



PATIENT PRESENTING CLINICAL SIGNS

Ziggy Dundore Vomiting, concern for fundus mass, orthopedic issues Dasuquin

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED

Lab Mix

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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

No overt pathology was noted In the area of the residual prostate.

MN

The area of the aortic trifurcation was free of pathology.

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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 6.6 cm in length. The right kidney measured 6.0 cm in length.

WEIGHT

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Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.68 cm width at the caudal pole and 0.73 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.78 cm width at the caudal pole and 0.90 cm width at the cranial pole.

INTERPRETED BY

R. McKenzie Daniel,
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 (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

Conrad Weiser AH

Liver/ Gallbladder

REFERRING VET

Dr. Watzka-

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 presented intact yet focal to regionally thickened walls visualized In the area of the ventral gastric body, ventral pylorus and gastroduodenal junction. Mild retained ingesta was noted.



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Overt evidence of obstructive pathology in the area of the pylorus or gastroduodenal junction was not obvious. The ventral gastric body wall width measured 0.7 cm. The pylorus wall width measured 0.97 cm.

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Intact small bowel wall layering with subjective maintained 1:3 muscularis/mucosa ratio was present. No evidence of small intestinal mechanical / metabolic ileus was noted. The upper duodenum wall measured 0.60 cm width.

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

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Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Focal to regional intact to mildly thickened ventral gastric body, pylorus, and gastroduodenal junction wall, mild retained gastric ingesta
- Mild chronic renal changes
- Minor hepatopancreatic remodeling

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential considerations for the intact yet mildly thickened areas of gastropyloric wall may include chronic gastritis, infectious gastropathy i.e., helicobacter, while potential emerging infiltrative neoplastic criteria cannot be excluded. A definitive obstructive mass in the area of the antrum, pylorus, or pyloric outflow tract was not visualized. Some degree of concurrent mild upper duodenitis is possible. The possibility of low-grade to chronic pancreatitis, although considered less likely, could be present yet essentially sonographically normal.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Upper gastrointestinal endoscopy for further assessment and potential biopsies is likely ideal given this presentation. A spec cPL resting cortisol level to rule out occult Addison's Disease is warranted if endoscopy is being considered. Broad spectrum deworming is suggested even if fecal testing is negative. Empirically, some or all of the following protocol or similar protocol could be considered with assessment of clinical response.

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Dr. Watzka-

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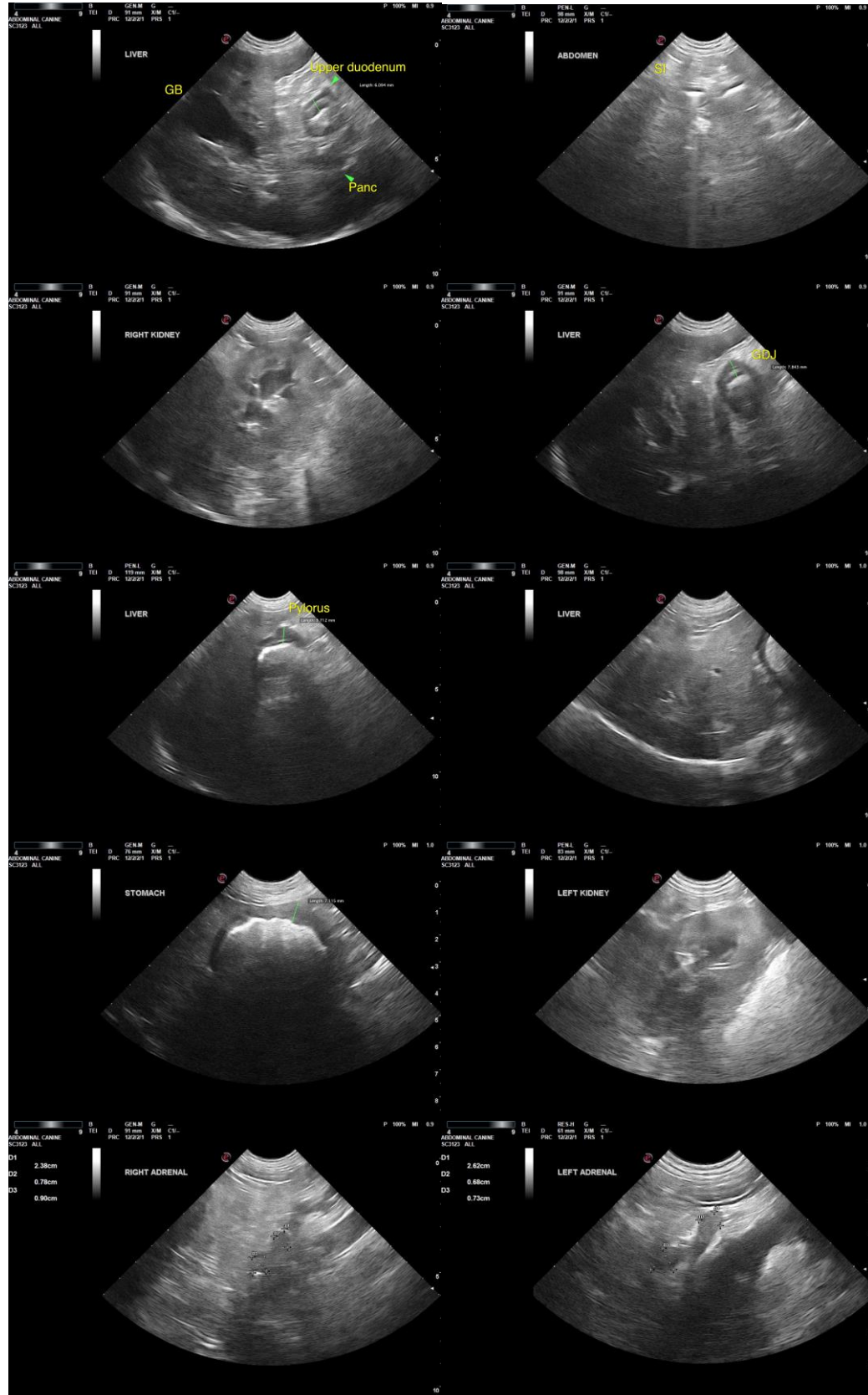
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

SEX

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