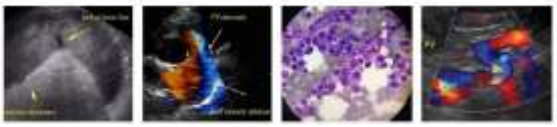




**PATIENT**

Dallas Tyo

**SPECIES**

Canine

**BREED**

Lab

**SEX**

FS

**AGE**

13 years

**WEIGHT**

76 lbs.

**INTERPRETED BY**

R. McKenzie Daniel, DVM, DABVP

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Maples AH

**REFERRING VET**

Dr. Kazienko

**INVOICE**

13253

**DATE**

2/8/22

## PRESENTING CLINICAL SIGNS

chronic vomiting one hour after eating for over a week, some weight loss. meds: cerenia, metronidazole

## 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 6.6 cm in length. The right kidney measured 7.4 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 0.84 cm width at the caudal pole and 0.72 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 0.79 cm width at the caudal pole.

### *Spleen*

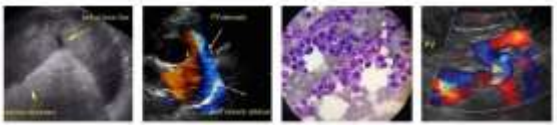
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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 non-distended in size with mild, nondependent, nonorganized, nonmineralized gallbladder debris. The cystic and common bile ducts were normal.

### *Gastrointestinal*

The stomach exhibited regional to variable wall thickening subjectively in the area of the ventral caudal gastric body. Indistinct to loss of discernable wall layering was present in the area of gastric wall thickening. The stomach was primarily empty with mild luminal gas and without evidence of





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retained ingesta, fluid, or overt foreign material. The gastric body wall in the area of the regional thickening measured up to 1.4 cm width.

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 evidence of significant lymphadenopathy was present. Subtle perigastric reactive mesentery was present. No evidence of overt free fluid around the stomach was noted.

## ULTRASONOGRAPHIC FINDINGS

### *Primary Findings*

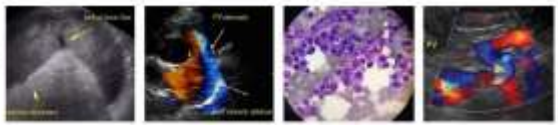
- Regionally thickened stomach exhibiting indistinct to loss of wall layering subjectively in the area of the ventral caudal gastric body - gastritis, neoplasia, or other possible
- Mild perigastric reactive mesentery
- Sonographically unremarkable small bowel
- Mild chronic renal changes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Endoscopic or surgical biopsies of the stomach are required for further clarification. A GI panel to include PLI/TLI/Cobalamin/Folate to assess for or rule out concurrent structurally insignificant small bowel disease or low-grade pancreatitis, both of which may present essentially sonographically normal, may be considered given the patient's weight loss. Three view chest radiographs are suggested if not done.

Empirically, some or all of the following protocol with as-needed gastrointestinal support 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 **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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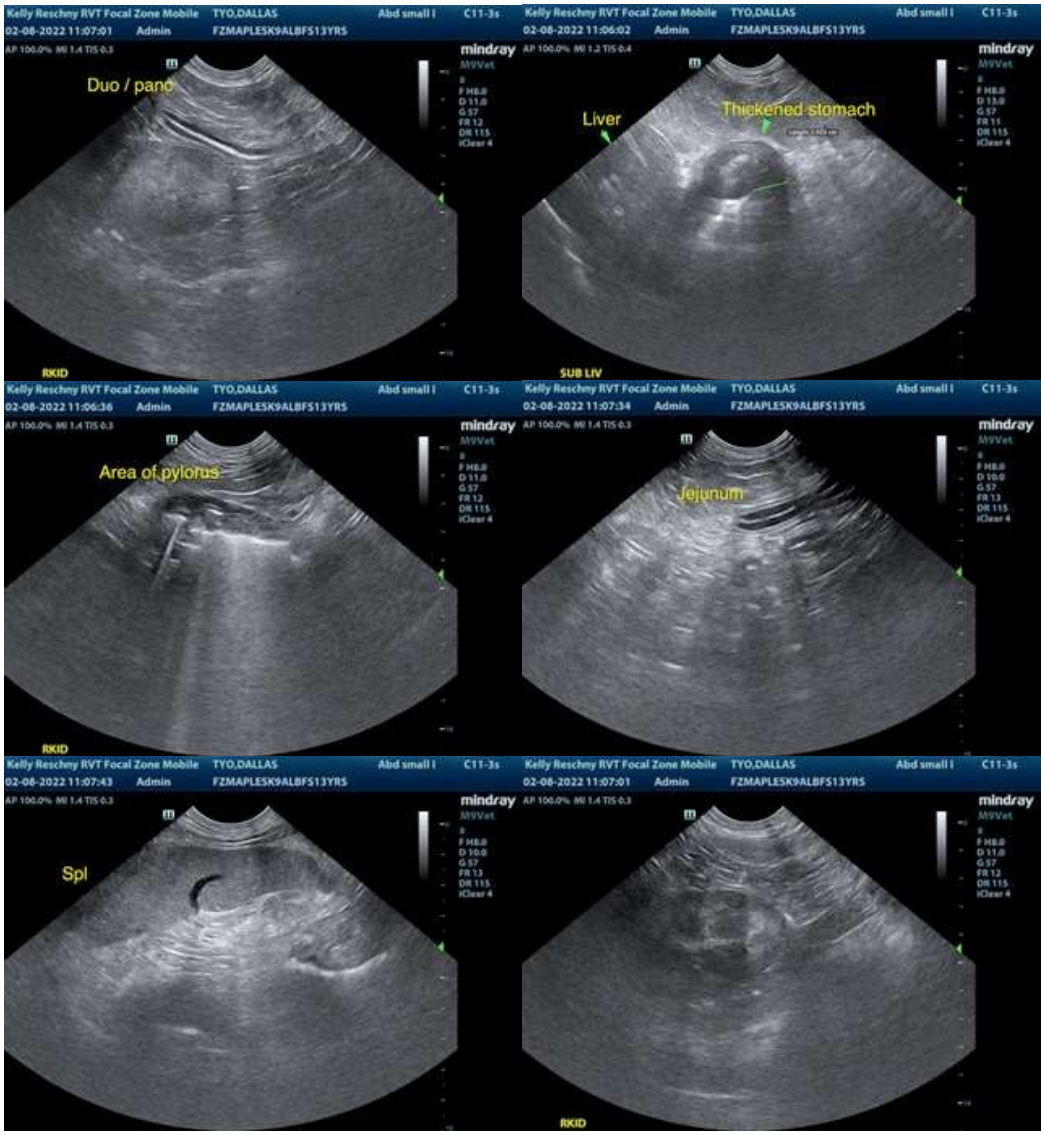

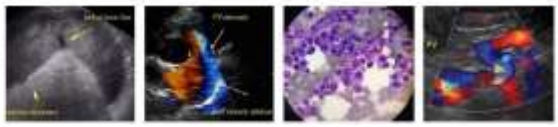



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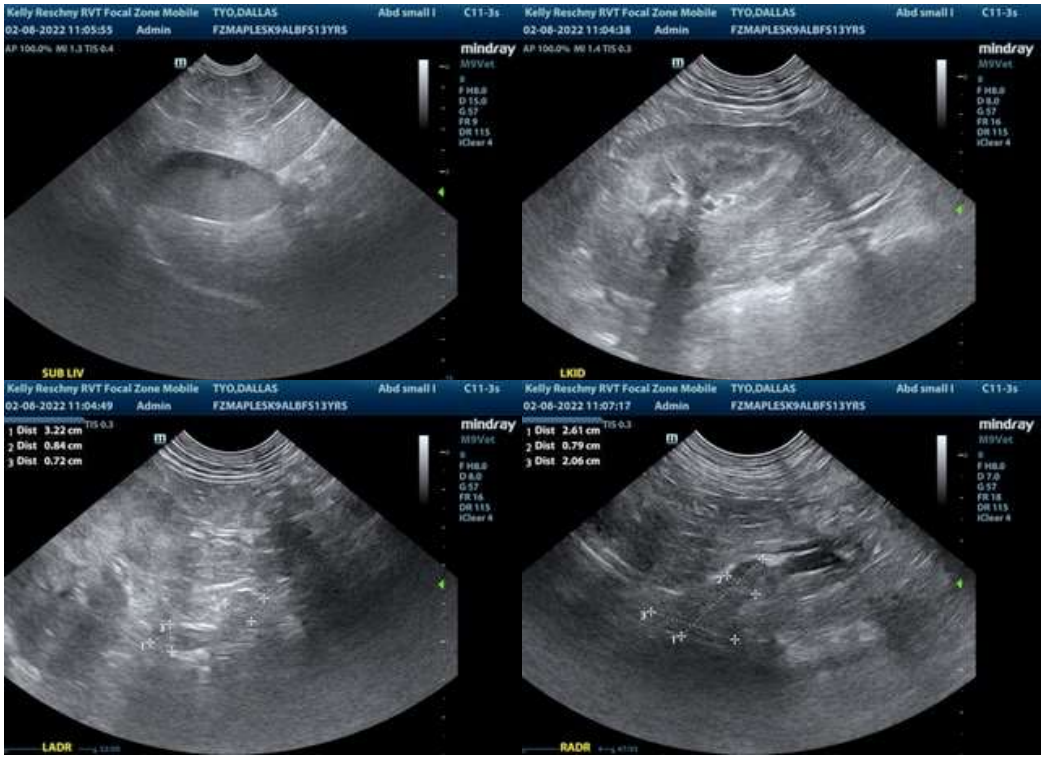


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**