

PATIENT PRESENTING CLINICAL SIGNS

Lexi Beriault gagging, burping 5-6x/day, gastric upset, groans when on her side, had diarrhea last week, fine now.
meds: apoquel, gabapentin
Abnormal PE/Chem/CBC/UA Results: lymphopenia, elevated ALP,

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

Artisan Normandy
Basset Hound

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 were noted.

SEX

No evidence of pathology in the area of the aortic trifurcation.

FS

Normal size and margination was 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 7.3 cm in length. The right kidney measured 7.1 cm in length.

AGE

10 Years

Adrenal Glands

WEIGHT

38kg

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.6 cm length x 0.89 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 2.7 cm length x 0.94 cm width at the caudal pole.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal to coalescing nodules were present throughout the medial parenchyma primarily adjacent to the hilus. Subtle areas of mild hyperechoic medial capsule contour adjacent to the hilus were present. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Beattie Pet Hosp
ANCASTER

Liver

The liver presented enlarged in size. 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.

REFERRING VET

Wittenrich

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

INVOICE

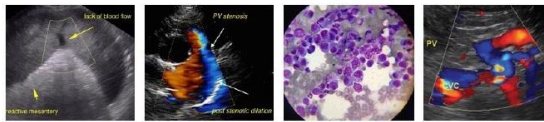
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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained a mild amount of nonshadowing ingesta/chyme. No overt evidence of gastric shadowing echoes, foreign material, or mechanical pyloric outflow obstruction. The pylorus wall measured 0.62 cm width.

DATE

3-7-22



PATIENT

Lexi Beriault

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 measured 0.41 cm width. The jejunum wall measured 0.38 cm width.

SPECIES

Canine

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 was evident.

BREED

Artisan Normandy
Basset Hound

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

FS

ULTRASONOGRAPHIC FINDINGS

Primary

- Sonographically unremarkable gastrointestinal tract with mild retained gastric ingesta / chyme.
- Benign hepatopathy.
- Benign splenic nodules - consistent with focal to coalescing myelolipomas with potential for segmental medial capsule fibrosis.

AGE

10 Years

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, largely mild geriatric abdomen without evidence of significant visceral pathology. Although nonspecific, the overall appearance of the liver was consistent with benign hepatopathy / hepatomegaly and suggestive of vacuolar hepatic changes. Given the ALP elevation, potential for inflammatory hepatopathy possible yet thought less likely without evidence of hepatic neoplastic criteria.

Likewise, no overt evidence of gastrointestinal mural pathology or changes. The mild retained gastric ingesta/chyme may correlate with recent meal ingestion. However, if documented NPO, some degree of gastric stasis could be possible. Structurally insignificant gastritis or other inflammatory gastroenteropathy, dietary intolerance/food hypersensitivity, or esophagitis may be possible.

If clinical signs recur, some or all of the following could be considered empirically:

Helicobacter/Gastritis protocol

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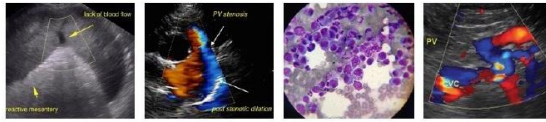
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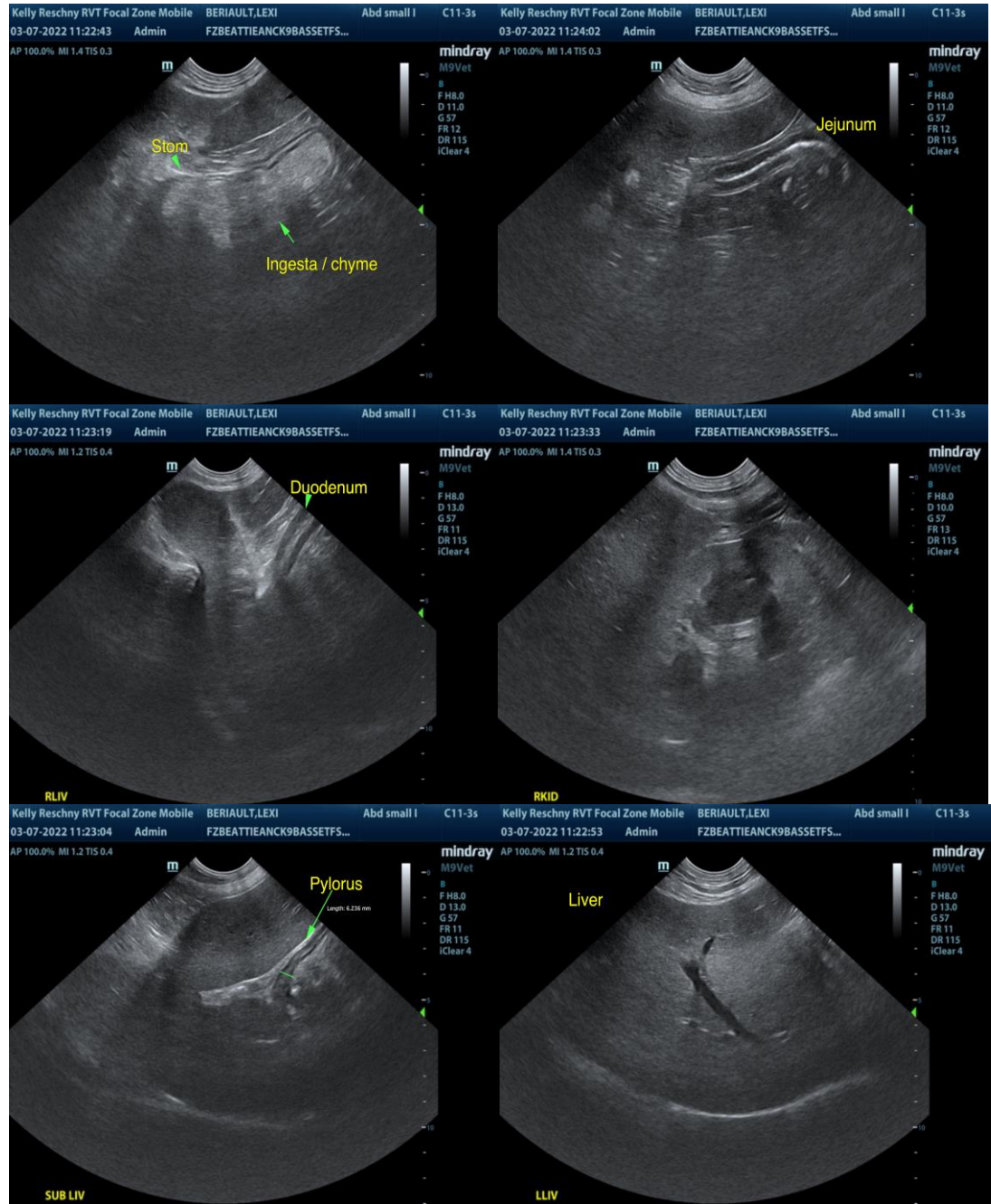
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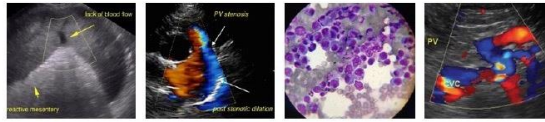
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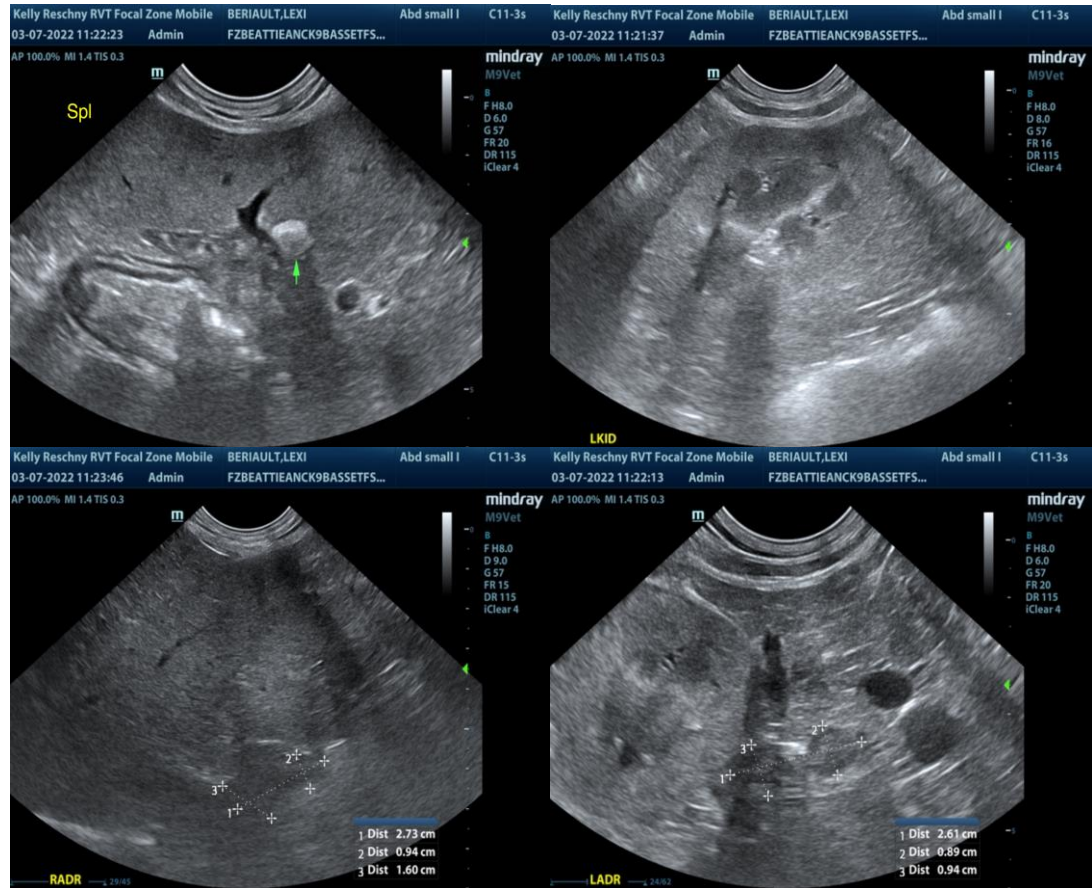
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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