**PATIENT**

Boocka Newman

SPECIES

Canine

BREED

Lab Mix

SEX

MN

AGE

9 years

WEIGHT

49.4 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP (Canine
and Feline)**IMAGING
PERFORMED BY**

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Susan Mervin

INVOICE

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DATE

2/9/22

PRESENTING CLINICAL SIGNS

Vomiting episodes periodically over the last year. Four piles of bile when O woke up this morning. Ate breakfast, but then whining as if in pain. No loose stools. Recent 4 lb weight loss.

Abnormal PE/Chem/CBC/UA Results: Labs pending.

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 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 6.7 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

A subtle, primarily uniform to echogenic, nonmineralized nodule was present in the cranial pole of the left adrenal gland. Distortion of the cranial left adrenal capsule was not present. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 0.54 cm in diameter. The overall left adrenal gland measured 0.48 cm width at the caudal pole and 0.60 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 0.44 cm width at the caudal pole and 0.49 cm width at the cranial pole.

Spleen

The spleen exhibited normal size and contour with primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. No overt neoplastic criteria 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.

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Gastrointestinal

The stomach exhibited moderate distention with significant variably shadowing gastric ingesta extending into the area of the pyloric outflow. No overt evidence of mechanical pyloric outflow obstruction was noted. The visualized gastric walls were sonographically normal without evidence of overt mural pathology. The pylorus wall width measured 0.43 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental, non shadowing digesta / chyme was present along with luminal gas. The jejunum wall width measured 0.46, the duodenum wall width measured 0.48 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

A solitary, spherical, nonhomogeneous nodule/lesion was noted in the left lateral abdomen medial to the caudal spleen and ventral to the left adrenal gland measuring 2.5 cm x 2.1 cm. This nodule/lesion did not overtly appear to originate from or involve the caudal spleen, left adrenal gland, or left kidney. No evidence of significant lymphadenopathy was present. No peritoneal effusion was noted.

ULTRASONOGRAPHIC FINDINGS***Primary Findings***

- Moderate distended stomach with variably shadowing ingesta
- Overtly small bowel with segmental digesta / chyme
- Small nonspecific left adrenal nodule - suspect adenoma
- Unspecified spherical to nonhomogeneous nodule / lesion medial to the caudal spleen and ventral to the left adrenal gland

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Minor potential for emerging neoplasia such as adenocarcinoma or pheochromocytoma is a possible consideration for the left adrenal nodule. Sonographic monitoring with initial recheck in 2-3 months to assess for evidence of progression is recommended.

The unspecified nodule / lesion may indicate benign processes such as nonhomogeneous focal lymphadenopathy, granuloma, or similar. The potential for neoplastic criteria cannot be definitively excluded. Structurally insignificant gastrointestinal disease, given the patient's weight loss, may be possible.



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The presence of moderate gastric distention with food likely correlates with non-fasting prior to the ultrasound. Some degree of potential metabolic gastric stasis may be possible. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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Ideally, recheck sonogram for further assessment of the gastrointestinal tract, as well as the nodule / lesion following a documented fast is recommended. Empirically, some or all of the following may 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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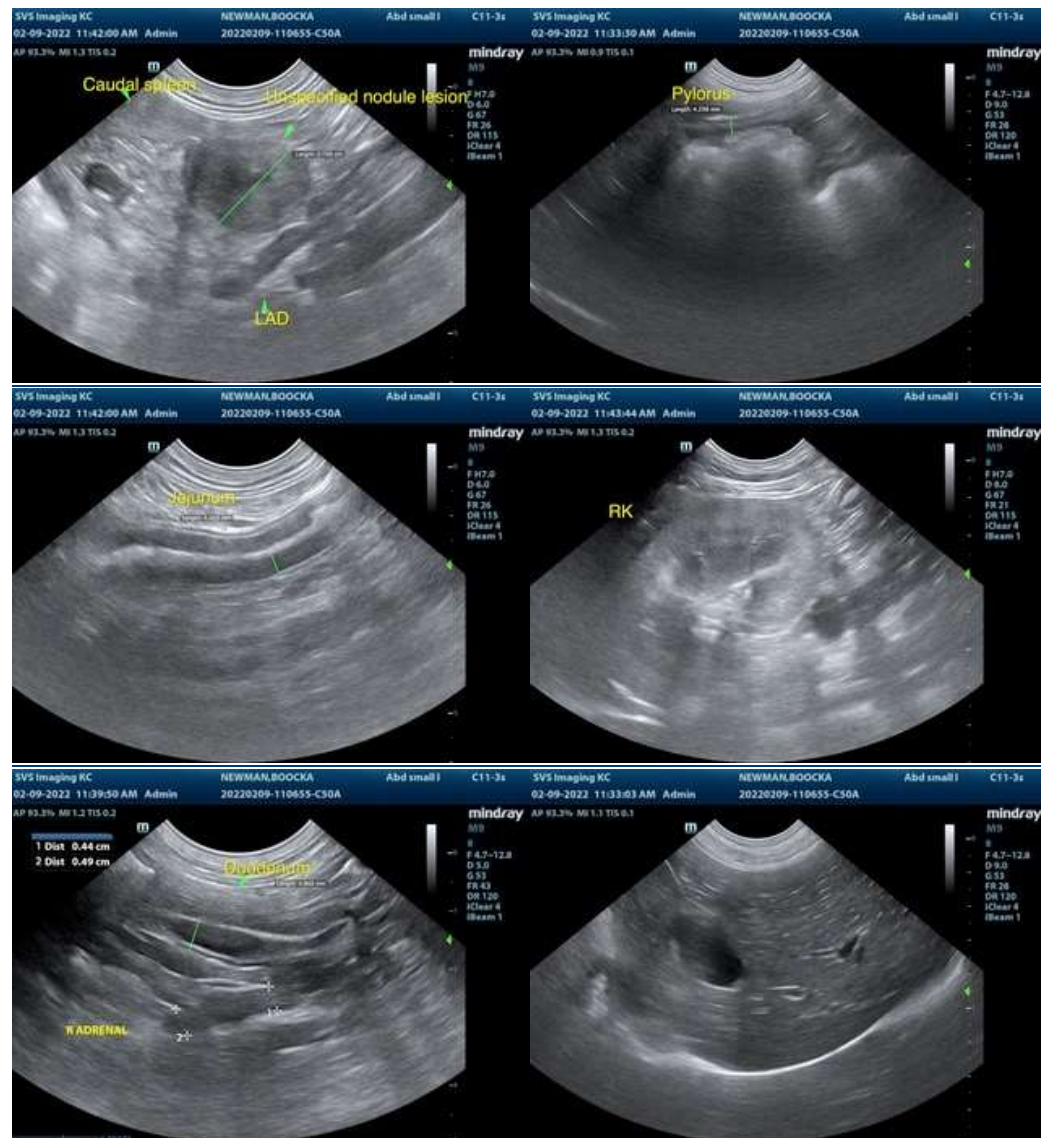
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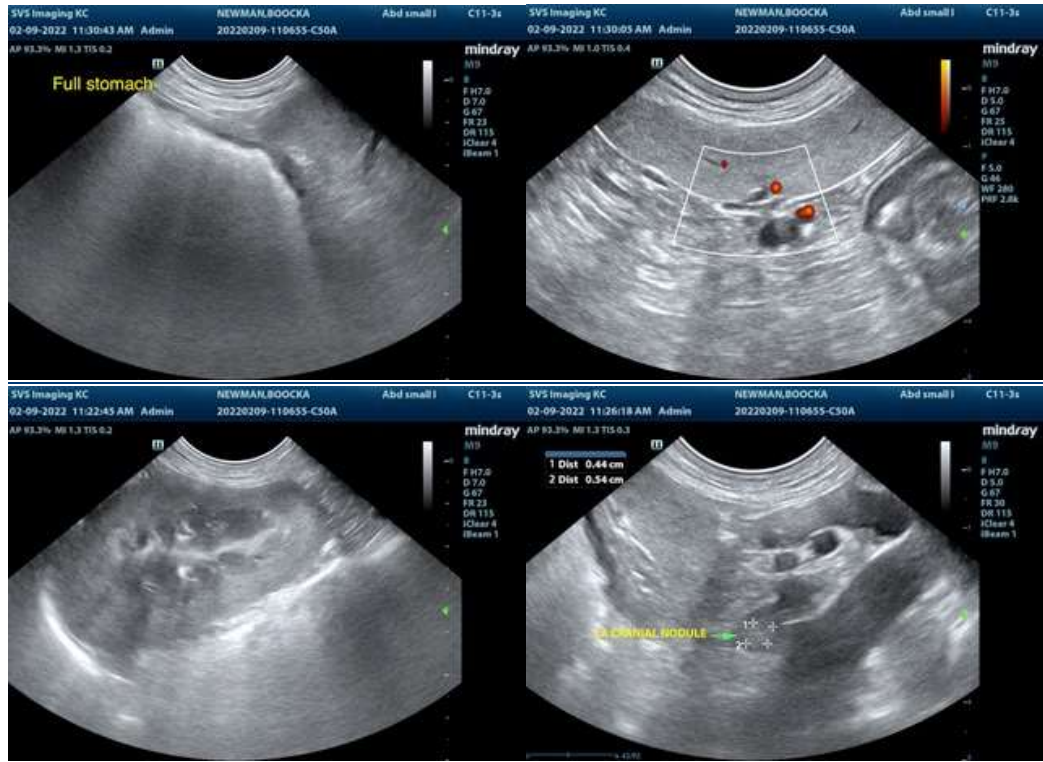
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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