



PATIENT PRESENTING CLINICAL SIGNS

Aspen Treaster Chronic intermittent vomiting food and water, possible palpable caudodorsal mass, sensitive upon palpation

SPECIES Unremarkable CBC, globulin 4.2, lipase 277, Spec cPL high-normal, 4DX negative

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Lab Mix The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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.

SEX

FS

The area of the aortic trifurcation was free of pathology.

AGE

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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 5.1 cm in length.

WEIGHT

55

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.6 cm length x 0.71 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.8 cm length x 0.53 cm width at the caudal pole.

IMAGING

PERFORMED BY
Rebekah Jakum, CVT
ARDMS/RVT

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.

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Liver/ Gallbladder

REFERRING VET

Dr. Smith

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

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Gastrointestinal

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The stomach exhibited regional to generalized, mild yet variable wall thickening exhibiting intact to mildly indistinct wall layer detail. The stomach was primarily empty with mild luminal gas and without



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evidence of gastric distention secondary to retained ingesta, fluid, or foreign material. The ventral gastric body wall measured approximately 0.74 cm width.

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.

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

Pancreas

BREED

Lab Mix

The pancreas exhibited subtle prominent size with areas of capsule asymmetry and nonhomogeneous to indistinctly nodular parenchyma.

Free Abdomen

SEX

FS

Potential associated regional minor subjectively benign / reactive pancreaticoduodenal lymphadenopathy. No evidence of peritoneal free fluid was noted.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Regional to diffuse mild thickened stomach
- Mild prominent irregular to indistinctly nodular pancreas

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Secondary Findings

- Mild age-related renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's history of chronic intermittent vomiting, the appearance of the stomach may suggest chronic gastritis. The potential for emerging infiltrative gastric neoplasia cannot be definitively excluded. Chronic to low-grade pancreatitis with areas of indistinct nodular hyperplasia is suspected. No overt evidence of pancreatic neoplastic criteria, which is considered unlikely.

IMAGING

PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

No overt pathology in the area of the caudodorsal abdomen.

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Endoscopy for further assessment of the gastric interior, as well as potential for biopsies and further clarification, is recommended if possible. Empirically, some or all of the following protocol could be considered with an assessment of clinical response.

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Although considered unlikely, resting cortisol level to rule out occult Addison's Disease could be considered especially if endoscopy is a possibility.

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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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REFERRING VET

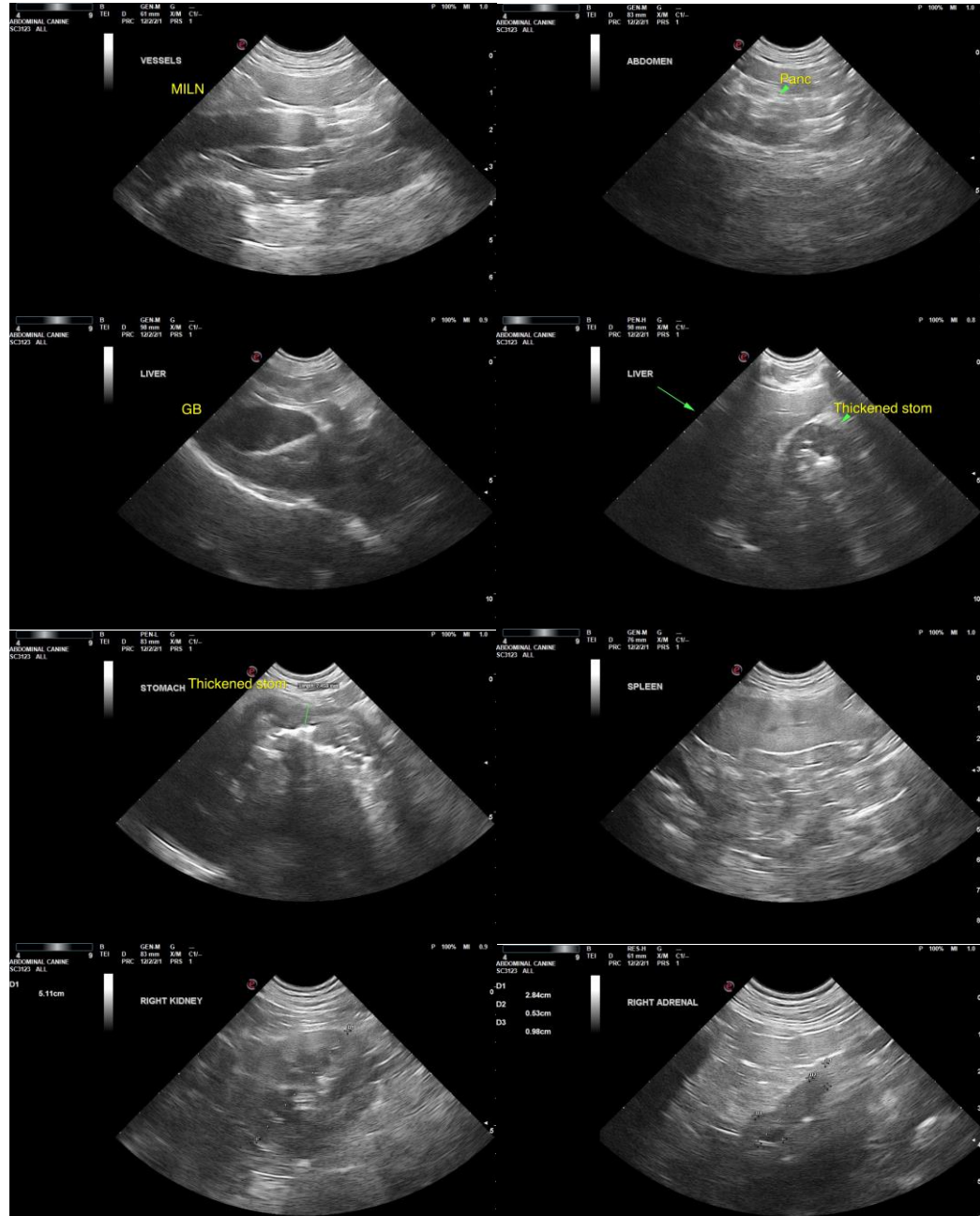
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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