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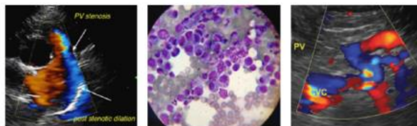

SonoPath
Clinical Sonography & Telecytology
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1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Maverick Church

SPECIES

Canine

BREED

Mixed

SEX

MN

AGE

13 yr

WEIGHT

73.4 lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Pinecrest Animal Hospital

INVOICE

10820ag

DATE

06/14/2022

PRESENTING CLINICAL SIGNS

History: Patient has vomiting and lethargy. Unable to keep food down and will vomit within an hour after eating. Has been having symptoms for 2 weeks.

Abnormal PE/Chem/CBC/UA Results: Radiographs are unclear where the problem is and what is causing the patient to vomit and unable to keep food down. The radiographs had some unusual findings that are not clear **Included for review/comparison BW NSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 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 7.1 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.93 cm width in the cranial pole and 0.85 cm width in the caudal pole. The right adrenal gland measured 1.0 cm width in the cranial pole and 0.93 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

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. Focal to intermittent subtle hypoechoic to nondisruptive nodules an example measuring 1.7 cm in diameter were present. 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.

Gastrointestinal

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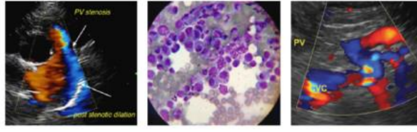

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The stomach presented intact yet subjective mild prominent wall layering was noted. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The ventral gastric body wall measured 0.56 cm in width. The pylorus wall measured 0.56 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor areas of segmental duodenojejunal ileus were present, no evidence of obstructive pattern or foreign material. The duodenum wall measured 0.43 cm in width. The jejunum wall measured 0.39 cm in width.

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 were evident.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Suspect potential mild gastritis/gastric duodenitis
- Sonographically unremarkable pancreas
- Mild hepatic parenchyma remodeling with focal to intermittent likely benign intraparenchymal nodules suggestive of nodular to regenerative hyperplasia, hematopoiesis or small lipogranulomas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aside from suspected mild upper GI inflammation, no overt evidence of significant abdominal visceral pathology i.e. neoplastic criteria, mechanical GI obstructive pattern, foreign material etc. as a cause of the patient's clinical signs was present. If not done, three view chest radiographs are recommended to rule out occult thoracic or esophageal pathology as a contributing factor. Although considered unlikely given the adrenal presentation, a resting cortisol level could be considered to rule out occult Addison's disease. Some or all of the following protocol or similar could be considered empirically with assessment of clinical response pending additional diagnostics. Upper GI endoscopy with potential for biopsies may be indicated.

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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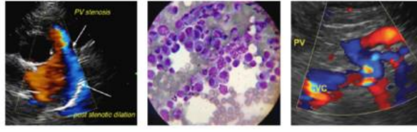

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Upper duodenum
GDJ
Pylorus
Rt

Stomach Sag

Gallbladder Sag

Nodule
Liver Rt Sag

Caudal spleen
Spleen Body

Spleen Body

Jejunum
SI

Rt Adrenal

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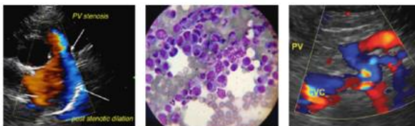

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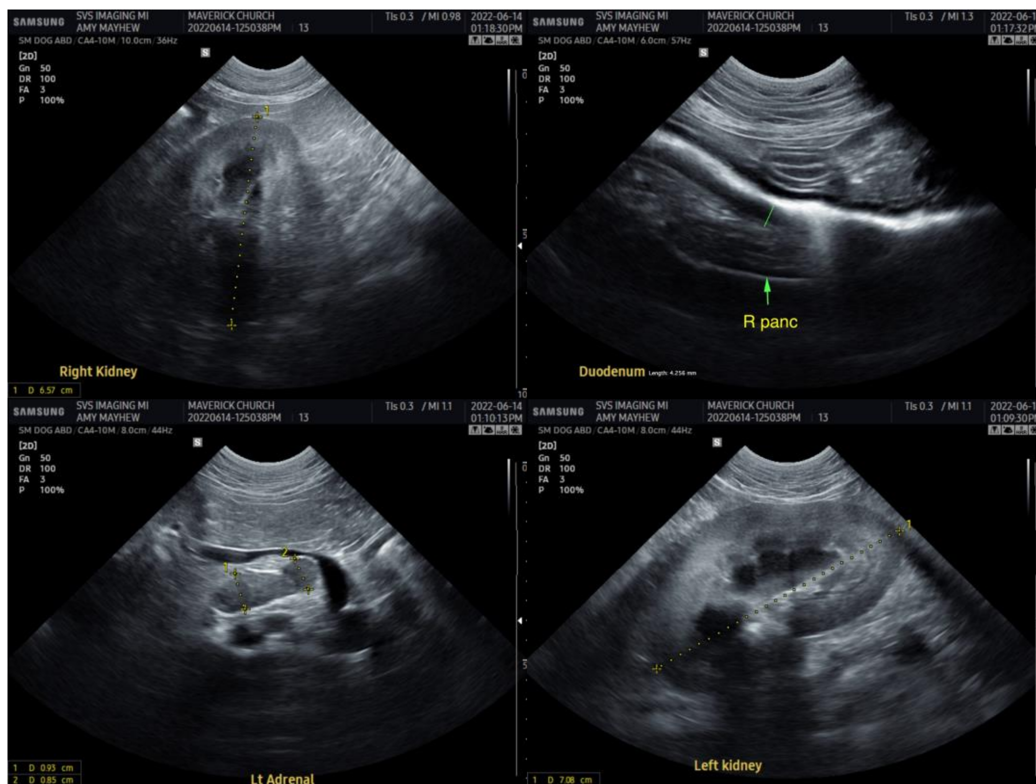

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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