

PATIENT

Frank Sterling

SPECIES

Canine

BREED

Greyhound

SEX

MN

AGE

10 years

WEIGHT

80 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Amazon Park AC

REFERRING VET

Dr. Jones

INVOICE

13326

DATE

2/11/22

PRESENTING CLINICAL SIGNS

Diagnosed with IBD of small intestine and colon in 2018 bu OVRA - HP diet controlled this well. Had US 10/20/2021 by Animal Sounds that was consistent with splenic mass, removed the following week. Did very well. Histopath came back as "hypersplenism" but did not specify underlying cause. In the last two weeks, has been not willing to eat breakfast, and retching frequently, unresponsive to sucralfate/omeprazole.
Abnormal PE/Chem/CBC/UA Results: Mild (35-36%) non regenerative anemia. Chemistries are normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 residual prostate was free of overt 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 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. Small cortical cysts were present in the left kidney. A moderately sized cranial right kidney cyst was present measuring 3.1 cm in diameter. The renal cysts were thinly walled containing anechoic fluid. No evidence of pelvic dilation was present. The left kidney measured 8.6 cm in length. The right kidney measured 8.0 cm in length.

Adrenal Glands

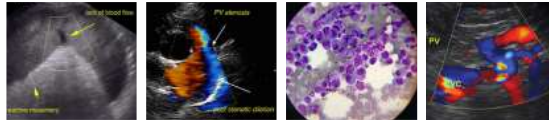
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.7 cm length x 0.64 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 4.0 cm length x 0.50 cm width at the caudal pole.

Spleen

The spleen was not visualized owing to previous splenectomy. No overt pathology was noted in the area of the previous spleen.

Liver/ Gallbladder

The liver presented 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 to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of



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congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach was indistinctly visualized yet exhibited regional areas of mural hypertrophy subjectively in the area of the mid gastric body possibly extending into the area of the antrum and pylorus. The areas of gastric wall thickening exhibited subjective decreased mural echogenicity and loss of discernable wall layering. Gastric wall in the area of thickening measured up to 1.0 cm width. The stomach was empty with mild luminal gas and without overt evidence of retained ingesta, fluid or foreign material.

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 0.31 cm.

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

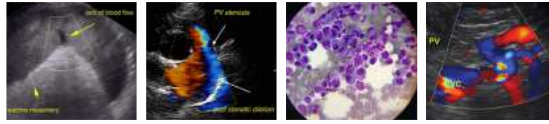
Associated gastric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.1 cm width. Subtle evidence of perigastric reactive mesentery was noted. No evidence of peritoneal effusion was noted.

ULTRASONOGRAPHIC FINDINGS

- Regionally thickened stomach (potentially in area of gastric antrum/pylorus), with decreased mural echogenicity and indistinct to loss of wall layering
- Associated mild perigastric reactive mesentery and nonspecific gastric lymphadenopathy
- Overtly normal small intestine
- Nonspecific hepatomegaly
- Mild chronic renal changes with cysts

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the nonspecific areas of thickened stomach wall may include inflammatory or potential infiltrative gastropathy. Associated gastric lymphoid hyperplasia, reactive lymphadenitis, or early neoplastic lymphadenopathy are possible. Further assessment would require biopsies of the gastric wall and/or lymph nodes.



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Evidence of concurrent active pancreatitis or small intestinal mural pathology was not noted. Potential for low-grade pancreatitis or concurrent structurally insignificant enteropathy is possible, however may present sonographically unremarkable.

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Upper gastrointestinal endoscopy with potential for biopsies and histopathology is recommended if possible. Empirically, some or all of the following protocol could be considered.

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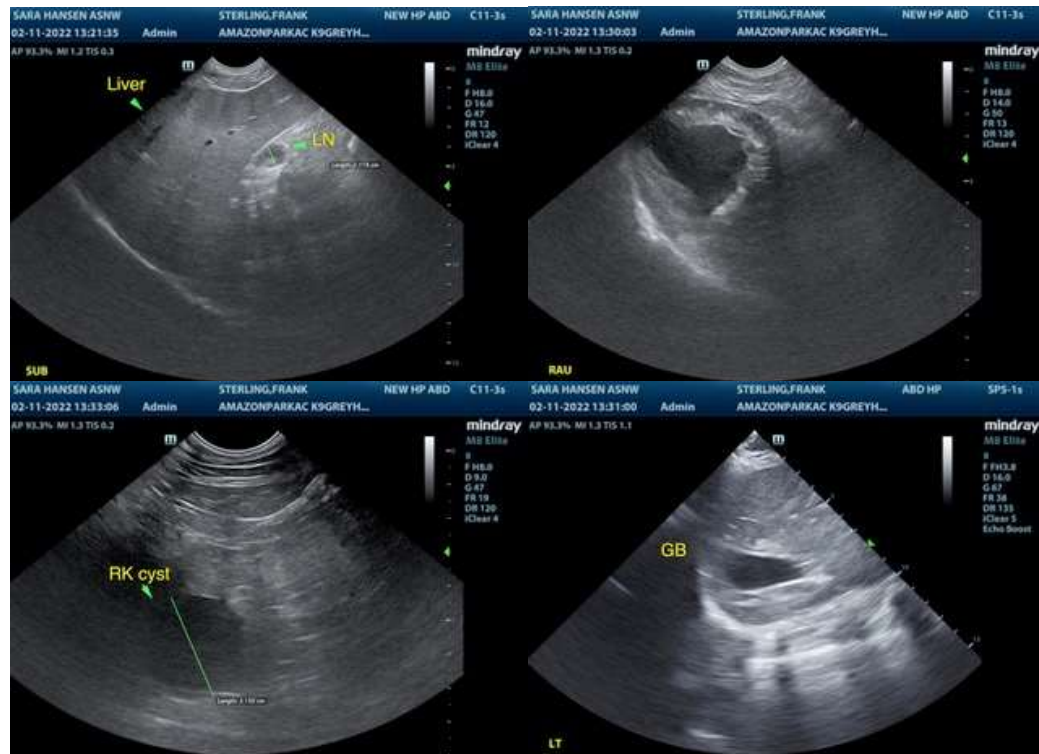
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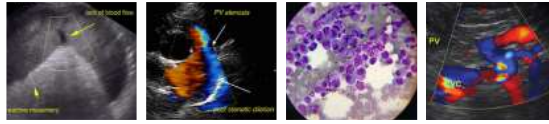
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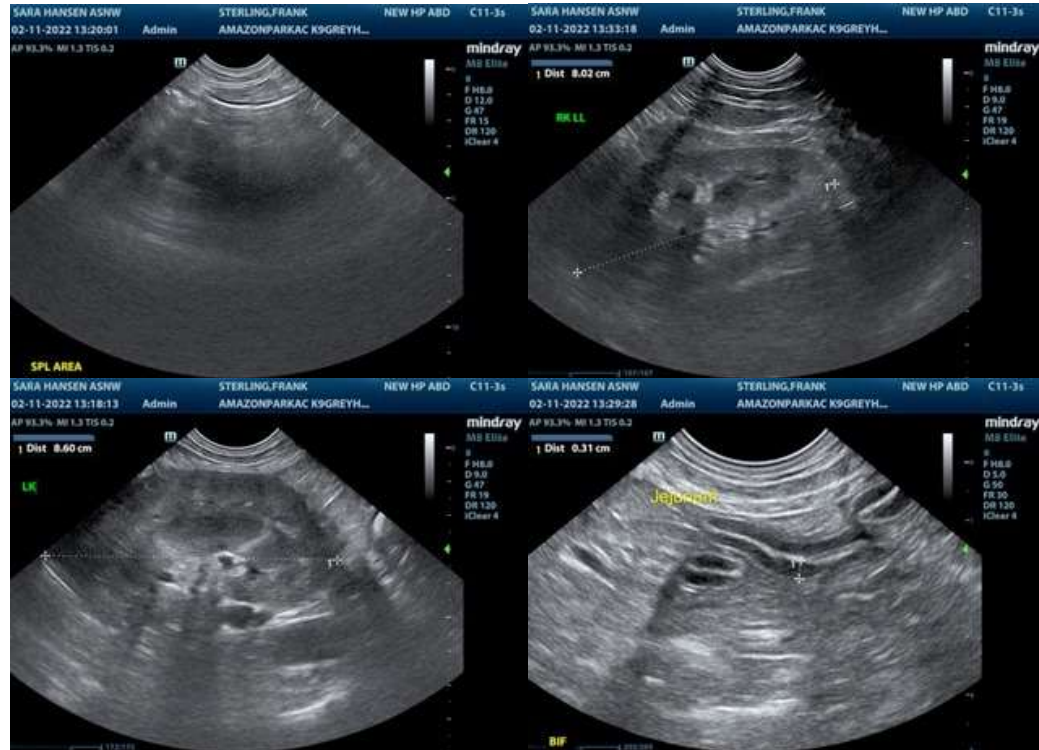
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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