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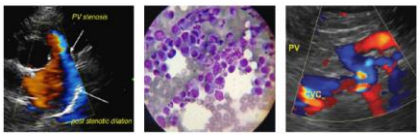

SonoPath
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PATIENT
Cali Fernandez

SPECIES
Canine

BREED
Great Dane

SEX
F Intact

AGE
4 years

WEIGHT
77 lbs.

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

IMAGING PERFORMED BY
Rachel Runnells, RVT

HOSPITAL NAME
SVS Imaging KC

REFERRING VET
Dr. Elizabeth Oetting

INVOICE
13775

DATE
5/3/22

PRESENTING CLINICAL SIGNS

Losing weight for an unknown but longer period of time. Became hyporexic Monday. Vomiting developed Saturday. Went to another vet clinic as we were closed for reconstruction Saturday. Received a Dex injection and Gentocin inj. Ate well for 24 hrs, then returned to anorexia Sunday. Diarrhea developed Sunday.
Abnormal PE/Chem/CBC/UA Results: Exam today: BCS 2.5/9, Enophthalmos, Mydriatic OU, No PLRs, Extreme ptyalism, No GI sounds on auscultation, Abdomen tucked and empty. No audible murmur, no appearance of bloat, no palpable enlarged uterus, mm pk. Temp 103.1. ALP 266, ALT 149, BUN 6, Cl 106, Glob 5, hint lymphopenia, mild monocytosis, in house SNAP cPL abnormal. Differentials with the abnormal cPL: EPI, pancreatic tumor, pancreatitis. Ddx for longer weight loss with progressive GI signs: Dysautonomia, Addison's, Neoplasia, Subclinical chronic pancreatitis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 visualized uterus was sonographically unremarkable without evidence of pathology or luminal fluid accumulation. The left and right ovaries were not definitively visualized, yet without overt evidence of ovarian pathology.

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 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 8.5 cm in length. The right kidney measured 8.5 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 0.46 cm width at the caudal pole and 0.46 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 0.83 cm width at the caudal pole and 0.88 cm width at the cranial pole.

Spleen

The spleen exhibited potential for mild enlargement with 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. Normal splenic vascularity was present. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. No masses or nodules were noted.

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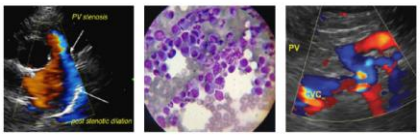

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Liver/ Gallbladder

The liver was normal in size and contour exhibiting subjective potential for mild uniform decreased hepatic parenchyma echogenicity with subtle increased prominence of the portal vascular border. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach exhibited generalized thickened walls exhibiting mild decreased mural echogenicity and indistinct to loss of discernable wall layering. The stomach contained a mild to moderate amount of retained, primarily anechoic fluid and echogenic chyme. The ventral gastric body wall width measured up to 1.2 cm.

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 0.37 cm. The jejunum wall width measured 0.36 cm.

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

Pancreas

The left pancreas exhibited subjective mild prominent size with minor hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

Regional perigastric reactive mesentery was present. The potential for very minor gastric lymphadenopathy is possible, although not definitive. Small pockets of mild peritoneal free fluid were noted between the stomach and liver, around the spleen, and In the caudal abdomen around the urinary bladder.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Thickened hypomotile stomach exhibiting indistinct to loss of discernable wall layering
- Overtly normal small bowel
- Possible concurrent low-grade pancreatitis
- Mild volume peritoneal free fluid

Secondary Findings

- Potential mild nonspecific splenomegaly
- Subjective mild hypoechoic liver - nonspecific

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary finding in this case and suspected cause of the patient's clinical signs is the thickened to hypomotile stomach. Although biopsy is required for a definitive diagnosis, concern for infiltrative

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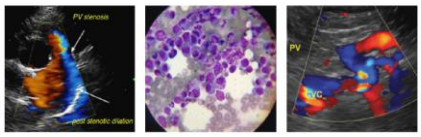

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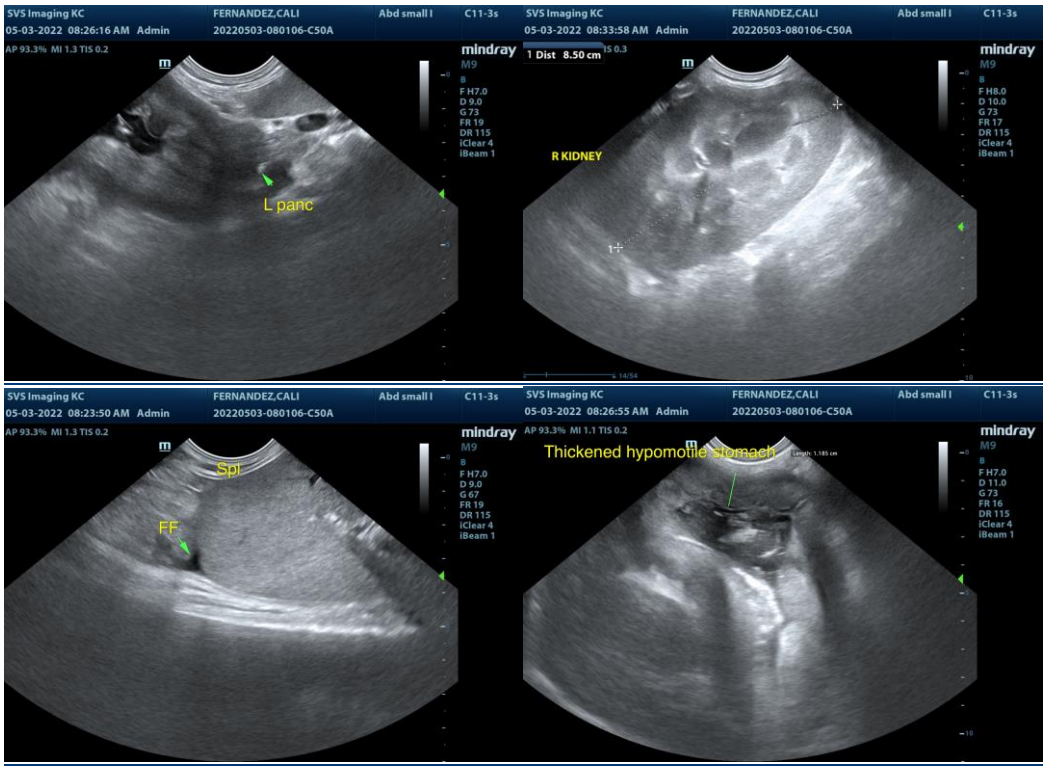
gastric round cell neoplasia, i.e., lymphoma or similar, is warranted although significant gastritis and secondary gastric hypomotility could be possible.

If accessible, ultrasound-guided FNA of the ventral gastric body wall +/- screening hepatosplenic FNA, given concern for gastric neoplasia, could be considered. Otherwise, endoscopic or surgical biopsies are required for a definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate could be considered for further assessment of the pancreatic presentation, as well as rule out structurally insignificant concurrent small intestinal disease.

Empirically, some or all of the following protocol could be considered with as-needed supportive care. 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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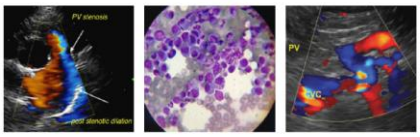

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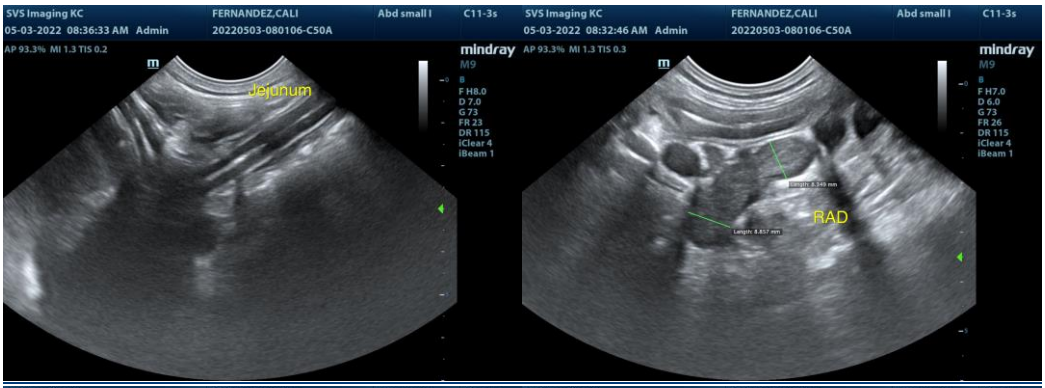

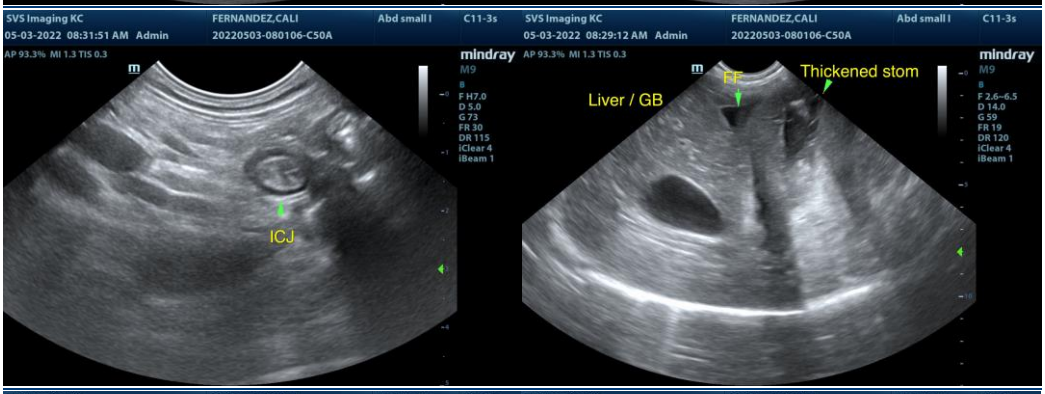

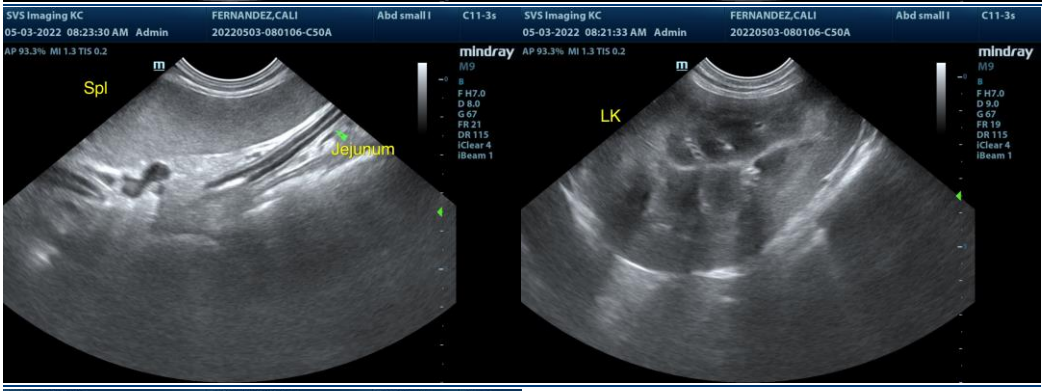

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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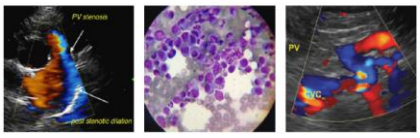

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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info@SonoPath.com