



PATIENT

Duffy Varney

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered Male

AGE

8 Years

WEIGHT

7.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

HOSPITAL NAME

New England AMC

REFERRING VET

Alberto Fernandez,
DVM

INVOICE

16080

DATE

6/12/22

PRESENTING CLINICAL SIGNS

History: Presented to ER for on and off vomiting for past few months. Recent day of vomiting multiple times; was unable to keep anything down. On PE: non-painful abdomen, no masses palpated. 3 view whole body radiographs - pulmonary consolidation RT middle lung lobe (aspiration pneumonia). Labs: WNL. r/o food allergy, addison's, neoplasia, IBD, other. Plan: AUS, GI panel, food trial.

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 were noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.0 cm in diameter.

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. Pinpoint areas of medullary mineral noted. The left kidney measured 3.8 cm in length. The right kidney measured 3.5 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 0.37 cm width at the caudal pole and 0.42 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 0.38 cm width at the caudal pole and 0.39 cm width at the cranial pole.

Spleen

The spleen revealed several mildly expansive nonhomogeneously hypoechoic parenchyma nodules. The nodules appeared to distort the medial splenic capsule yet without evidence of parenchymal escape. An example of nodule measured 1.66 cm in diameter. The spleen was overall normal in size. Splenic vascularity was normal.

Liver

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 mild congealed yet mobile mildly hyperechoic gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented wall mild to moderate thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach contained a mild to moderate amount of



PATIENT

Duffy Varney

retained primarily anechoic fluid. No overt evidence of mechanical pyloric outflow obstruction. The ventral gastric body wall measured 0.67 cm. The ventral pylorus wall measured 0.39 cm.

SPECIES

Canine

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 measured 0.39 cm. The jejunum wall measured 0.30 cm.

BREED

Chihuahua Mix

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

SEX

Neutered Male

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.

AGE

8 Years

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

7.5 kg

ULTRASONOGRAPHIC FINDINGS

- Nonspecific mildly expansive nonhomogeneous to hypoechoic splenic nodules
- Hypomotile gastritis, sonographically unremarkable small bowel
- Mild congealed yet mobile gallbladder debris (non-mucocele)
- Sonographically unremarkable pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic nodules were nonspecific with potential multiple etiologies, including lymphoid hyperplasia, extramedullary hematopoiesis, small hematomas, infection/splinitis, infarction or neoplasia. Assuming normal clotting status, using a 25-gauge needle, ultrasound guided FNA of a splenic nodule is warranted for screening cytology. Sonographic monitoring of the splenic nodules with initial recheck in 3-4 weeks would be reasonable, whereas prophylactic splenectomy would be a more aggressive approach.

The gastric presentation is suggestive of inflammatory criteria. Potential for early neoplastic infiltrative gastric mural disease is considered a less likely differential diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is warranted to assess for evidence of structurally insignificant concurrent small intestinal disease and low-grade to chronic pancreatitis, both of which may present sonographically normal.

Although considered unlikely, screening resting cortisol level to rule out occult Addisons disease could be considered.

Some or all of the following protocol or similar protocol 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

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

New England AMC

REFERRING VET

Alberto Fernandez,
DVM

INVOICE

16080

DATE

6/12/22



PATIENT

Duffy Varney

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

Chihuahua Mix

SEX

Neutered Male

AGE

8 Years

WEIGHT

7.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

New England AMC

REFERRING VET

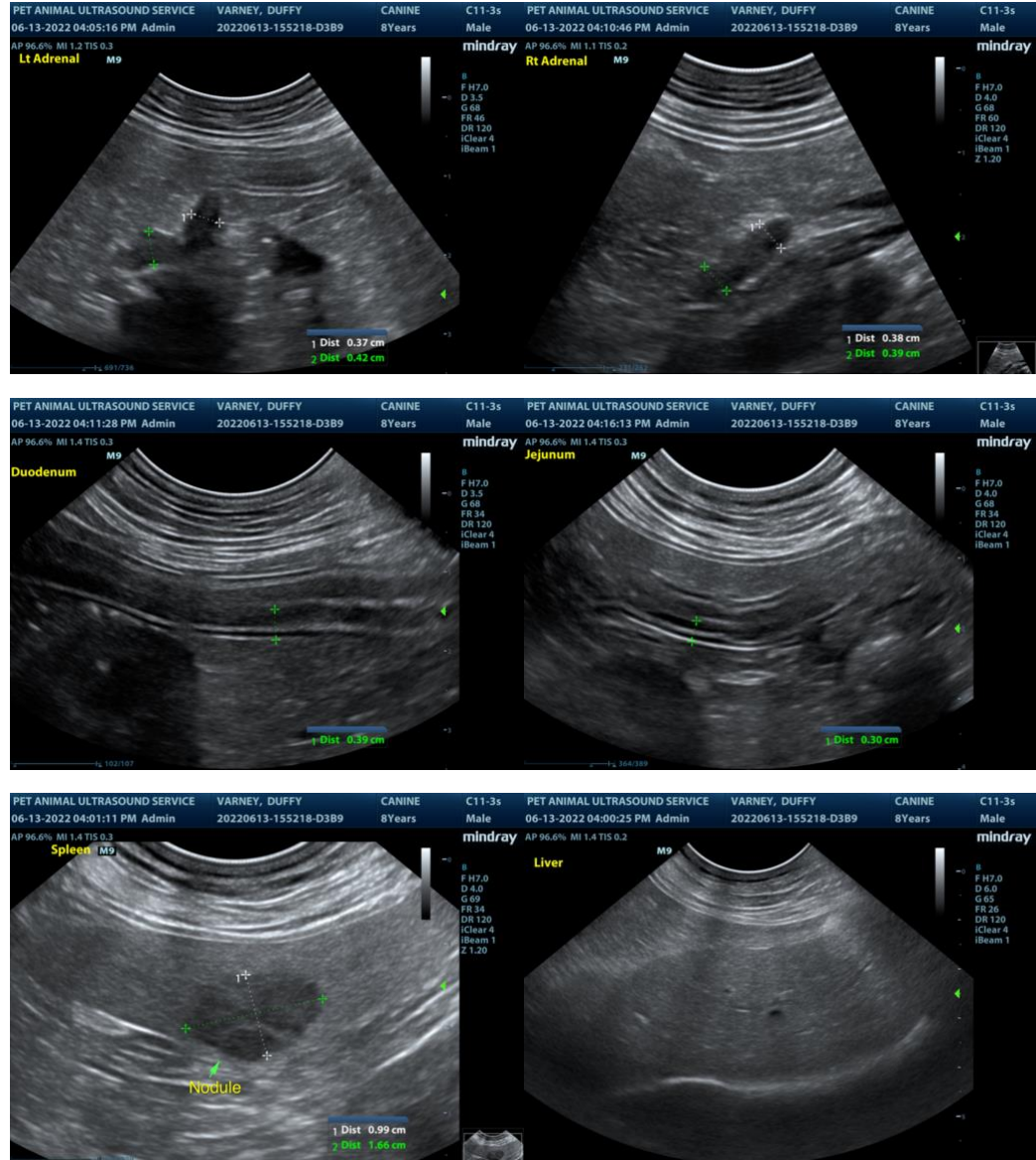
Alberto Fernandez,
 DVM

INVOICE

16080

DATE

6/13/22





PATIENT

Duffy Varney

SPECIES

Canine

BREED

Chihuahua Mix



SEX

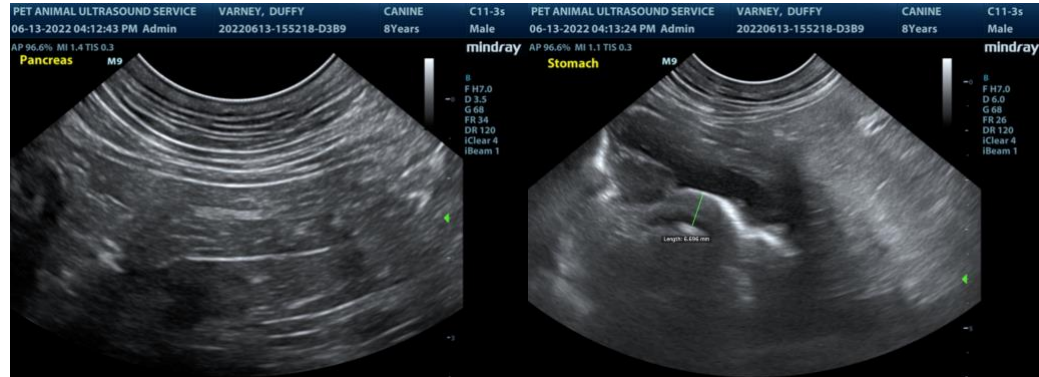
Neutered Male

AGE

8 Years

WEIGHT

7.5 kg

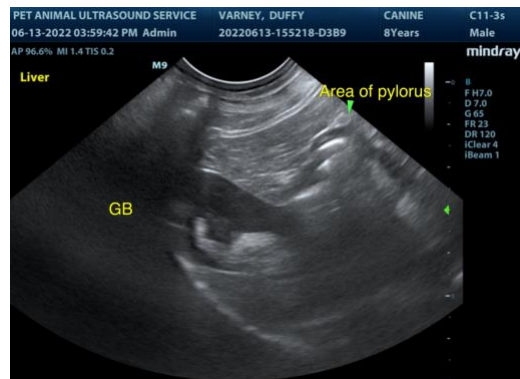


INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS



HOSPITAL NAME

New England AMC

REFERRING VET

Alberto Fernandez,
 DVM

INVOICE

16080

DATE

6/13/22

The information and recommendations provided are based on the images presented by the referring veterinarian. 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