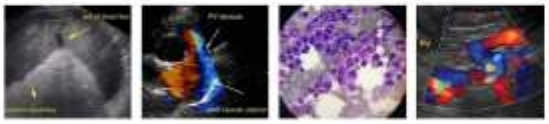
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

**PATIENT**

Grover Bavetta

**SPECIES**

Canine

**BREED**

Lab Ret

**SEX**

Spayed Female

**AGE**

7 years

**WEIGHT**

70 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**HOSPITAL NAME**

Donner Truckee VH

**REFERRING VET**

Dr. Vannini

**INVOICE**

12335

**DATE**

9/28/21

## PRESENTING CLINICAL SIGNS

9/23/2021 notes:Vomiting. Patient has had intractable vomiting since night before. This morning, owner noted specks of blood this morning. No known dietary indiscretion or FB ingestion, though patient has a propensity to eat anything he can find. Unable to hold down any food, but appears to hold down water. Pet sitter had given 3 dental treats. No C/S/D. No historical problems/current medications reported. Differential Diagnosis* . Findings: RADS dated 9/23/2021 Abdominal radiographs, 3 views: The midabdominal serosal detail is decreased. On the VD view, there is an ~8.5 cm soft tissue opacity mass-effect in the mid abdomen slightly to the left of midline. The small intestines are displaced to the right. The stomach contains a very small amount of gas and is normal in size. The small intestinal loops contain gas and are normal in diameter. The colon contains feces and is normal in size. The liver, spleen, and urinary tract are normal. The included musculoskeletal structures and thorax are normal. Assessment: 1. Questionable mass-effect in the mid abdomen. This appearance could be artifactual and due to fortuitous summation of shadows. Alternately, a mass of splenic, lymphatic, or mesenteric origin could be considered. Consider abdominal ultrasound. 2. Although the small intestinal loops are displaced to the right of the abdomen, the stomach and small intestines are normal in size and there is no evidence of obstruction. With the retractable vomiting, the gastrointestinal tract may appear normal in size despite an obstruction due to constant emptying. Consider abdominal ultrasound. 3. Gas-filled small intestinal loops may be an indication of functional ileus or ma be a normal variation. UPDATE 9/28/2021

### *Urinary System*

The urinary bladder, trigone, and cystourethral junction 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 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 6.1 cm in length. The right kidney measured 5.6 cm in length.

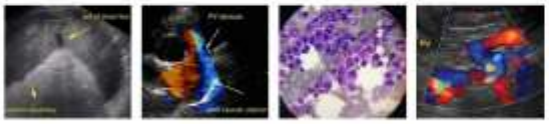
### *Adrenal Glands*

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.5 cm length x 0.68 cm width in the caudal pole. The right adrenal gland measured 2.5 cm length x 0.74 cm width in the caudal pole.

### *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.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

**PATIENT**

Grover Bavetta

**SPECIES**

Canine

**BREED**

Lab Ret

**SEX**

Spayed Female

**AGE**

7 years

**WEIGHT**

70 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**HOSPITAL NAME**

Donner Truckee VH

**REFERRING VET**

Dr. Vannini

**INVOICE**

12335

**DATE**

9/28/21

### *Liver/ Gallbladder*

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 without loss of wall layering or evidence of retained ingesta or foreign material. The gastric body wall measured 0.42 cm - 0.69 cm width. Mild gastric distension with minor retained anechoic to echogenic fluid was present. The pylorus wall width measured 0.55 cm.

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. The jejunum wall measured 0.41 cm width.

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

### *Pancreas*

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

### *Free Abdomen*

No evidence of intraabdominal masses, lymphadenopathy or peritoneal free fluid was present.

## ULTRASONOGRAPHIC FINDINGS

### *Primary Findings*

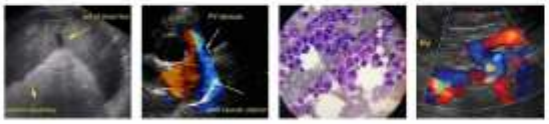
- Gastritis with potential concurrent enteritis, no evidence of mechanical gastrointestinal obstruction
- Sonographically unremarkable mid abdomen - no evidence of masses

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion / food intolerance, occult gastrointestinal insult, or structurally insignificant inflammatory bowel disease may be possible. Potential for low-grade chronic or resolving pancreatitis may be present, yet ultrasonographically normal. As-needed gastrointestinal support would be appropriate. Some or all of the following protocol may be considered empirically with as-needed GI support.

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.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

**PATIENT**

Grover Bavetta

**SPECIES**

Canine

**BREED**

Lab Ret

**SEX**

Spayed Female

**AGE**

7 years

**WEIGHT**

70 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**HOSPITAL NAME**

Donner Truckee VH

**REFERRING VET**

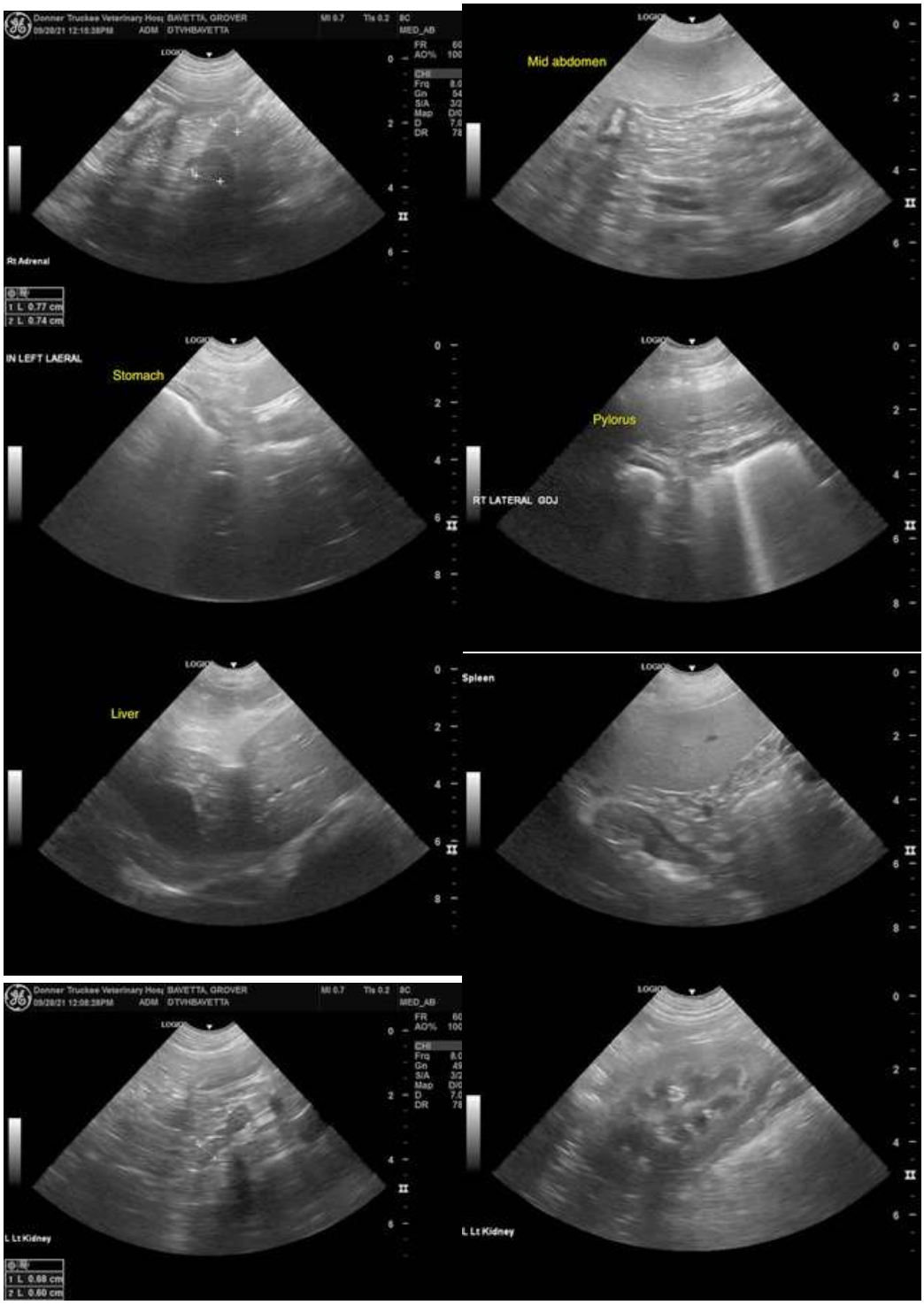
Dr. Vannini

**INVOICE**

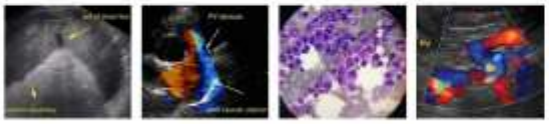
12335

**DATE**

9/28/21



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

**PATIENT**

Grover Bavetta

**SPECIES**

Canine

**BREED**

Lab Ret

**SEX**

Spayed Female

**AGE**

7 years

**WEIGHT**

70 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**HOSPITAL NAME**

Donner Truckee VH

**REFERRING VET**

Dr. Vannini

**INVOICE**

12335

**DATE**

9/28/21

**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**