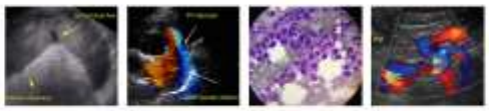
PAUS
Pet Animal Ultrasound Service



SonoPath
Clinical Sonography & Telecytology
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1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Aiza Bonitz

SPECIES

Canine

BREED

German Shorthaired Pointer

SEX

FS

AGE

8 years

WEIGHT

55 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

LIttleton AH

REFERRING VET

Christy Cox, DVM

INVOICE

13417

DATE

2/24/22

PRESENTING CLINICAL SIGNS

Intermittent vomiting and decreased appetite. Two episodes of suspect urinary incontinence. History of lameness - appears resolved at this time. On Denamarin, Omeprazole.
Abnormal PE/Chem/CBC/UA Results: ALT 395; AST 86; GGT 21; Lipase 434

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.

Intermittent medial iliac 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). An example lymph node measured 1.9 cm x 0.64 cm. These lymph nodes were not consistent with inflammatory or neoplastic criteria and are likely Incidental.

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 6.9 cm in length. The right kidney measured 7.0 cm in length.

Adrenal Glands

The left adrenal gland was not definitively visualized. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.72 cm width at the caudal pole.

Spleen

The spleen exhibited generalized enlargement with subtle areas of asymmetrical medial capsule contour, and generalized parenchyma heterogeneity exhibiting potential for mild reduced splenic parenchyma echogenicity. No distinct masses or nodules were noted. Normal splenic vascularity was present.

Liver/ Gallbladder

The liver exhibited subjective minor enlargement. 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 congestion. The gallbladder was non-distended in size with mild, nondependent, particulate debris. The cystic and common bile ducts were normal.

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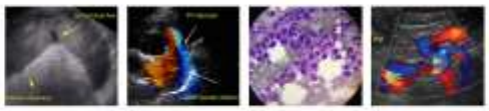

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, 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 duodenum wall width measured 0.45 cm. The jejunum wall width measured 0.30 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

No other evidence of intra-abdominal lymphadenopathy was present. No effusion was noted.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy - subjectively benign
- Minor gallbladder debris - likely incidental potentially secondary to fasting or mild nonclinical cholestasis
- Nonspecific splenomegaly
- Mild gastritis pattern, overtly normal small bowel
- Sonographically unremarkable urinary bladder and visible proximal urethra

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenomegaly was nonspecific with considerations including enlargement secondary to sedation (if clinically applicable), hematopoiesis, benign hyperplasia, Incidental splenitis, while the possibility of emerging round cell neoplasia cannot be excluded.

The presentation of the liver may indicate vacuolar hepatopathy, chronic active hepatitis, cholangiohepatitis, early fibrosis / cirrhosis or other hepatopathy. Neoplasia is considered a less likely differential diagnosis yet cannot be excluded.

Assuming normal clotting status, ultrasound guided hepatosplenic FNA using a 25-gauge needle is warranted for screening cytology primarily to assess for evidence of inflammatory cells in the liver and rule out the potential for neoplasia in the spleen. Low-grade to chronic pancreatitis may be present yet sonographically normal. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. Empirically, in addition to current medications, some or all of the following protocol may 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

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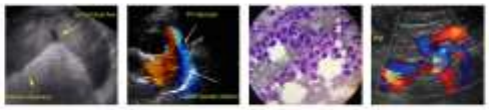

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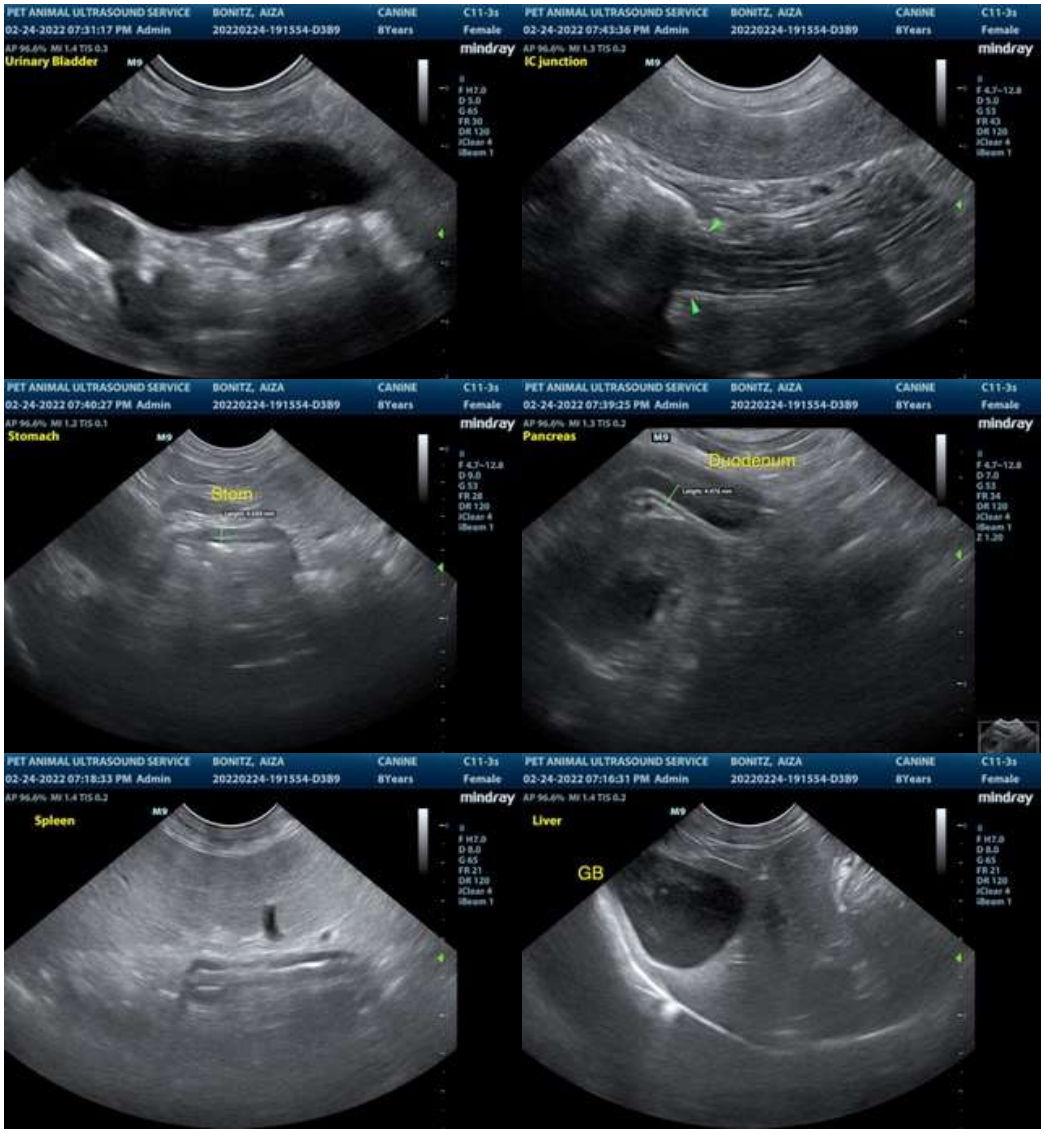
Sucralfate (0.5-2 g/dog PO) or **Omeprazole** (1 mg/kg p.o. s.i.d.) over the next 3 weeks along with a **novel-protein or hydrolyzed diet** with slurry feeding b.i.d./t.i.d. over the next 2-4 days and then increase to canned diet bid. Dry food should be avoided over the next 4 weeks. A recheck sonogram to assess GI improvement or progression would be ideal in 4 weeks.



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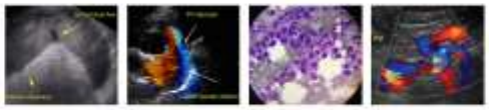

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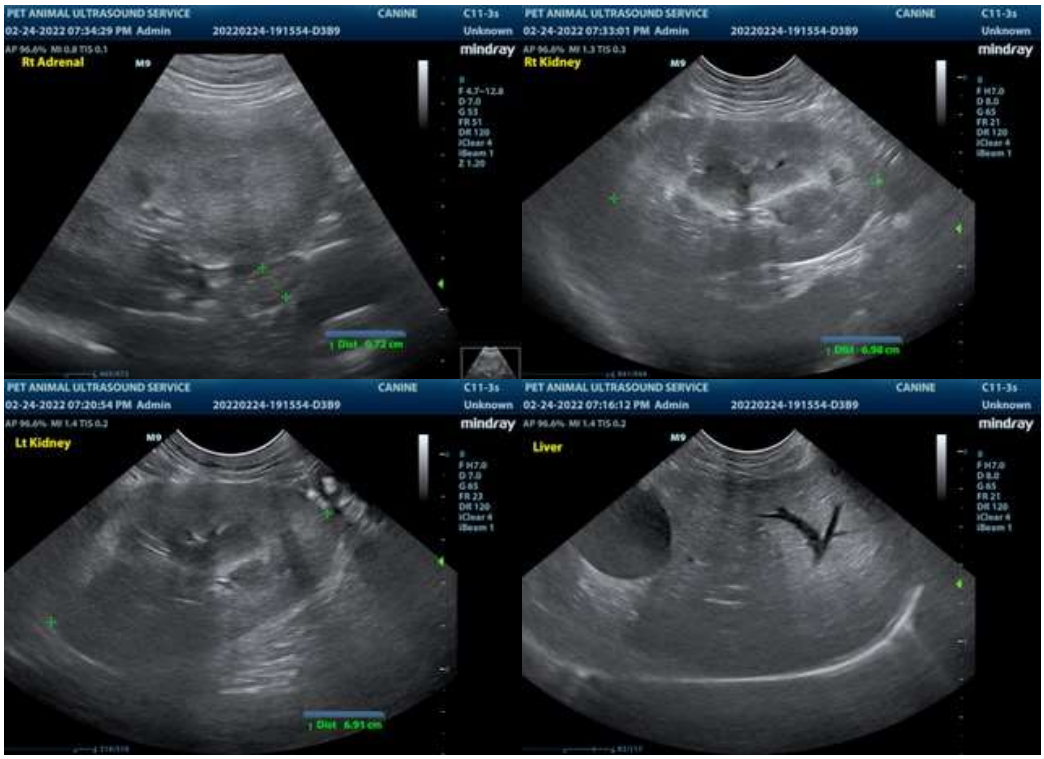

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com