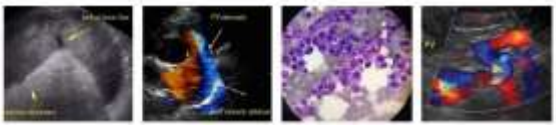

PATIENT

Shamus Waterhouse

SPECIES

Canine

BREED

ShepXRottieXLab

SEX

MN

AGE

14 Years

WEIGHT

25 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Wilson Street Veterinary Clinic

REFERRING VET

Rice

INVOICE

47402

DATE

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PRESENTING CLINICAL SIGNS

No significant abnormal findings Several lipoma type masses generalized on the body, some FNA'd some not Lenticular sclerosis Mild muscle wasting Presenting complaint - Chronic vomiting, daily, not associated with eating. Ongoing for about 2 weeks. Sometimes significant amount of blood in it. Dog is otherwise normal according no owner, no diarrhea, good appetite, no lethargy (for age), still will play a bit with new puppy. Up to date on vaccines. Tried Omeprazole and Cerenia with no change. Abnormal PE/Chem/CBC/UA Results: Bloodwork pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

No overt pathology in the area of the residual prostate.

No evidence of pathology in the area of the aortic trifurcation.

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. Small cortical cysts were present in the left kidney. The left kidney measured 6.7 cm in length. The right kidney measured 6.5 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 1.9 cm length x 0.51 width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.8 cm length x 0.63 cm width at the caudal pole.

Spleen

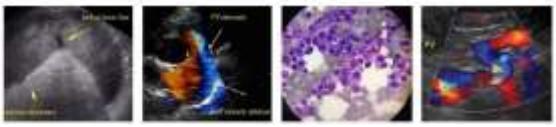
The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature 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

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 exhibited moderate to marked distension with retained primarily anechoic fluid and multiple areas of retained nonspecific hyperechoic to mildly shadowing ingesta. The visualized gastric walls exhibited intact yet subjective mild prominent wall layering most notable in the area of the gastric



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antrum and pylorus. The pylorus wall measured 0.80 cm width. The ventral gastric body wall measured 0.50 cm width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental minor jejunal ileus was present. The lumen of the small intestine was empty with no signs of obstruction or foreign material. The jejunum wall measured 0.45 cm width and the duodenum wall measured 0.47 cm width.

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

Pancreas

The left pancreatic limb exhibited subtle prominent size with asymmetrical contour and mildly hypoechoic to heterogeneous parenchyma compared to adjacent omentum. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

A focally enlarged gastric lymph node was present noted caudal to the pylorus. The lymph node was homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. The gastric lymph node measured 1.5 cm x 0.85 cm.

A solitary unspecified mixed echogenic nodular lesion was noted in the cranial abdomen caudal to the stomach and adjacent to the left pancreatic limb measuring 2.8 x 2.6 cm.

Large to potentially multifocal intraabdominal lipomas were present.

No overt peritoneal effusion was present, and the omentum was of uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Hypomotile stomach exhibiting intact yet mild prominent wall layering primarily in antrum/pylorus, retained primarily anechoic fluid, and nonspecific hyperechoic ingesta.
- Possible segmental inflammatory enteropathy.
- Focal gastric lymphadenopathy - hyperplasia, reactive lymphadenitis suspected.
- Mildly prominent to heterogeneous left pancreas - age related variant, potential low grade chronic to chronic active pancreatitis possible.
- Unspecified mixed echogenic nodular lesion in cranial abdomen - granuloma, consolidated abscess (pancreatic lymphatic, omental, or omental origin), focal steatitis, or other, not overly neoplastic.

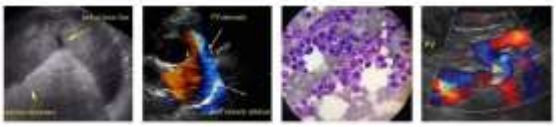
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the intact gastric wall layering, chronic gastritis and secondary metabolic stasis is suspected. Minor potential for early infiltrative gastric mural neoplastic process cannot be definitively excluded yet considered less likely. The nonspecific retained ingesta may indicate food or medication with unlikely potential for foreign material. Correlation with most recent meal ingestion is suggested.

Endoscopic gastric biopsies would be ideal for a definitive diagnosis.

Although considered unlikely, resting cortisol to rule out occult Addison's disease may be considered.

Empirically, some or all of the following protocol may be considered.



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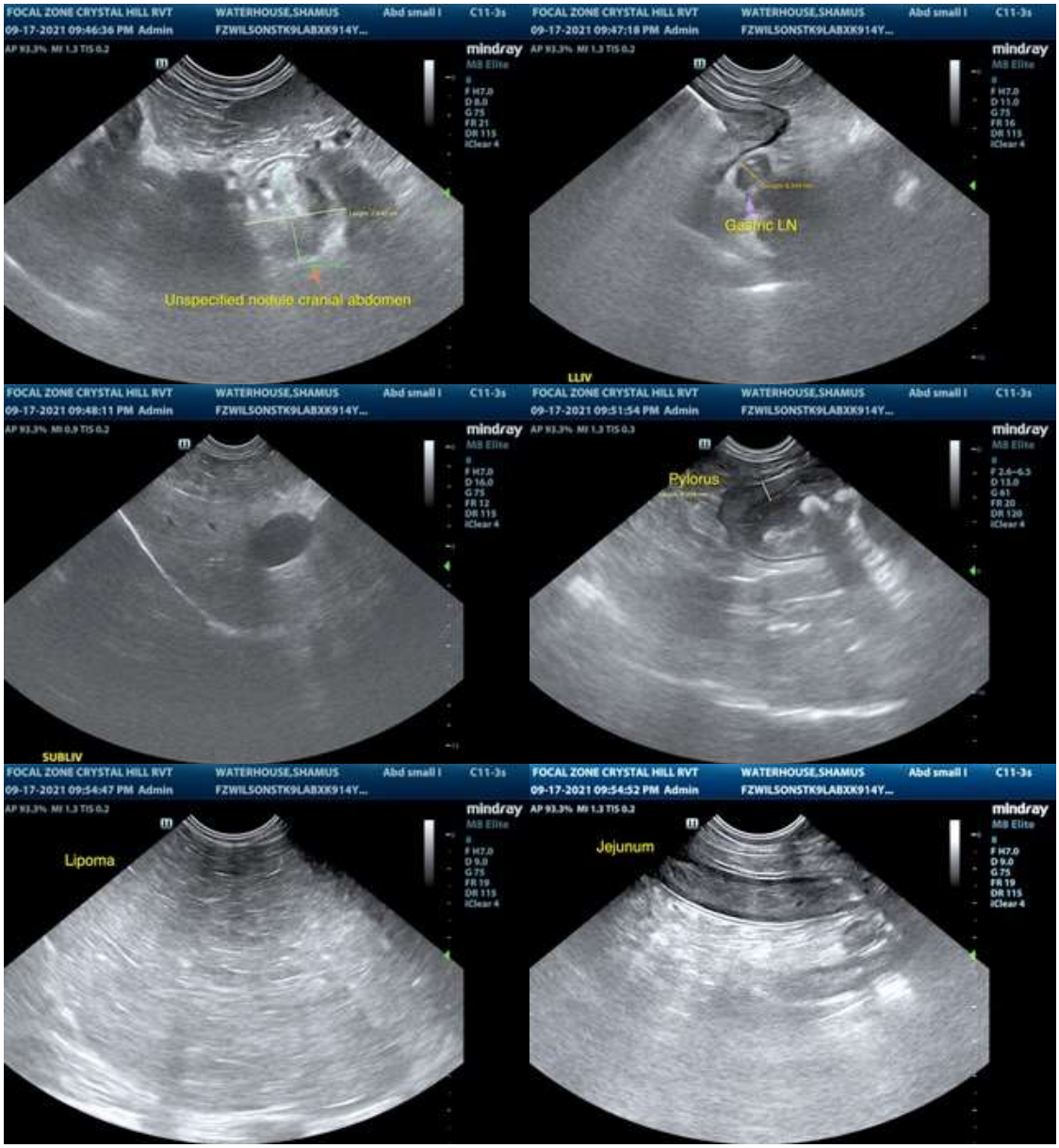
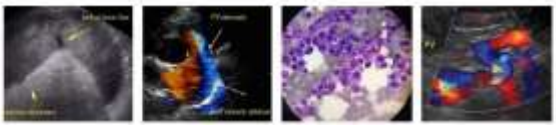
Helicobacter/Gastritis protocol

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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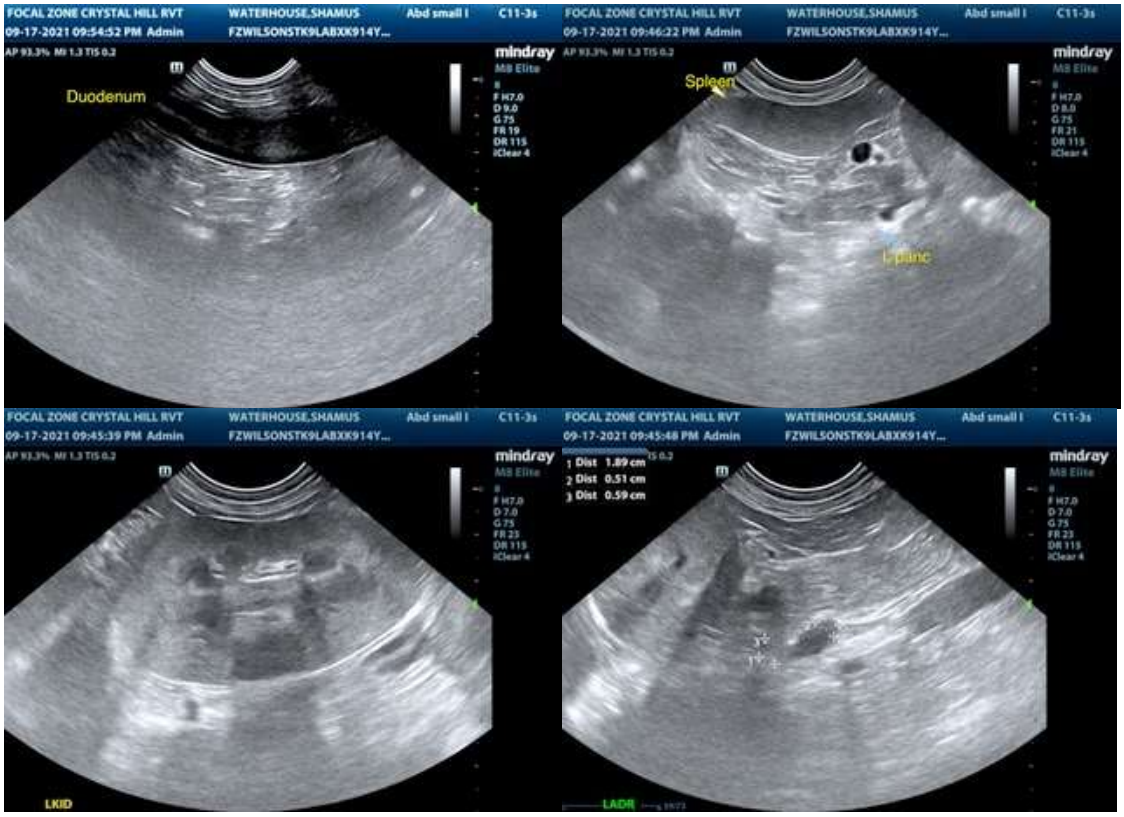

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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