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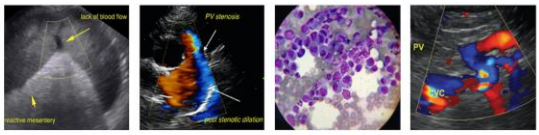


SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Zeke Meyer

SPECIES

Canine

BREED

Lab Mix

SEX

MN

AGE

2015

WEIGHT

42

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Lehigh Valley AH (Allen)

REFERRING VET

Dr. Meyer

INVOICE

16059

DATE

2/7/23

PRESENTING CLINICAL SIGNS

Chronic history of gagging after drinking water, recent regurg after drinking and eating.

Medication: Carafate 1/2 PRN, Omeprazole 20mg SID

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 residual prostate was free of 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 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 5.9 cm in length. The right kidney measured 5.7 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 2.1 cm length x 0.56 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 2.4 cm length x 0.46 cm width at the caudal pole.

Spleen

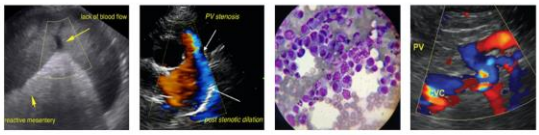
The spleen was normal in size and contour with subtle heterogeneous parenchyma including intermittent discrete nondisruptive hypoechoic splenic nodules with an example measuring ≈0.9 cm in diameter. Normal splenic vascularity was noted.

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 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.

Gastrointestinal

The lumen of the stomach was empty with mild luminal gas. Subjective, mildly prominent to thickened gastric body wall was noted with the ventral gastric body wall width measuring up to 0.82 cm. No evidence of mechanical pyloric outflow obstruction was noted. The pylorus wall width measured 0.53 cm.



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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 mechanical / metabolic ileus, obstruction, or foreign material. The duodenum wall measured 0.55 cm width. The jejunum wall measured 0.40 cm width.

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

Pancreas

The parenchyma of the pancreas base and visualized right pancreatic limb was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Prominent to mildly thickened stomach
- Hyperechoic pancreas body / right pancreatic limb
- Sonographically unremarkable small bowel

Secondary Findings

- Discrete nondisruptive splenic nodules - subjectively benign, suspect discrete hyperplasia, hematopoiesis, or similar

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, the appearance of the stomach was suggestive of gastritis, while the pancreas may suggest concurrent chronic pancreatitis or pancreatic fibrosis. Minor potential for early infiltrative gastric mural disease is considered less likely.

Spec cPL is suggested to assess for evidence of chronic pancreatitis. Some contribution owing to nonobvious esophagitis is possible. Continued gastroprotectant protocol with the addition of potential smaller more frequent feedings of a canned hydrolyzed diet +/- empirical coverage for helicobacter and assessment of clinical response would be reasonable.

If continued episodes of regurgitation or vomiting despite dietary and empirical supportive care, upper gastrointestinal endoscopy may be considered. Although considered unlikely, a resting cortisol level to rule out occult Addison's Disease is suggested.

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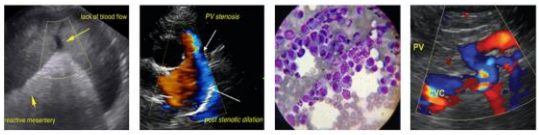

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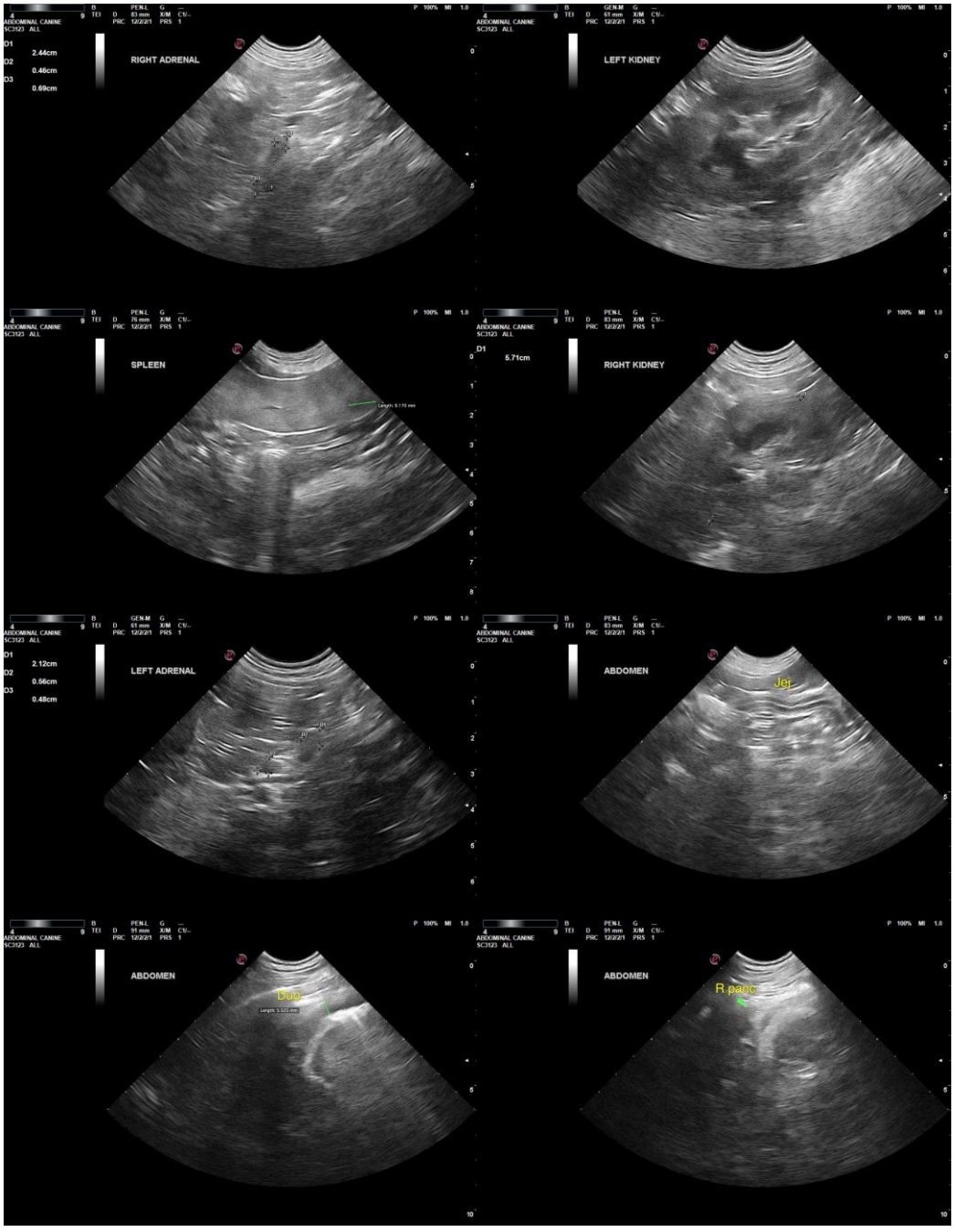

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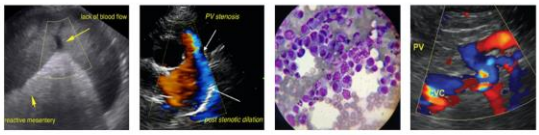

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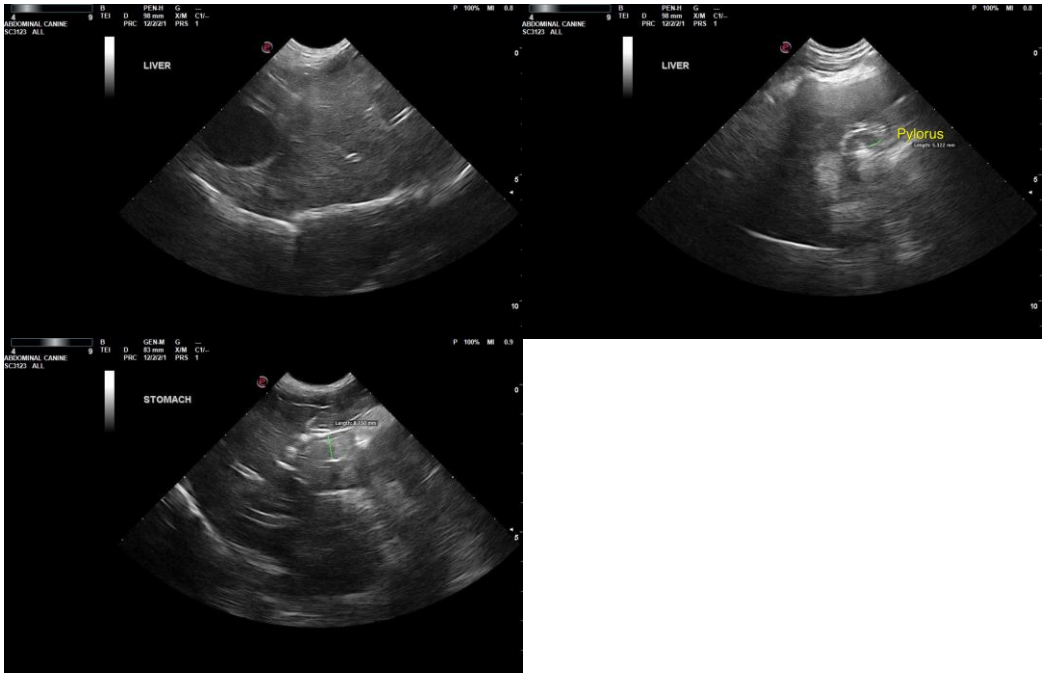

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com