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Clinical Sonography & Telecytology
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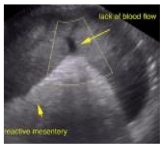
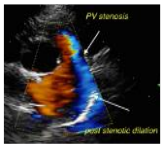
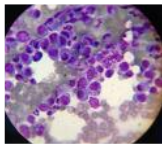
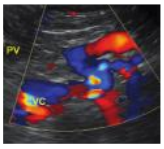





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Sangria Mitchell

SPECIES

Canine

BREED

Native American Indian Dog

SEX

FS

AGE

7 years

WEIGHT

27.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Donna Markland, DVM

HOSPITAL NAME

Island Mobile Paws VS

REFERRING VET

Ladysmith AH

INVOICE

14552

DATE

8/10/22

PRESENTING CLINICAL SIGNS

Sangria presented for vomiting (intermittent) in April. Since that time, she has lost 4 kg. PE was unremarkable in April. Prior to today's scan, she was tender on abdominal palpation. A mild neutropenia was noted in April. No other abnormalities on CBC/Chem. Sedated for exam with methadone and dexdomitor.
Abnormal PE/Chem/CBC/UA Results: April 21, 20220: Mild neutropenia (numbers not provided)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 6.3 cm in length. The right kidney measured 6.4 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 2.9 cm length x 0.65 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

Spleen

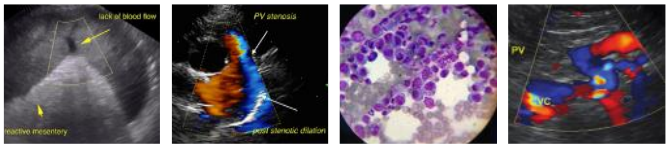
The spleen was overall normal in size with maintained symmetrical capsule contour with subtle generalized splenic parenchyma heterogeneity exhibiting a solitary, hypoechoic to nonhomogeneous, non-expansive mid splenic nodule measuring 1.2 cm in diameter.

Liver/ Gallbladder

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. Moderate, mildly hyperechoic, nondependent yet nonorganized gallbladder debris was present. The gallbladder or peripheral gallbladder were otherwise sonographically unremarkable without evidence of inflammatory criteria was noted. The cystic and common bile ducts were normal.

Gastrointestinal

The gastric fundus and body exhibited intact yet subjective borderline to mild prominent wall layering. The ventral gastric body wall width measured 0.5 cm. Moderate wall thickening with decreased mural echogenicity and loss of distinct wall layer detail was present subjectively in the area of the antrum, pylorus, and potentially involving the gastroduodenal junction. The pylorus wall width measured up to



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1.4 cm. The stomach was moderately distended with primarily retained anechoic fluid with mild nonshadowing chyme and small pockets of luminal gas. Subtle perigastric hyperechoic mesentery was present.

The small intestine exhibited subjective intact wall layering and maintained a 1:3 muscularis/mucosa ratio. The mid to descending duodenum wall width measured 0.53 cm. The jejunum wall measured 0.36 cm 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 overt lymphadenopathy or peritoneal free fluid was present.

ULTRASONOGRAPHIC FINDINGS

- Thickened stomach subjectively primarily involving the antrum, pylorus, and potential gastroduodenal junction exhibiting decreased mural echogenicity and loss of discernable wall layering, moderate retained gastric fluid, chyme, and minor luminal gas
- Solitary nonspecific splenic nodule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the patient's vomiting and weight loss appears to be associated with the abnormally thickened stomach. Primary considerations for this presentation may include chronic inflammatory vs. Infiltrative neoplastic etiologies. Histopathology is required for a definitive diagnosis. Endoscopy or laparotomy with biopsies are recommended for further assessment and guidance of treatment. Some degree of potential partial pyloric outflow obstruction, given the retained fluid, chyme, Is suspected. Some or all of the following protocol to similar protocol with empirical coverage for helicobacter could be considered. A guarded prognosis, pending gastric sampling, is warranted.

Multiple etiologies are possible for the solitary splenic nodule including focal hyperplasia, hematopoiesis, small hematoma, granuloma, and focal splenitis, while the potential for emerging neoplastic or metastatic nodule cannot be definitively excluded.

Assuming normal clotting status, ultrasound-guided FNA of the splenic nodule using a 25-gauge needle could be considered for further assessment. Sonographic monitoring of the splenic nodule for evidence of progression would be a more conservative approach.

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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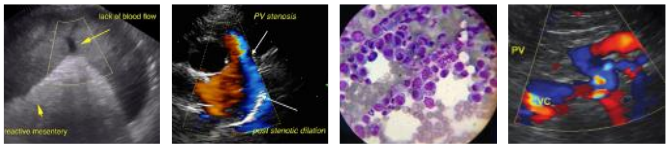

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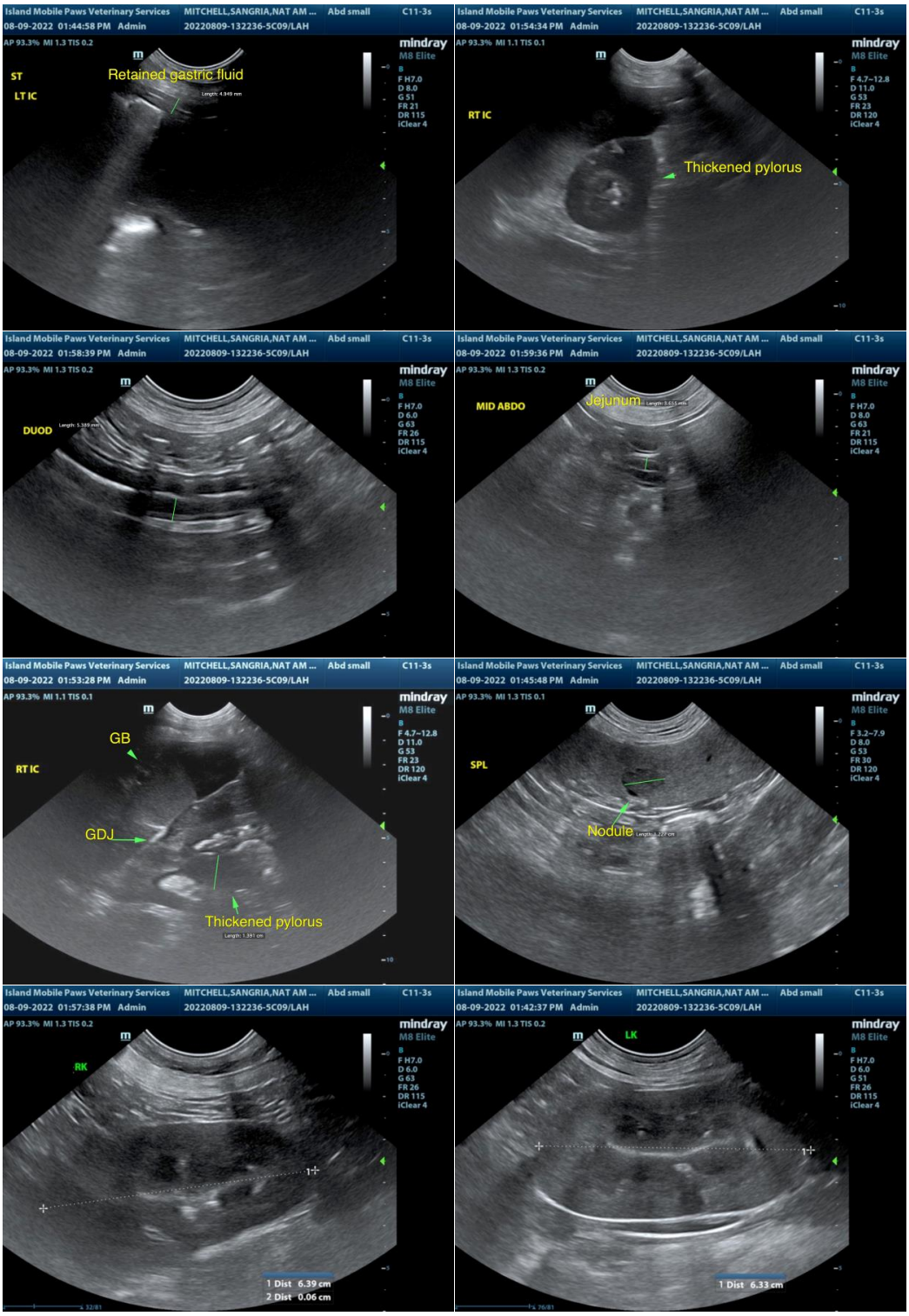

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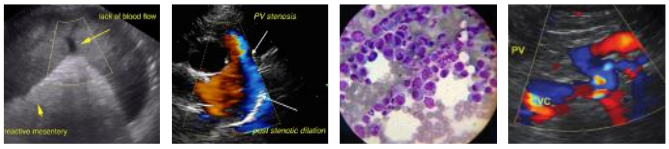

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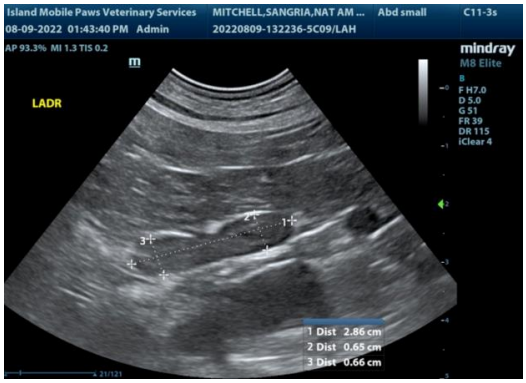

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com