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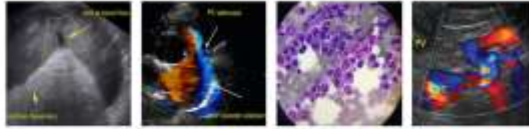


SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Sierra Romano

SPECIES

Mix

BREED

Canine

SEX

FS

AGE

10 years

WEIGHT

63 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Cherryville AH

REFERRING VET

Dr. Miller

INVOICE

13293

DATE

2.10.2022

PRESENTING CLINICAL SIGNS

History: Gingival mass, panting, nausea, possible delayed gastric emptying

Medication: GasX, Cerenia, Amoxicillin, Metronidazole

ALP 133, Creatinine 2.1, WBC 24.8 with neutrophilia and mild monocytosis

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 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. The left kidney measured 6.9 cm in length. The right kidney measured 6.4 cm in length.

Adrenal Glands

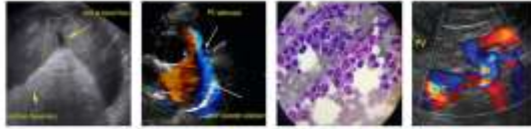
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm width at the caudal pole and 0.68 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.82 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. 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 mildly distended containing anechoic content with moderate mildly Inspissated yet nonorganized, nonmineralized debris primarily in the caudal lumen and gallbladder neck. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach exhibited primarily intact and sonographically unremarkable wall layering. Focal to regional area of mural hypertrophy exhibiting decreased mural echogenicity and loss of discernable wall layering with mild extension into the gastric lumen was present subjectively in the area of the ventral to ventrocaudal gastric body measuring approximately 3.5 cm x 2.0 cm. Subtle evidence of local perigastric reactive mesentery was noted in the area of the gastric mural lesion.

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.

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

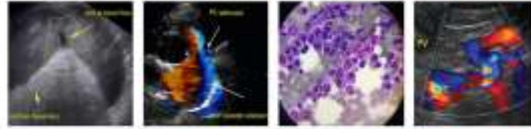
- Focal gastric mural lesion - focal to regional inflammation, granuloma, neoplasia possible, neoplastic criteria is met and of concern given the lack of associated wall layering yet not definitive
- Mild chronic renal changes
- Mild hepatic parenchymal remodeling - potential for low-grade inflammatory hepatopathy given the mild ALT elevation
- Moderate gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gallbladder debris may be secondary to fasting or indicate nonclinical cholestasis. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.

Endoscopic examination and biopsy of the gastric mural lesion are recommended for further assessment. Subjectively, the gastric mural lesion appears to be potentially amendable to surgical resection. No overt evidence of retained gastric fluid, Ingesta, or foreign material, as well as no overt evidence of mechanical pyloric outflow obstruction, was noted.

Empirically, some or all of the protocol could be considered.
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



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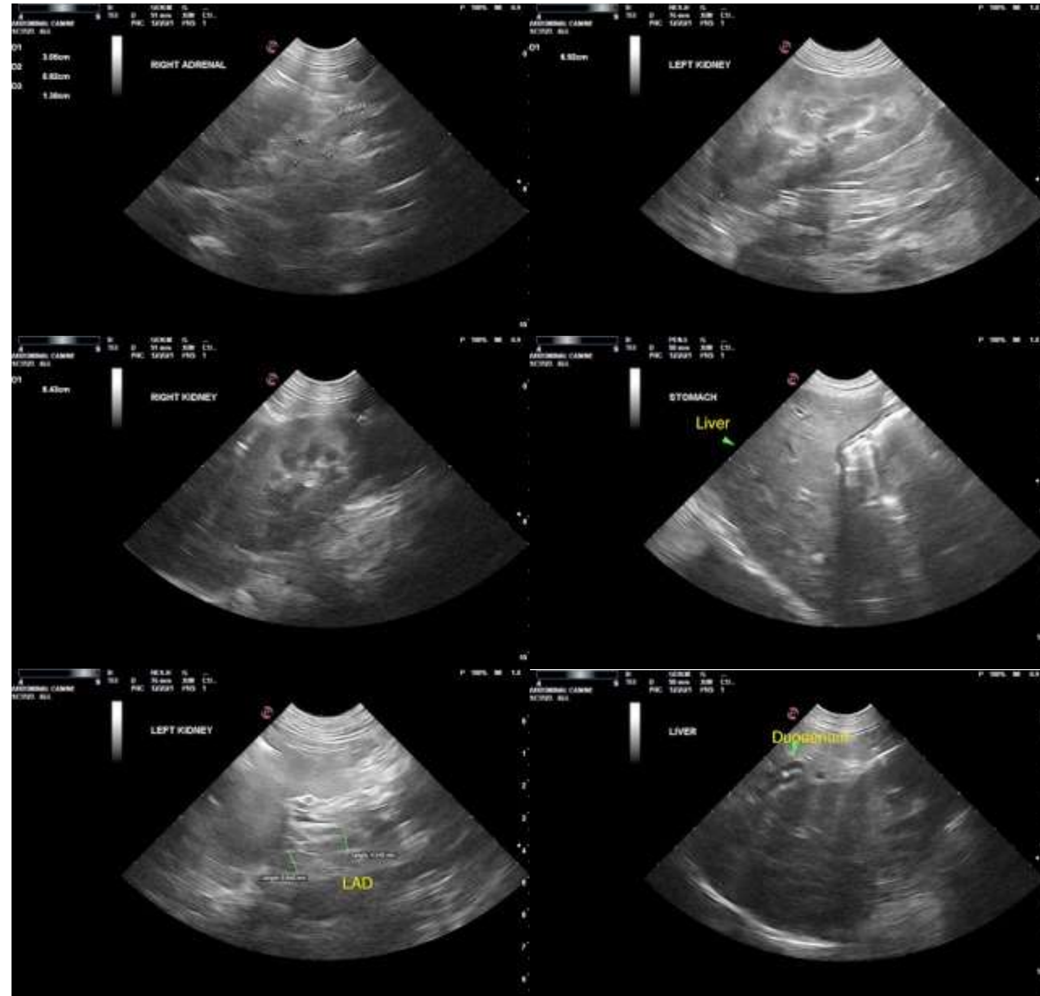
increase to canned diet bid. Dry food should be avoided over the next 4 weeks. A recheck sonogram to assess GI improvement or progression would be ideal in 4 weeks.



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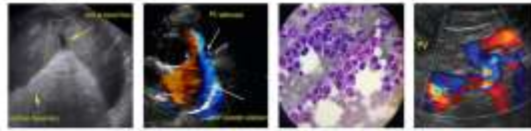

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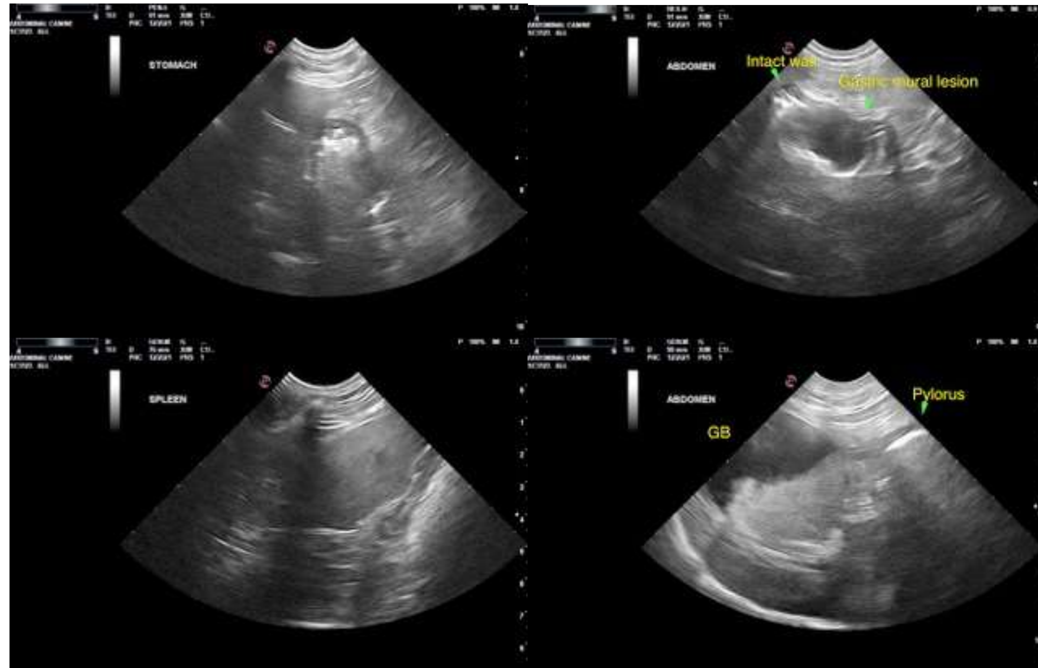

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com