



**PATIENT PRESENTING CLINICAL SIGNS**

Bo Hunsicker Chronic intermittent vomiting, 3 day duration of vomiting prior to 3.23 appointment Pepcid

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Canine 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 residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.7 cm in diameter.

MN The area of the aortic trifurcation was free of pathology.

**AGE** 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 6.3 cm in length. The right kidney measured 6.8 cm in length.

**WEIGHT Adrenal Glands**

120 The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.64 cm width at the caudal pole and 0.65 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 0.64 cm width at the caudal pole and 0.83 cm width at the cranial pole.

**INTERPRETED BY**

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**Spleen**

**IMAGING PERFORMED BY** The spleen was normal in size and contour exhibiting nonhomogeneous to variably echogenic parenchyma with a focal, nondisruptive, hyperechoic mid splenic parenchymal nodule measuring 0.5 cm in diameter. Normal splenic vascularity was present.

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**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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**REFERRING VET**

Dr. Carpenter

**INVOICE Gastrointestinal**

13624 The stomach exhibited prominent to mildly thickened generalized wall layering. Intact discernable gastric wall layering was primarily maintained with regions of indistinct wall layer detail subjectively in the area of the antrum and pylorus. The gastric body wall width measured up to 1.0 cm. The pylorus

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wall width measured 0.7 cm. The stomach was primarily empty with mild luminal gas and without evidence of retained ingesta, fluid, or foreign material.

**SPECIES**

Canine

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild upper duodenal retained fluid was noted. No evidence of mechanical / metabolic small intestinal ileus was noted.

**BREED**

Lab Mix

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

**SEX**

MN

***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 lymphadenopathy or peritoneal effusion was present.

**AGE**

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**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

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- Mild age-related kidneys
- Generalized prominent to mildly thickened gastric walls exhibiting primarily intact yet regionally indistinct wall layering
- Suspect mild concurrent upper duodenitis
- Variably echogenic splenic parenchyma with focal, nondisruptive, hyperechoic nodule

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The splenic changes were nonspecific yet suggestive of benign changes such as age-related splenic parenchymal changes, hyperplasia, hematopoiesis, potential incidental splenitis with probable focal benign previous infarction mineralization, or myelolipoma. Splenic neoplastic criteria considered unlikely. Ultrasound-guided FNA of the spleen using a 25-gauge needle could be considered for screening cytology primarily to ensure only benign changes are present vs. sonographic monitoring for evidence of progressive splenic parenchymal changes.

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Given the chronic intermittent vomiting in this patient, chronic gastritis is suspected, although the possibility of early infiltrative gastric mural disease, i.e., nonspecific infiltrative neoplasia cannot be definitively excluded. Endoscopic gastric biopsies would likely be ideal for further clarification if possible and should be considered if persistent vomiting is noted despite conservative therapy.

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Empirically, some or all of the following protocol could be considered. Although thought unlikely, a resting cortisol to rule out occult Addison's Disease could 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

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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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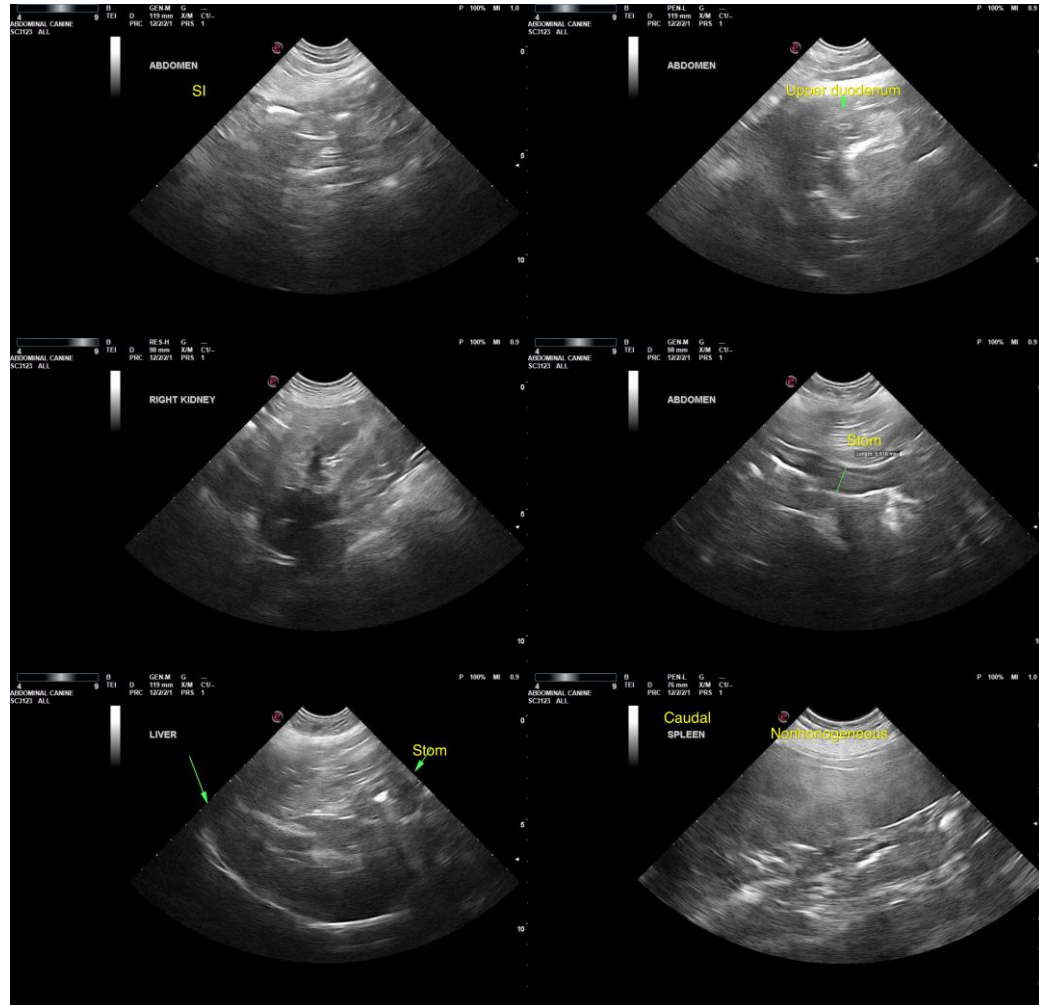
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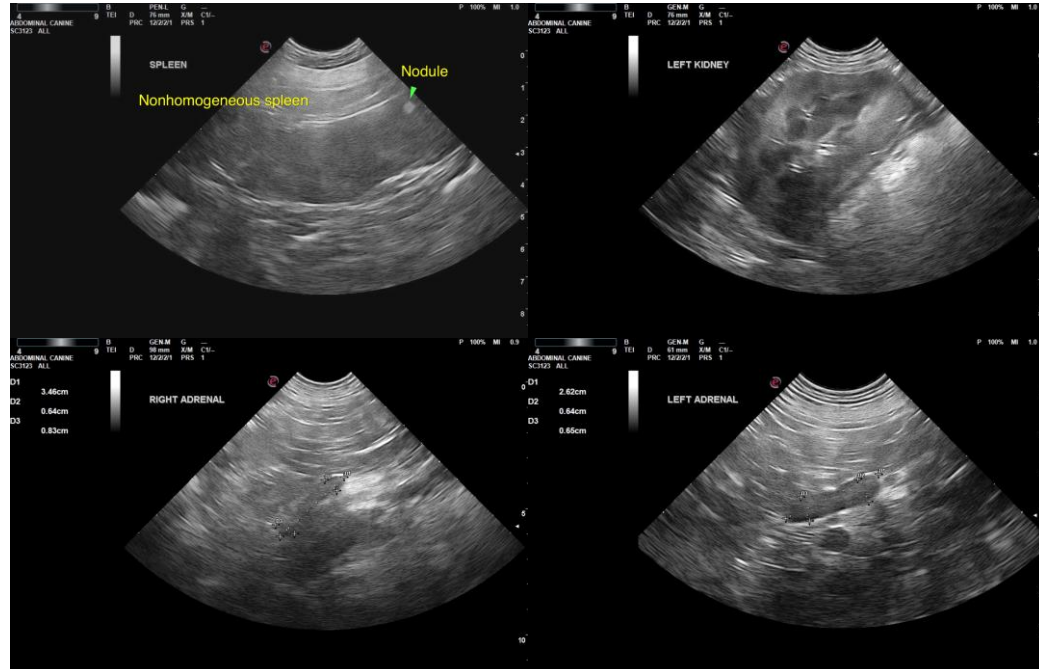
Lab Mix

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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.

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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.

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