

PATIENT PRESENTING CLINICAL SIGNS

Picasso Frantz History: Vomiting, ADR, weight loss, 4/6 murmur Cerenia, Metronidazole

SPECIES Labs: sodium to potassium ratio 40, WBC 20.4 with neutrophilia, low-normal lymphocytes and mild monocytosis

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

BREED *Urinary System*

Shepherd Mix The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

SEX Neutered Male The residual prostate was free of pathology.

AGE 2010 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 5.6 cm in length. The right kidney measured 5.0 cm in length.

WEIGHT 22.4 Pounds *Adrenal Glands*

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.60 cm at the cranial pole and 0.46 cm at the caudal pole

INTERPRETED BY The right adrenal gland was not definitively visualized.

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

The spleen exhibited 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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME *Liver*

Lehigh Valley AH (Bath) 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.

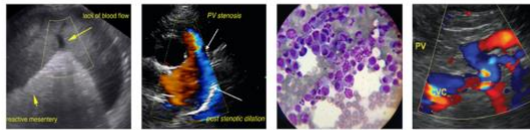
REFERRING VET Dr. Tan The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

INVOICE *Gastrointestinal*

16072 The stomach exhibited subjective variably thickened walls, primarily in the area of the fundus, as well as in the area of the pylorus. The fundus wall measured 0.89 cm in width. The pylorus wall measured 0.56 cm in width. The gastric walls exhibited indistinct wall layering and subjective decreased mural echogenicity. The stomach lumen contained subjective increased luminal gas. Potential for minor

DATE

6/13/22



PATIENT

retained anechoic fluid and ingesta possible. No overt evidence of mechanical pyloric outflow obstruction.

Picasso Frantz

The visualized segments of small intestine exhibited subjective intact wall layering with maintained 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

SPECIES

Canine

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

BREED

Pancreas

Shepherd Mix

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.

SEX

Free Abdomen

Neutered Male

No overt lymphadenopathy or peritoneal effusion was present.

AGE

ULTRASONOGRAPHIC FINDINGS

2010

- Variably thickened stomach
- Mild urinary bladder sediment
- Age-related kidneys

WEIGHT

22.4 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

The gastric presentation may indicate gastritis pattern; however, the possibility of early neoplastic infiltrative gastric mural disease cannot be definitively excluded. No overt evidence of mechanical gastric or gastrointestinal obstruction or evidence of foreign material. Low-grade to chronic pancreatitis, which may present sonographically normal, as well as structurally insignificant concurrent small intestinal disease cannot be excluded.

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

IMAGING PERFORMED BY

Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Correlation with pending baseline cortisol levels suggested. Three-view chest radiographs suggested, if not done, to rule out occult thoracic or esophageal pathology as a contributing factor. If persistent/progressive vomiting and weight loss, pending additional diagnostics and despite supportive care, endoscopic intestinal biopsies may be considered for further assessment and pending echocardiographic interpretation.

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 ARDMS/RVT

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 (Bath)

REFERRING VET

Some or all of the following protocol may be considered, pending additional diagnostics.

Dr. Tan

Helicobacter/Gastritis protocol

INVOICE

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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Shepherd Mix

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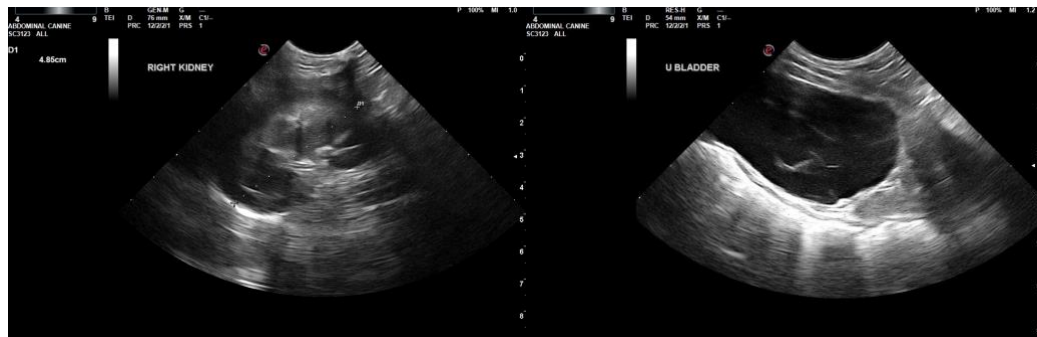
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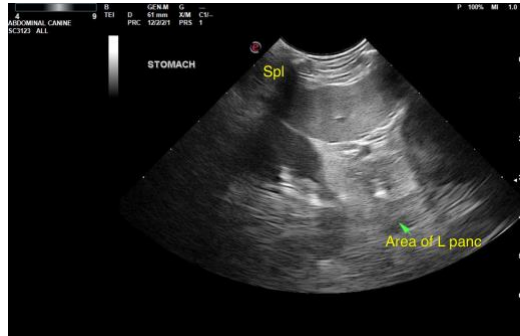
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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