT

Boomer Heimsoth

SPECIES

Canine

BREED

Boxer

SEX

MN

AGE

8 years

WEIGHT

85 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. Sarah Meineka

INVOICE

12766

DATE

12/7/21

PRESENTING CLINICAL SIGNS

Life long history of sensitive stomach, vomiting, gas, and presumed sensitivity to chicken. 2 month history of vomiting whole food once every day sometimes 8-9 hours after eating. Began food trial with Purina HA vegetarian food and omeprazole for IBD. 24 hour history of not wanting to eat at all, retching up and burping liquid, urinating in the house. Received 300 mg gabapentin BID for spondylosis and did receive meloxicam SID but meloxicam has been discontinued for a month given his vomiting. Hypothyroidism well managed with 0.8 mg levothyroxine BID for the last 12 months. Abnormal PE/Chem/CBC/UA Results: Exam 12-6-21: tense during abdominal palpation. Had also been tender at visit in October 2021 prior to instituting food trial. Temp 104.0. Bloodwork 12-6-21: Mild neutrophilia 14.2K, amylase 1744 (500-1500), lipase 1600 (200-1800), otherwise WNL. Rads from 11-9-21: severe thoraco-lumbar and lumbo-sacral spondylosis previously noted, generalized intestinal tract thickening, thickened gastric lining. Slight loss of detail in cranial to mid-abdomen.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

No overt pathology associated with the residual prostate 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 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 7.7 cm in length. The right kidney measured 7.0 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 0.60 cm width at the caudal pole and 0.50 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 0.40 cm width at the caudal pole and 0.6 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 uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were



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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.

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Gastrointestinal

The stomach exhibited regional to generalized moderate mural hypertrophy exhibiting mild decreased mural echogenicity and loss of distinct gastric wall layering. The ventral gastric body wall width measured 1.4-1.7 cm in width. The stomach was primarily empty with mild luminal gas and potential for minor retained anechoic fluid.

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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 jejunum wall width measured 0.33 cm.

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

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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.

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Free Abdomen

Regional mild perigastric reactive mesentery was present. Overt evidence of concurrent gastric lymphadenopathy was not overtly noted yet cannot be definitively excluded. No evidence of peritoneal effusion.

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ULTRASONOGRAPHIC FINDINGS

IMAGING

PERFORMED BY

Primary Findings

- Regional to generalized moderate gastric thickening with associated regional perigastric reactive mesentery
- Sonographically unremarkable small bowel
- Heterogeneous pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The patient's clinical signs appear to be primarily secondary to the stomach given the thickened appearance of the gastric walls. Considerations may include Inflammatory etiologies such as gastritis, helicobacter, while the potential for gastric neoplasia may be possible. Potential for concurrent low grade to chronic pancreatitis may be present yet essentially sonographically normal. However, the elevated pancreatic enzymes may be secondary to gastric mural pathology. Definitive diagnosis would require gastric biopsies either via endoscopy or laparotomy.

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Empirically, some or all of the following protocol or alternative helicobacter protocol could be considered with an assessment of clinical response. No evidence of upper or lower urinary tract pathology as an obvious cause of the inappropriate urination. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.



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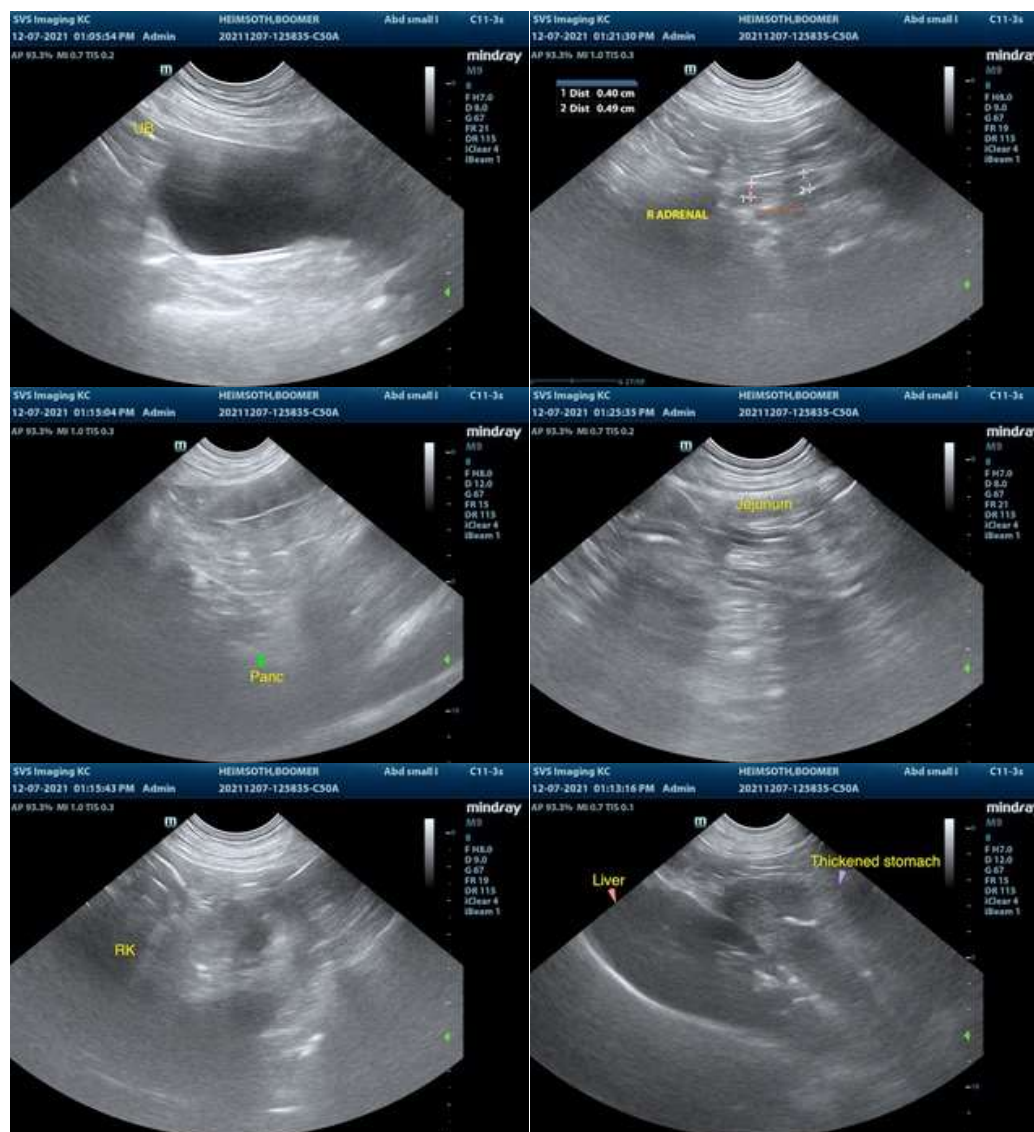
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A clinical trial of **Zithromax** (Dogs: 5-10 mg/kg p.o. q24h. May increase dosing interval to q48h after 3-5 days of treatment), **Metronidazole** (10-20 mg/kg p.o. b.i.d.), **Pepcid** (0.5-1 mg/kg s.i.d.) and **Sucralfate** (0.5-2 g/dog PO) or **Omeprazole**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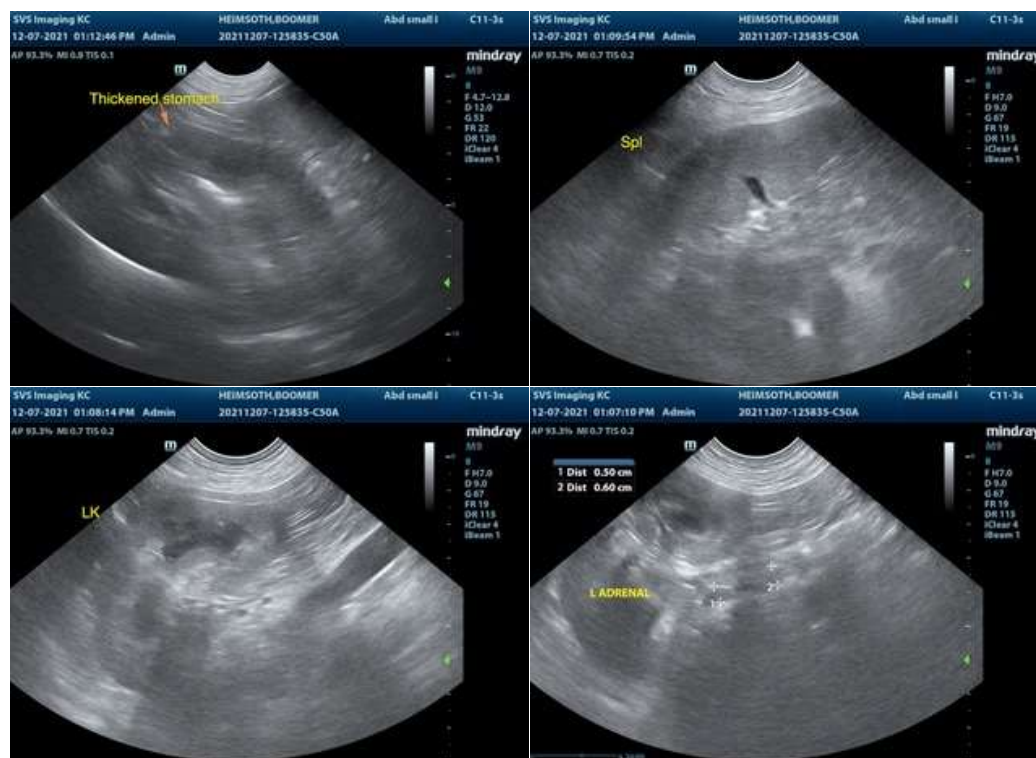
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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