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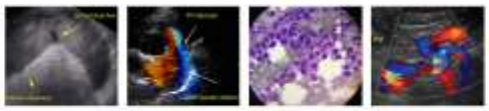
Pet Animal Ultrasound Service



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PATIENT

Bodie Whitehead

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

10 years

WEIGHT

84.7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Wood River AH

REFERRING VET

Casey Schuelke, DVM

INVOICE

12227

DATE

9/13/21

PRESENTING CLINICAL SIGNS

History of sensitive stomach and decreased appetite. Switched to Blue Buffalo food and appetite decreased even more. Vomits only occasionally, but not recently. No diarrhea noted. Acting normal otherwise. Amylase and lipase elevated on BW (1832, 305 respectively). Labwork normal otherwise. ? chronic pancreatitis/IBD vs other.

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.97 cm in diameter.

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 7.4 cm in length. The right kidney measured 6.6 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 0.49 cm width at the caudal pole and 0.48 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 0.61 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present. Intermittent, subtly hypoechoic, non-expansive parenchymal nodules were present. An example measured 0.9 cm in diameter. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/ Gallbladder

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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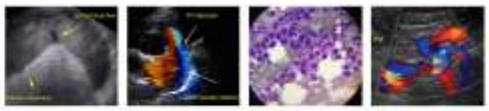

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Gastrointestinal

The stomach exhibited intact and subjective normal wall layering in the area of the gastric fundus and body. Mild gastric thickening with intact yet indistinct wall layering was noted in the subjective right gastric body extending into the probable antrum and pylorus. The gastric pylorus wall width measured 0.83 cm. By comparison, normal-appearing fundus wall width measured 0.56 cm. The stomach was primarily empty with mild luminal gas.

The small intestine presented intact wall layering with subjective propensity for mildly prominent mucosa layer along with intermittent mild to unevenly distributed pinpoint mucosal speckling.

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

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.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Regional mild to moderate gastric thickening - likely gastric antrum / pylorus
- Potential mild concurrent inflammatory enteropathy / IBD
- Mildly heterogeneous pancreas

Secondary Findings

- Mild age-related kidneys
- Nonspecific yet non-expansive intermittent splenic nodules

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential etiologies for the splenic nodules may include benign processes such as nodular hyperplasia, extramedullary hematopoiesis, hematoma, infection, infarction, or neoplasia. Ultrasound-guided FNA of the nodule using a 25-gauge needle and assuming normal coagulation parameters may be considered. Otherwise, sonographic monitoring of the splenic nodules for any changes in size or appearance with initial recheck in 3-4 weeks would be a more conservative approach.

The gastric thickening may Indicate chronic gastritis given the patient's history of sensitive stomach and decreased appetite. However, the possibility of emerging Infiltrative gastric mural disease or neoplasia cannot be definitively excluded.

The small intestine exhibited subtle mural changes which may suggest concurrent low-grade inflammatory enteropathy. However, given the lack of reported weight loss or diarrhea, this finding is nonspecific.

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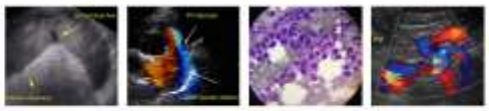

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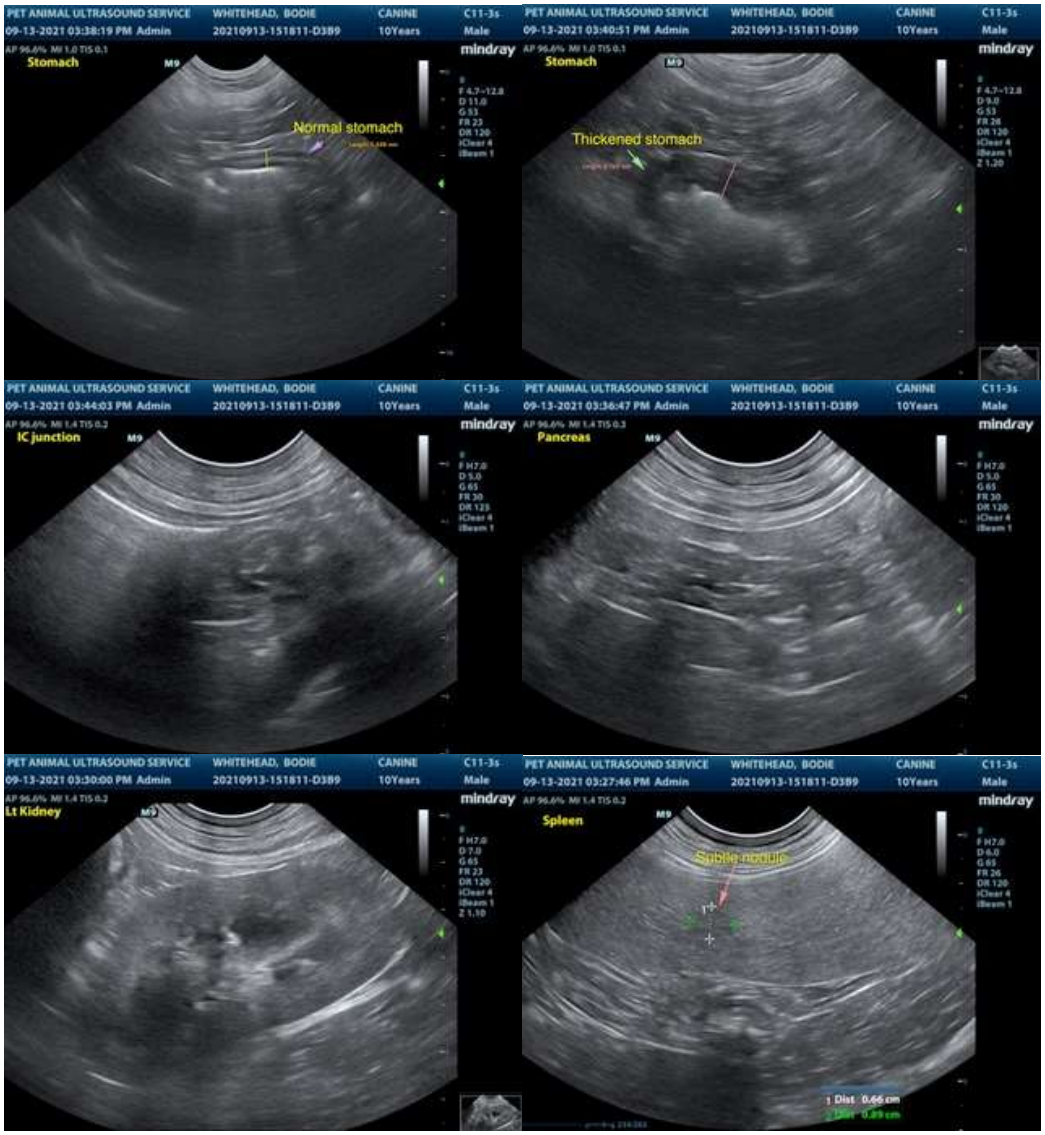
Age-related or reactive pancreatic changes are likely, although the possibility of low-grade to chronic inflammation concurrent with gastrointestinal inflammation may be possible. Ideally, endoscopic upper intestinal biopsies are recommended for further assessment.

Empirically, some or all of the following protocol is recommended.
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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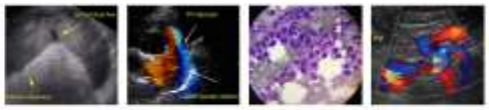

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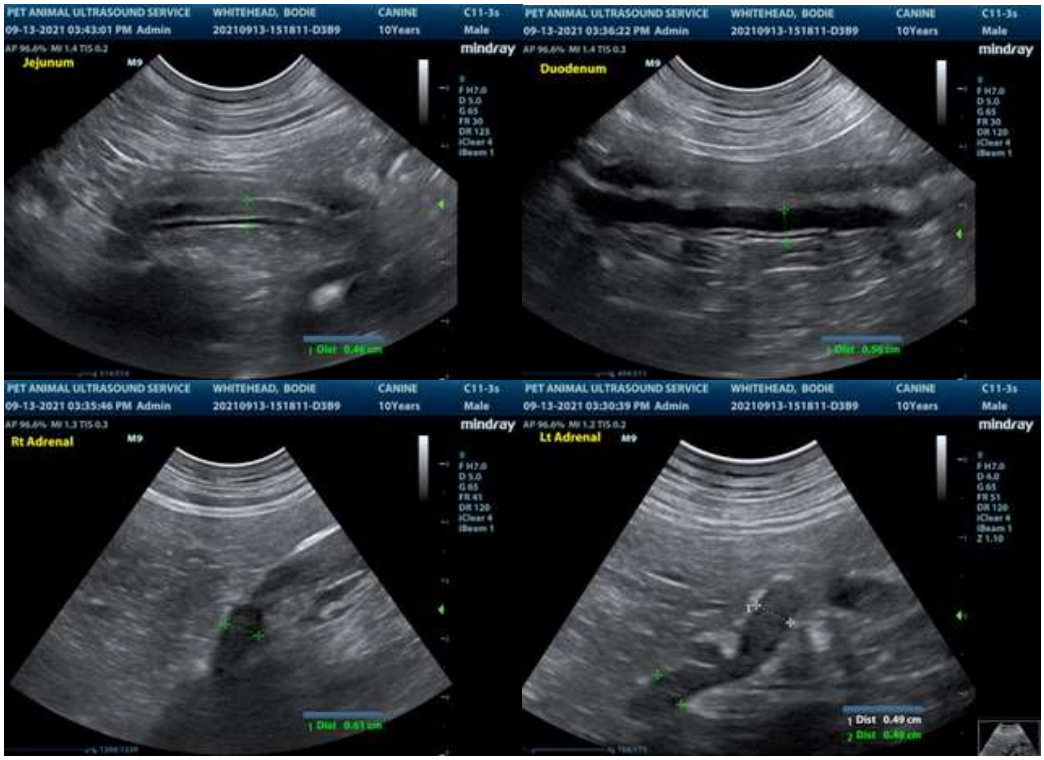

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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