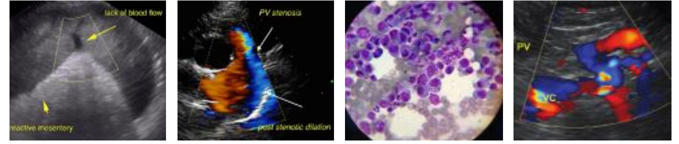

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PATIENT
Buddy Henry

SPECIES
Canine

BREED
NA

SEX
MN

AGE
8

WEIGHT
25

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

IMAGING PERFORMED BY
Tracy Nyberg

HOSPITAL NAME
Stuga North

REFERRING VET
Tracy Nyberg

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11121ag

DATE
07/11/2022

PRESENTING CLINICAL SIGNS

History: Treated last week for nausea and vomiting with cerenia--responded well. Started again over last couple of days with vomiting, some melena, and low energy/appetite

Abnormal PE/Chem/CBC/UA Results: Neutrophilia, temp 102.5

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

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 4.7 cm in length. The right kidney measured 4.7 cm in length.

The area of the aortic trifurcation was free of pathology.

No overt pathology in the area of the residual prostate.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.3 cm width at the caudal pole and 0.37 cm width at the cranial pole. No overt pathology in the area of the right gland.

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.

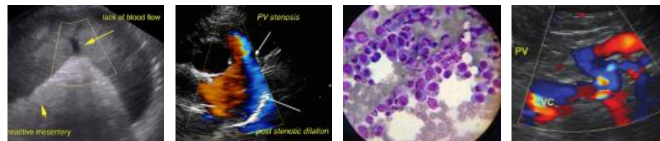
Liver

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

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained a mild amount of variably echogenic nonshadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.

The small intestine presented focal to regional thickening of the upper duodenum to gastroduodenal junction wall with evidence of proliferative wall extending cranially from the area of the upper duodenum directly effacing the caudal aspect of the right lateral to caudate liver. This area of thickened wall measuring approximately 2.4 cm x 2.5 cm. Associated regional reactive mesentery around the upper



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duodenum and gastroduodenal junction along with intermittent mildly enlarged hypoechoic gastric lymph nodes were present. An example of a lymph node measured 0.82 cm in diameter. The mid to descending duodenum and segments of jejunum exhibited intact yet prominent wall layering with areas of segmental corrugation along with mild nonobstructive ileus pattern.

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 was evident.

Free Abdomen

No peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Thickened upper duodenum/gastroduodenal junction with evidence of wall proliferation
- Concurrent segmental mid to distal duodenitis and segmental jejunitis
- Variably echogenic gastric ingesta/chyme
- Associated regional reactive mesentery and mildly enlarged gastric and pancreaticoduodenal lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Endoscopic or surgical biopsies of the duodenum as well the areas of duodenojejunal corrugation would be required for further assessment.

Inflammatory, granulomatous or neoplastic criteria is possible for the GI abnormalities. Potential for ulceration is possible given the presence of melena. Empirically some or all of the following protocol could be considered.

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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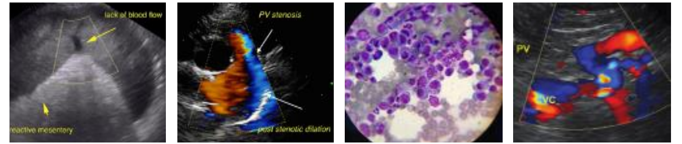

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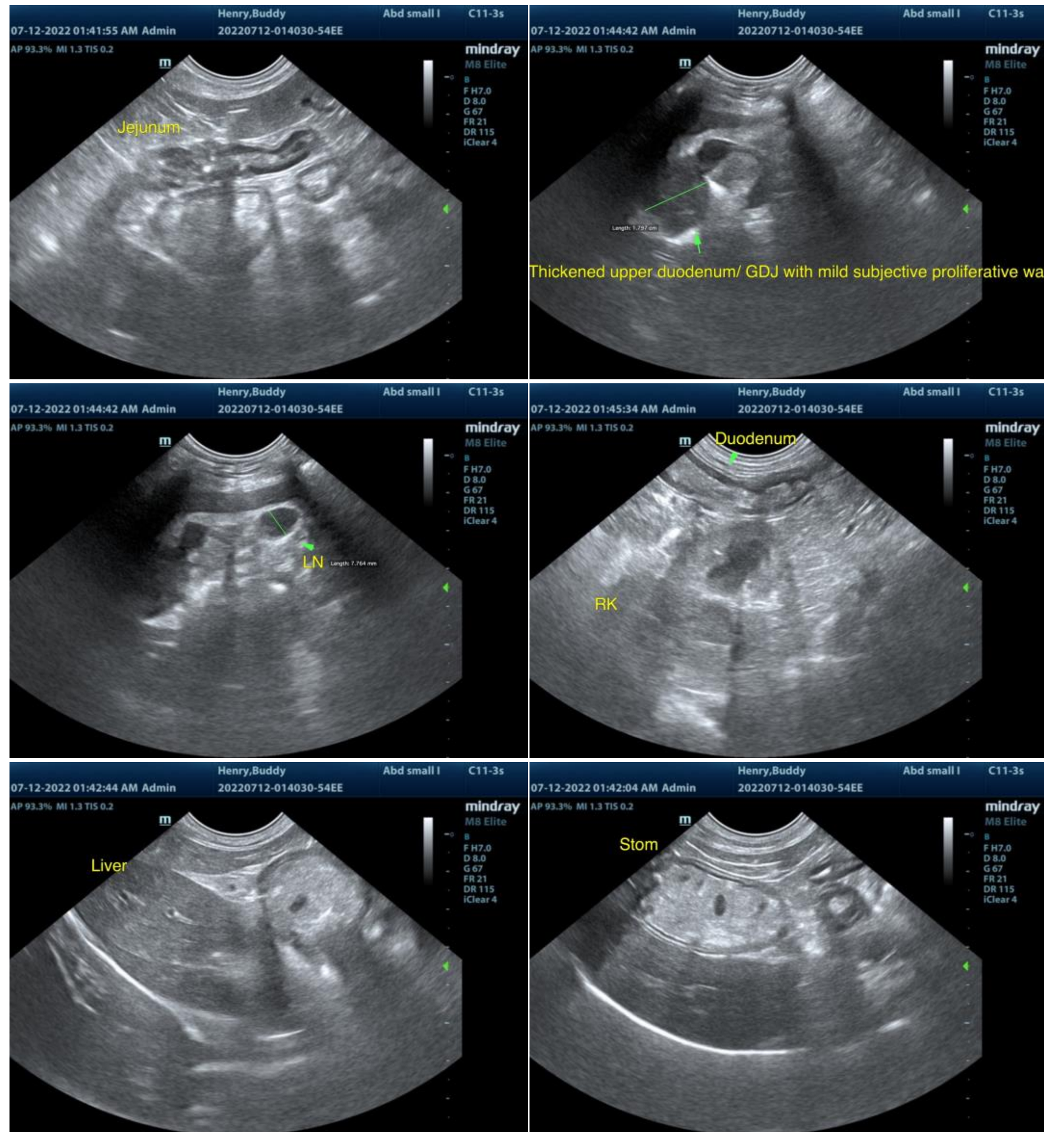

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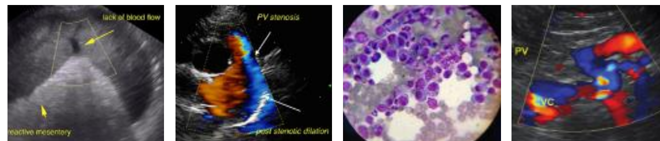

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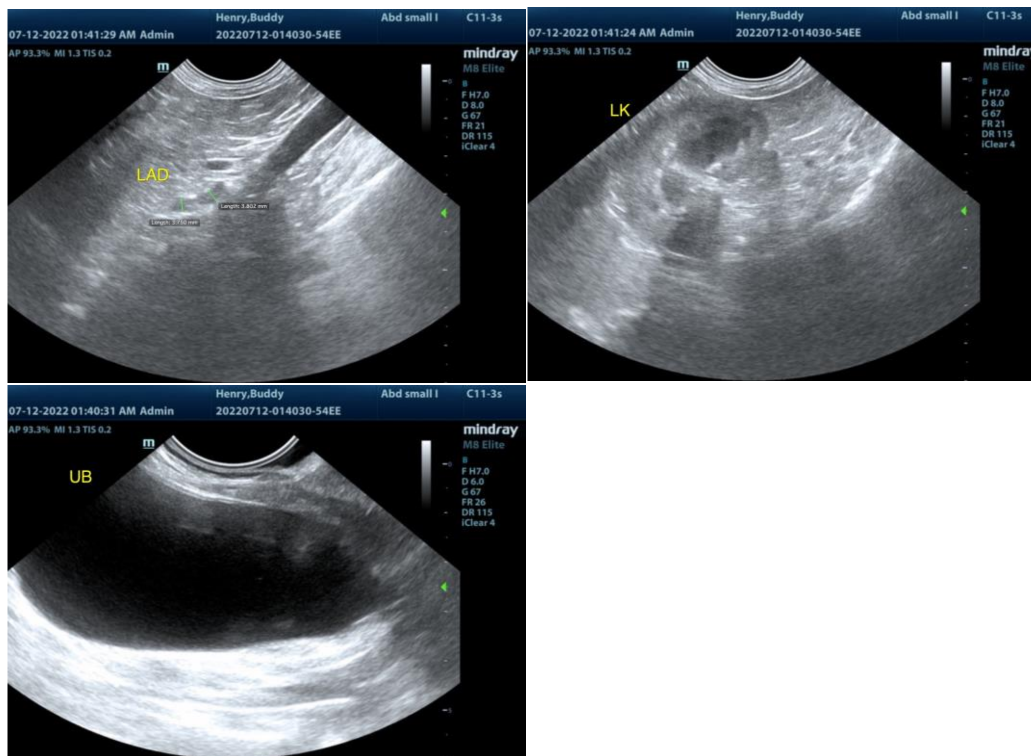

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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