



PATIENT PRESENTING CLINICAL SIGNS

Lindsey Haddad
SPECIES Canine
BREED Chihuahua
SEX FS
AGE 13yr
WEIGHT 4.9lb

History: Lindsey is a 13 yo SF chihuahua that presented for further evaluation of vomiting and weight loss. She has been vomiting/losing weight for about 2 years. Blood work has been unremarkable. Physical exam unremarkable aside from a gaured abdomen and mild diffuse mm. wasting. AFAST showed cystic lesion in cranial abdomen between stomach and liver, looks like cystic pancreas but patient wasn't fasted.

Abnormal PE/Chem/CBC/UA Results: 8/3/2022 - Chem 17: SDMA (H) 20, CR 0.9, BUN 26, electrolytes and thyroid WNL - Mild regenerative anemia (HCT 35.2%, reticulocytes 151.9k) - Marked leukocytosis (46k) characterized by neutrophillia (38.5k), Monocytosis (2.91k) and thrombocytosis (612) Current Medications Cerenia 6 mg PO SID

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1 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 was 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 3.0 cm in length. The right kidney measured 3.4 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.29 cm width at the caudal pole and 1.6 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 cm width at the caudal pole and 1.8 cm length. No evidence of neoplastic criteria

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 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.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Pawsitive Wellness
Veterinary Care

REFERRING VET

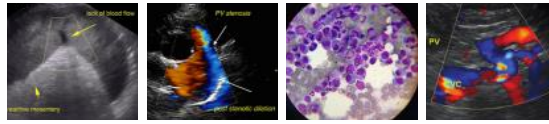
Dr. Hewitt

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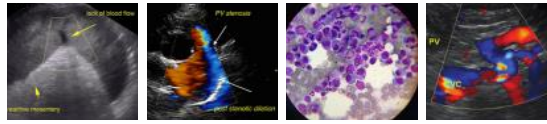
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PATIENT	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild luminal debris. The cystic and common bile ducts were normal.
Lindsey Haddad	
SPECIES	Gastrointestinal
Canine	The stomach exhibited moderate distention with retained variably echogenic ingesta, fluid and chyme alone with luminal gas. The fundus wall measured 0.26 – 0.31 cm in width. The area of the pylorus potentially extending into the area of the gastroduodenal junction and possibly upper duodenum exhibited marked mural hypertrophy, variable mural echogenicity and loss of discernable wall layering within the involved stomach, pylorus and upper duodenum. The area of pyloric mural pathology measured 3.5 cm in diameter. Associated mild perigastric hyperechoic mesentery was noted.
BREED	
Chihuahua	
SEX	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.
FS	Normal visible colon wall layers were present with apparent semi formed feces in lumen.
AGE	Pancreas
13yr	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
WEIGHT	Free Abdomen
4.9lb	No peritoneal effusion was present.
INTERPRETED BY	Intermittent enlarged, hypoechoic gastric and pancreatoduodenal lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. The mesenteric root lymph nodes measured 1.1 cm in diameter.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	ULTRASONOGRAPHIC FINDINGS
Sara Hansen	<ul style="list-style-type: none"> • Pyloric mural mass extending into the gastroduodenal junction and potential upper duodenum, secondary moderate retained gastric ingesta, fluid, chyme and pockets of luminal gas • Overtly normal small bowel • Minor pancreatic remodeling-age related pancreatic changes, potential remodeling owing to previous inflammation • Mild chronic renal changes • Mild gallbladder debris-incident
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Pawsitive Wellness Veterinary Care	Although sampling is required for further prognosis the pyloric mural mass is consistent with neoplastic criteria. Non neoplastic etiologies are possible yet thought less likely. If possible, endoscopy with potential for biopsies could be considered along with oncology consult. Surgical options are suspected to be precluded. A very guarded long term prognosis is indicated.
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Dr. Hewitt	Some or all of the following protocol may 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
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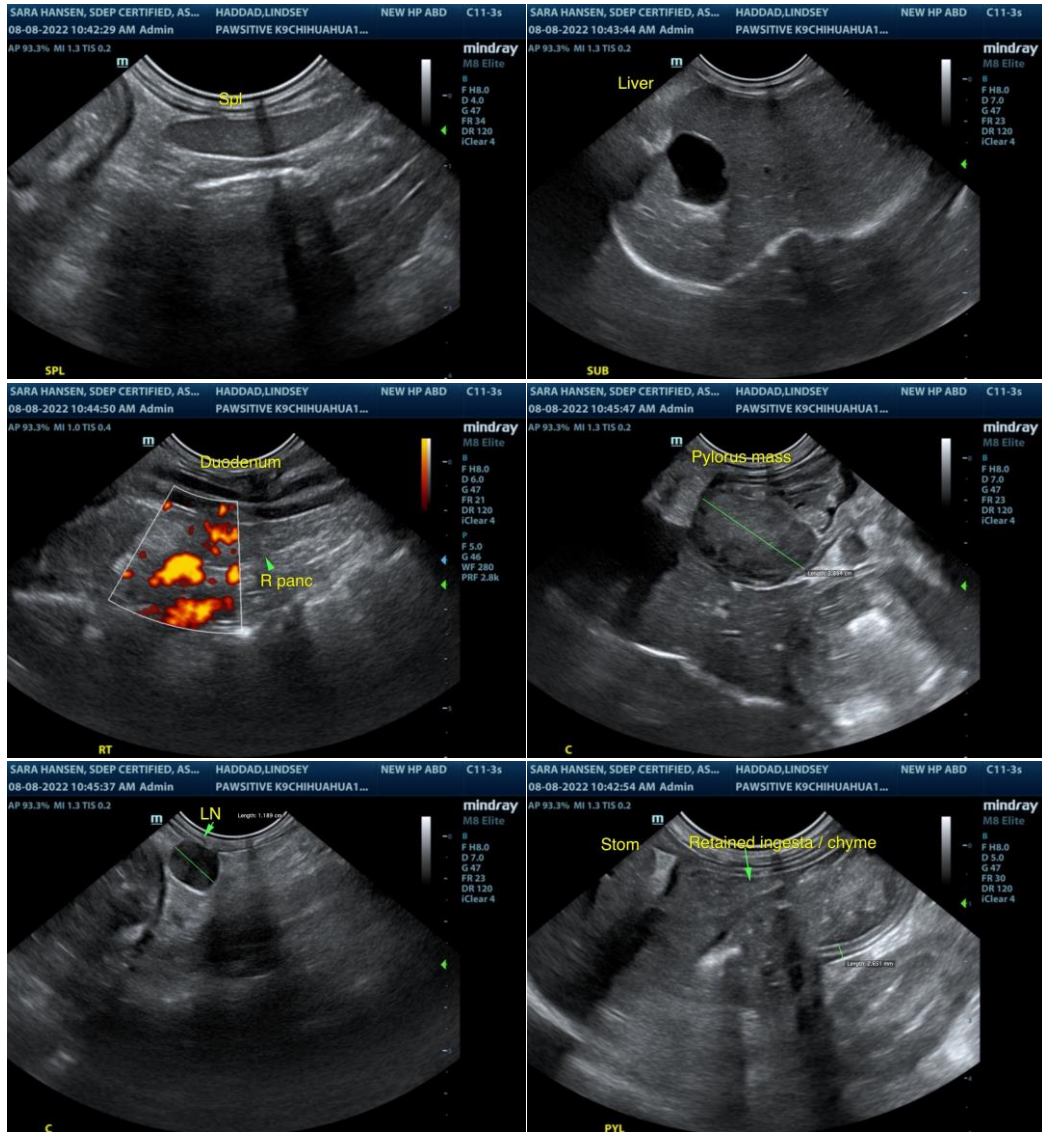
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Sucralfate (0.5-2 g/dog PO) or Omeprazole (1 mg/kg p.o. s.i.d.) over the next 3 weeks along with a novel-protein or hydrolyzed diet with slurry feeding b.i.d./t.i.d. over the next 2-4 days and then increase to canned diet bid. Dry food should be avoided over the next 4 weeks. A recheck sonogram to assess GI improvement or progression would be ideal in 4 weeks.





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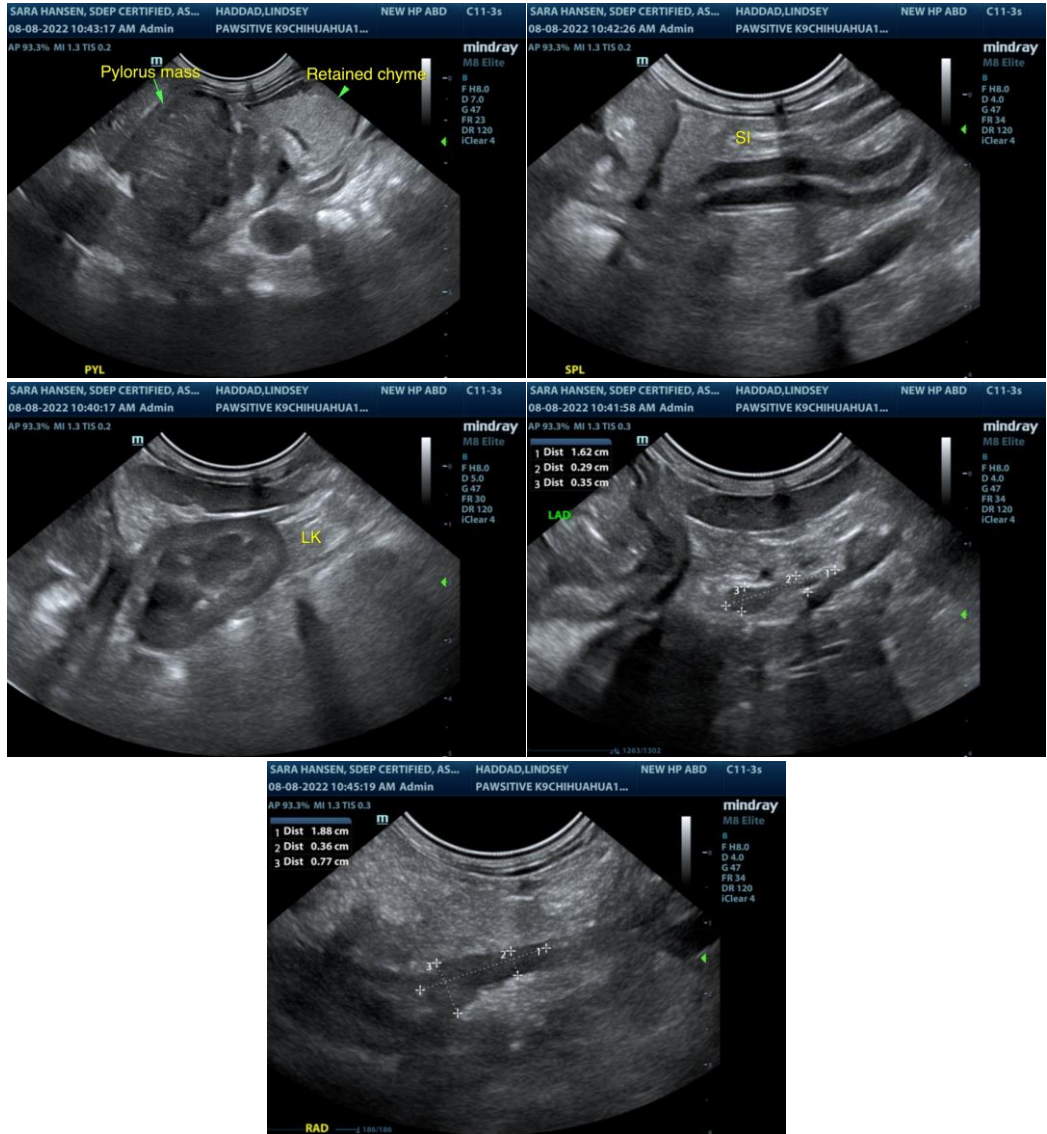
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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