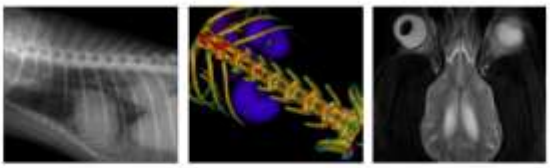
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Isabella Poke

SPECIES

Canine

BREED

Newfoundland

SEX

SF

AGE

8 Years

INTERPRETED BY

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

HOSPITAL NAME

VetMed Consultants

REFERRING VET

Suzanne Zweigart

INVOICE

47844

DATE

10-19-21

PRESENTING CLINICAL SIGNS

Isabella presented with a 1 year history of intermittent vomiting and diarrhea. Vomits typically after eating, but not always the full meal. 2 weeks ago she stopped eating. Cerenia was given and she is eating again. The owner has been giving high doses of fish oil. She thinks Isabella doesn't eat her food because of the fish oil. Her appetite has improved after stopping fish oil supplementation. There is also a history of proteinuria (UPC 1.5, 1.2, 1.0). Previous diagnosis: Abdominal ultrasound 11/16/20 (1 year ago) - normal. Therapies tried: Cerenia, omeprazole, sucralfate, tylosin powder, metronidazole, enroflaxacin, codeine. Current medication: Galliprant, gabapentin, amantidine, Cerenia, Adequan, Purina EN Gastroenteric Low Fat, Royal Canin GI Low Fat canned. Current symptoms: No diarrhea currently. Has only vomitied once since starting Cerenia a couple weeks ago. Appetite normal since Cerenia, drinking well, energy levels normal. Abnormal PE/Chem/CBC/UA Results: PE: Normal Lab: Bloodwork is dated 10/7/21. CBC - PCV = 45.6%, WBC = 4800, neutrophils = 3154, lymphocytes = 1224, monocytes = 211. Platelets = 320,000. Chemistry - Alb = 3.5, BUN = 12, Creat = 1.1, CPK = 349, all else normal. Urinalysis - USG = 1.015, pH = 6.5, 1+ protein, WBC = 0, RBC = 0, no bacteria seen. Fecal O&P, Giardia - negative. ACTH stimulation test - pre = 0.9, post = 11.3. Abdominal radiographs (10/6/21) - diffuse gastroenteritis (radiologist report). Upper GI endoscopy: The upper gastrointestinal tract is imaged. The esophagus appears normal. There is no evidence of esophagitis, foreign bodies, strictures, masses or dilation. The lower esophageal sphincter is closed. Gastric mucosa is smooth and pink. Rugal folds are not thickened. There is a single erosion within the gastric body. There are no gastric ulcers, foreign bodies or masses. The pyloric antrum and pyloric sphincter appear normal. Multiple mild petechial hemorrhages are present around the pyloric sphincter. Duodenal mucosa is irregular and appears thickened. There is increased mucus present. Peyer's patches are prominent. Multiple biopsies are obtained from the duodenum and stomach.

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Pre/post contrast studies provided for review.

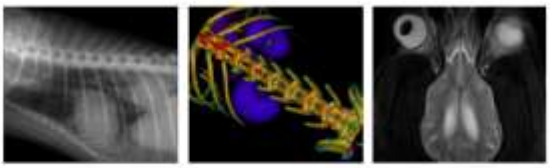
COMPUTED TOMOGRAPHIC FINDINGS

The displayed spine shows some marked degenerative changes with formation of ventral spondylosis and mild disc protrusions. A thoraco-lumbar transitional vertebral body is recognized.

Liver and spleen show rounded margins each. A small, rounded hypodense spot of 1.2 cm is noted in the right medial liver lobe. The dorsal periphery of the cranial spleen presents a spleen-like nodule of 0.8 cm. Liver and spleen have a regular surface, shape and contrast behavior. Gallbladder is inconspicuous without evidence of cholestasis. The common bile duct is considered to be normal.

Pancreas presents normal size and shape with a smooth surface. The peripancreatic fat tissue and omentum are inconspicuous.

Unremarkable presentation of the bilaterally symmetrical kidneys.



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Adrenal glands are in normal limits.

As far as can be assessed, the stomach appears enlarged with transverse diameters of the gastric wall up to 1.6 cm. Rugae are prominent, overt signs of a focal thickening are missing. All parts of the intestine are regularly presented without any indication of a wall thickening or a mass. There are no signs of an obstructive or functional ileus.

Ureters, urinary bladder, trigonum and urethra are presented as expected.

Mesenteric and portal lymph nodes are inconspicuous. Abdominal vessels have no particular findings. Signs of peritoneal/retroperitoneal effusion or free gas are not recognized.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Diffuse thickening of the gastric wall
- Mild hepato- and splenomegaly, unspecific
- Small hypodense lesion right medial liver
- Small spleen-like nodule in the splenic periphery

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings of the stomach most likely present an inflammatory process as seen with unspecific gastritis. Lympho-plasmocytic or – histiocytic gastritis are common differentials. Infiltrative disease such as lymphoma cannot be fully excluded but seems unlikely since the gastric periphery and lymph nodes are inconspicuous. However, biopsy is needed for further evaluation.

Changes of the liver and spleen are very unspecific and could be triggered by anesthesia. The hypodense area in the right medial liver could be re-evaluated with ultrasound in 8 weeks. Common differentials include but are not limited to lipoma, nodular hyperplasia or a regenerative lesion.

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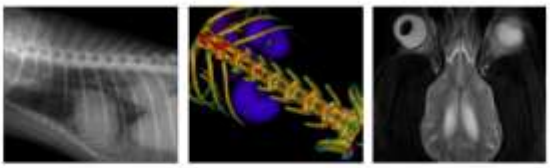

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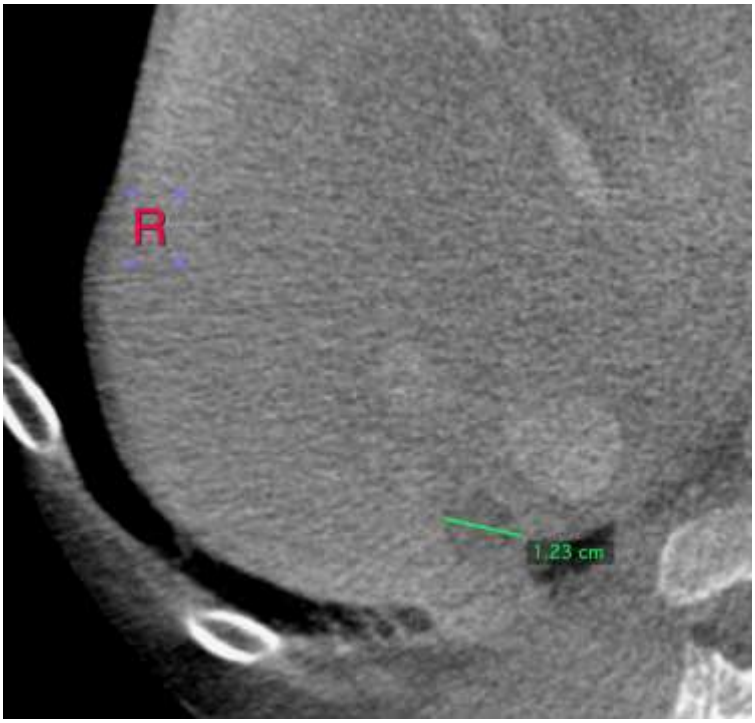

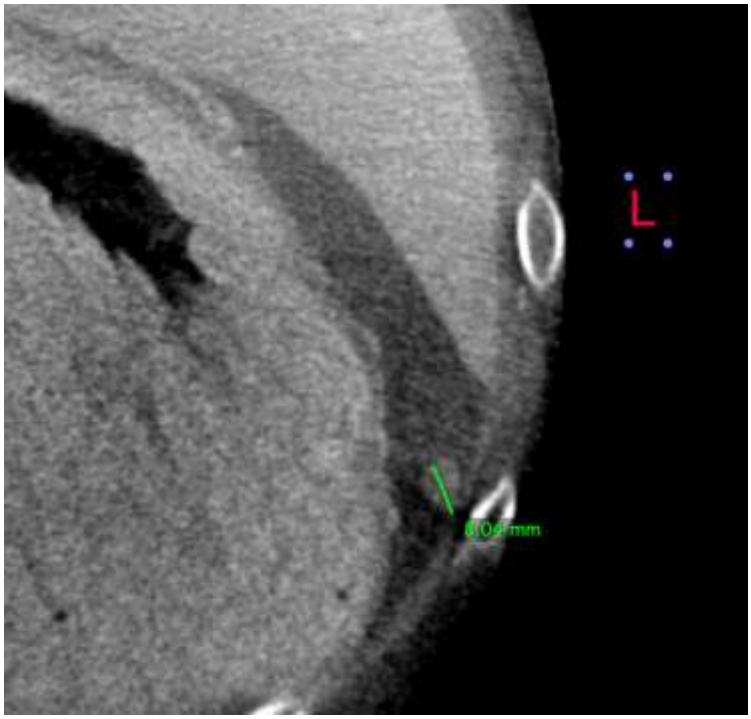

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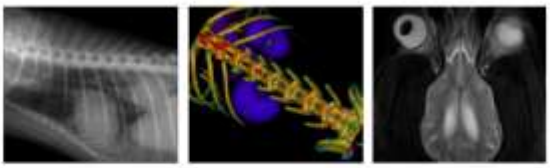

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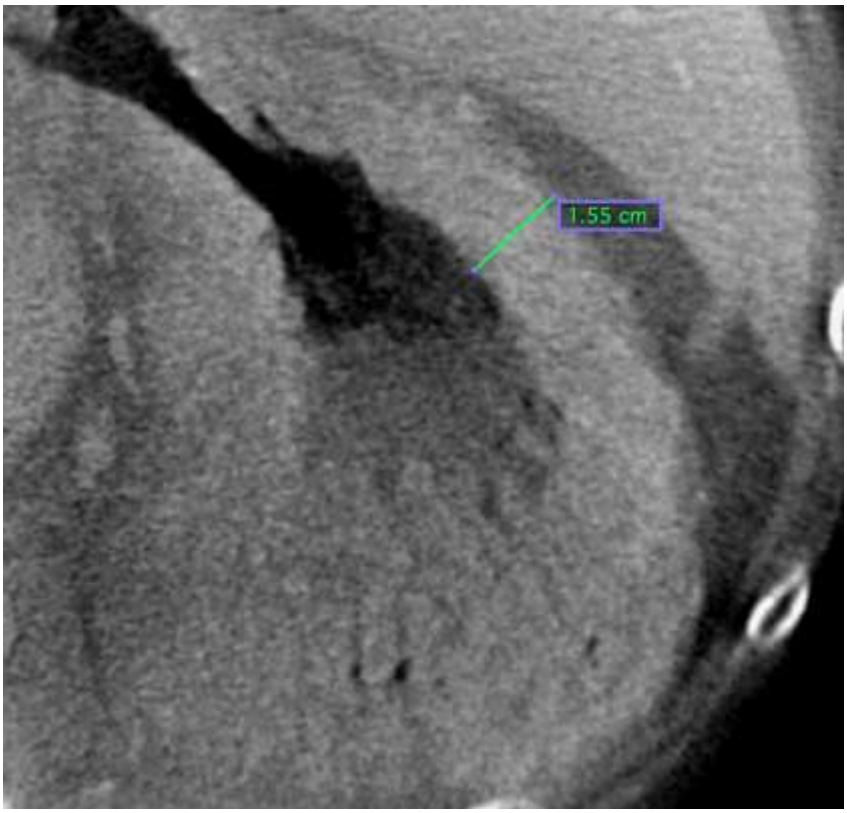

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
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