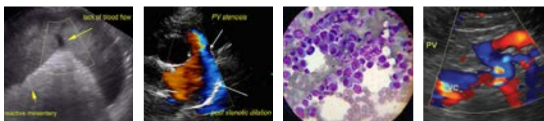


PATIENT
Finn Rodgers

SPECIES
Canine

BREED
Labradoodle

SEX
Neutered Male

AGE
8 Years

WEIGHT
39 Pounds

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

IMAGING PERFORMED BY
Heidi Putnam

HOSPITAL NAME
Willakenzie AC

REFERRING VET
Dr. Whalen

INVOICE
24827

DATE
8/19/21

PRESENTING CLINICAL SIGNS

P has a 6 week history of slowly declining appetite. Maintaining weight. PE WNL, oral exam WNL, neg intestinal worm test. No travel history. Acute gastritis on 4 days ago - vomiting. CBC/CHEM WNL. No longer vomiting but ADR.
Abnormal PE/Chem/CBC/UA Results: CBC CHEM WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 were noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture. The prostate measured 1.2 cm.

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 5.4 cm. The right kidney measured 5.4 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.4 cm length x 0.49 cm at the caudal pole. The right adrenal gland measured 2.8 cm length x 0.43 cm in width.

Spleen

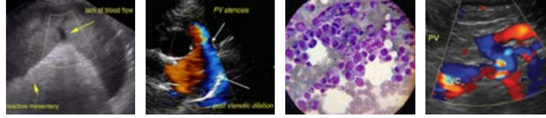
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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 wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present. No evidence of gastric foreign material or mechanical pyloric outflow obstruction. Gastric body wall measured 0.35 cm. Pylorus wall measured 0.48 cm.



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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. Duodenum wall measured 0.68 cm. Jejunum wall measured 0.43 cm.

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

Pancreas

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

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Persistent subjectively mild gastritis and gastric stasis
- Sonographically unremarkable small bowel and colon
- Heterogeneous to mildly echogenic pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for resolving gastritis/gastroenteritis or inflammatory bowel episode. However, given the slowly declining appetite over recent weeks, there is a possibility of underlying inflammatory gastrointestinal process without evidence of small bowel mural changes. The appearance of the pancreas may indicate patient variant, parenchymal remodeling, and possible mild fibrosis owing to previous inflammatory episode or chronic inflammation. Chronic inflammation would be suspected if evidence of cranial abdominal or subxiphoid pain on palpation, or elevated spec cPL.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirically, some or all of the following protocol may be considered with assessment of clinical response. Although considered unlikely given the normal sonographic appearance of the bilateral adrenal glands, resting cortisol level could be considered to rule out occult Addison's disease.

Helicobacter/Gastritis protocol
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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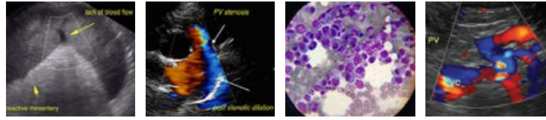

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

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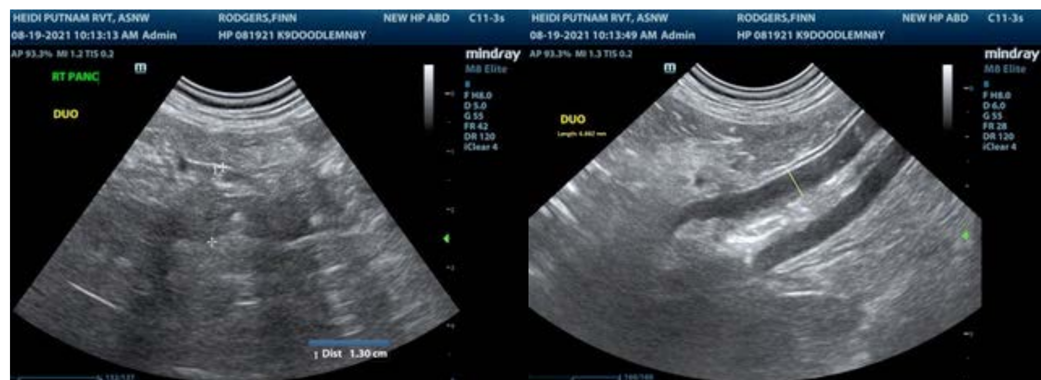

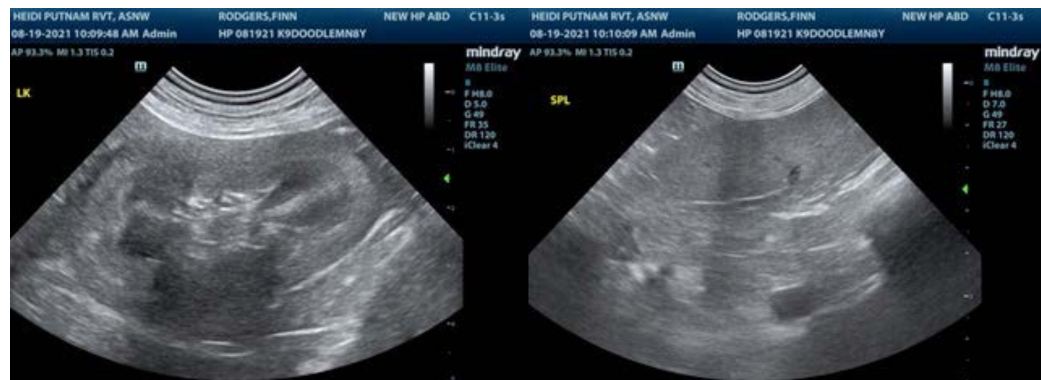

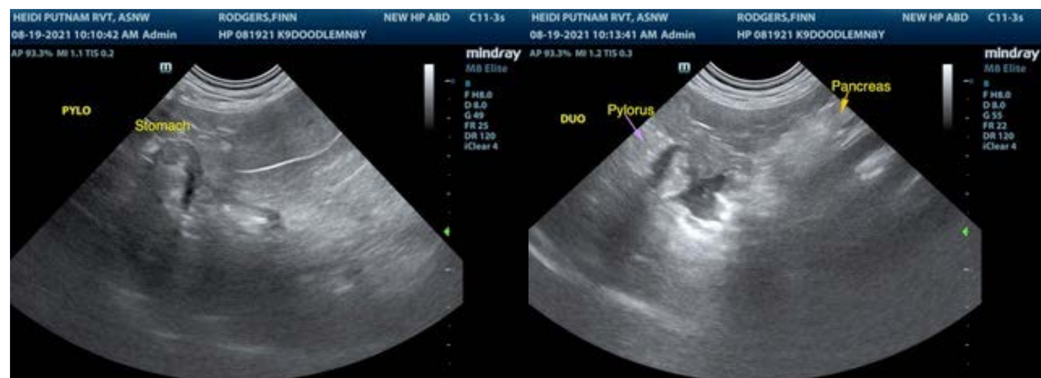

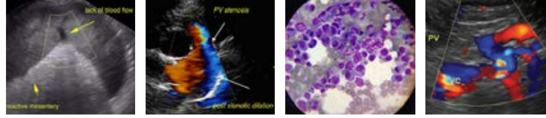

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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