

PATIENT

Zane Richard

SPECIES

Canine

BREED

Standard Poodle

SEX

MN

AGE

12 years

WEIGHT

41 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Whippany Vet
Hospital

REFERRING VET

Dr. Lee

INVOICE

23255

DATE

2/8/22

PRESENTING CLINICAL SIGNS

Chronic vomiting with increased frequency x months. Slow gradual weight loss over past year. Current meds: Pepcid AC 10mg bid, Dausquin, ketorolac ophthalmic.

Abnormal PE/Chem/CBC/UA Results: nsf

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 5.8 cm in length. The right kidney measured 5.7 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.85 cm width in the cranial pole and 0.72 cm width in the caudal pole. The right adrenal gland measured 0.64 cm width in the cranial pole and 0.82 cm width in the caudal pole.

Spleen

The spleen was overall normal in size with generalized mild splenic parenchyma heterogeneity. A solitary, mildly expansive, well-demarcated, hypoechoic nodule with mild associated lateral capsule distortion was present in the mid lateral spleen measuring 1.0 cm in width.

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 gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach exhibited generalized yet variable wall thickening exhibiting variable mural echogenicity with indistinct to loss of discernable wall layer detail. Associated retained anechoic fluid was present in the stomach, consistent with metabolic to potential paralytic gastric stasis. The gastric body wall width measured up to 2.0 cm width.



PATIENT	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 0.42 cm. The jejunum wall width measured 0.29 cm.
Zane Richard	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
Canine	Pancreas
BREED	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
Standard Poodle	Free Abdomen
SEX	A solitary gastric lymph node adjacent to the pylorus present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 1.8 cm x 0.7 cm.
MN	
AGE	Subtle evidence of regional perigastric reactive mesentery was present. No free fluid was noted.
12 years	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
41 lbs.	<ul style="list-style-type: none"> • Moderately thickened stomach exhibiting indistinct to loss of discernable wall layering and concurrent metabolic to paralytic gastric stasis
INTERPRETED BY	<ul style="list-style-type: none"> • Sonographically unremarkable small bowel • Mild gallbladder debris (non-mucocele) • Bilateral mild chronic renal changes • Nonspecific mildly expansive hypoechoic splenic nodule
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
IMAGING PERFORMED BY	Primary considerations for the stomach may include moderate to marked chronic gastritis or gastric neoplasia. Neoplastic criteria is met, given the indistinct to loss of discernable gastric wall layering, yet significant chronic gastritis may present in a similar sonographic manner. Definitive diagnosis would require endoscopic or surgical gastric biopsies with histopathology.
Shari Reffi, CVT	The splenic nodule may indicate benign process such as focal nodular to lymphoid hyperplasia, extramedullary hematopoiesis, small hematoma, acute infarction, or primary vs. metastatic neoplasia.
HOSPITAL NAME	Assuming normal clotting status, ultrasound guided FNA of the splenic nodule +/- gastric wall if accessible for screening cytology, alternatively could be considered. Empirically, some or all of the following protocol with as-needed gastrointestinal support are recommended with sonographic monitoring of the stomach and splenic nodule for evidence of progression.
Whippany Vet Hospital	
REFERRING VET	
Dr. Lee	
INVOICE	
23255	
DATE	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
2/8/22	



PATIENT

Zane Richard

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.

SPECIES

Canine

BREED

Standard Poodle

SEX

MN

AGE

12 years

WEIGHT

41 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Whippany Vet
Hospital

REFERRING VET

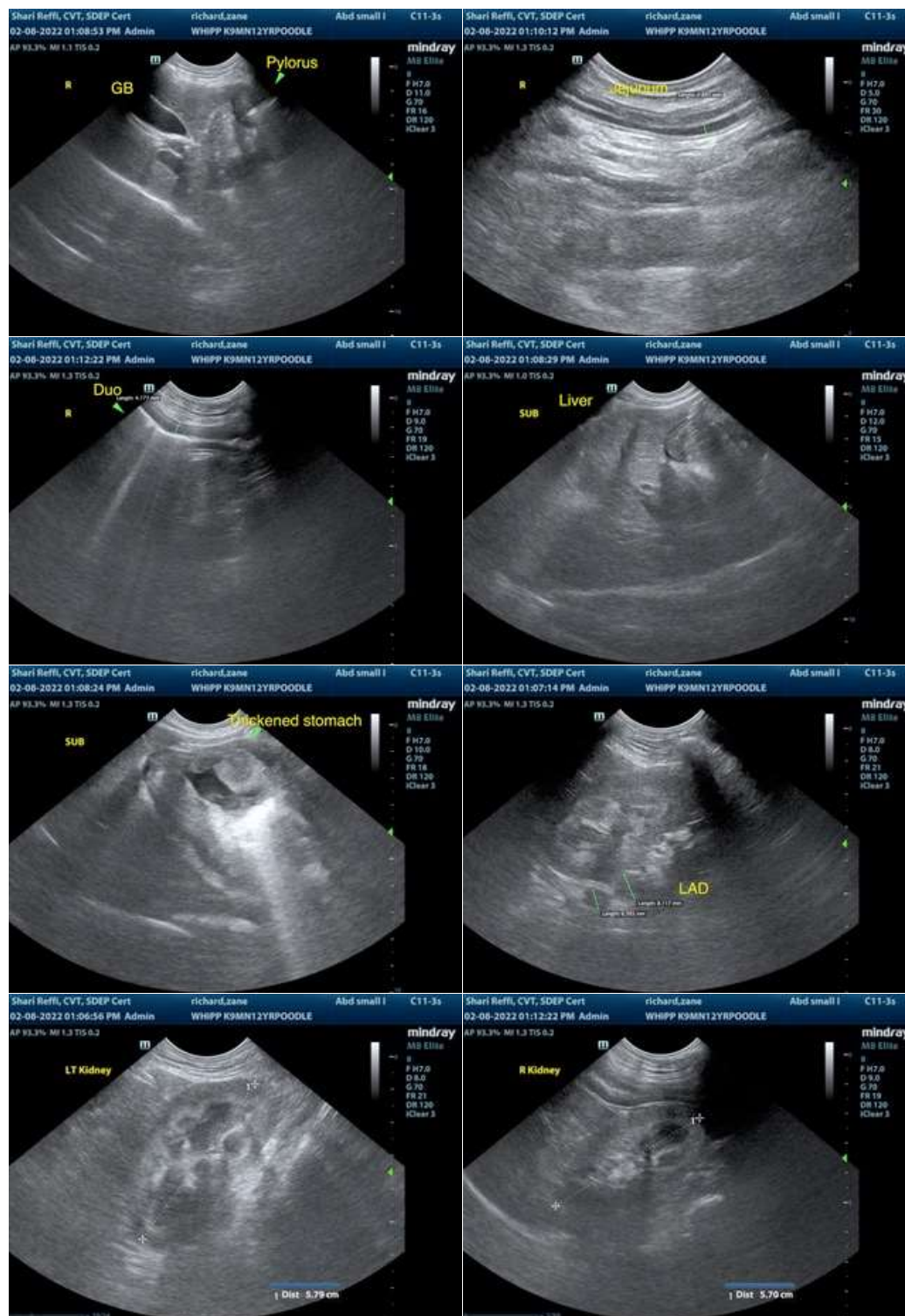
Dr. Lee

INVOICE

23255

DATE

2/8/22





PATIENT

Zane Richard

SPECIES

Canine

BREED

Standard Poodle

SEX

MN

AGE

12 years

WEIGHT

41 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Whippany Vet
Hospital

REFERRING VET

Dr. Lee

INVOICE

23255

DATE

2/8/22



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