

**PATIENT**

Khalee Rivera Rosario

**SPECIES**

Canine

**BREED**

Maltese

**SEX**

Female Spayed

**AGE**

4 Years

**WEIGHT**

14.5 lbs

**INTERPRETED BY**

Sebastian Jawinski,  
German Board Certified  
Vet Specialist in  
Diagnostic Imaging

**IMAGING PERFORMED BY**

Dr. Gabriel Ferrer  
DVM

**HOSPITAL NAME**

Pulse: Pet Ultrasound  
Services

**REFERRING VET**

Dr. Javier Rodriguez

**INVOICE**

48956

**DATE**

12-12-21

**PRESENTING CLINICAL SIGNS**

Presented for abdominal ultrasound to evaluate history of vomiting and diarrhea. PT was hospitalized and gave her medications and started a new digestive diet from Hills, Care. Want to further evaluate to make sure no major abnormalities are present in the GI tract.

Abnormal PE/Chem/CBC/UA Results: PE: Discomfort on abdominal palpation CBC: unremarkable Chemistry: Unremarkable

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary system**

The urinary bladder, trigone and pelvic urethra present normal findings without evidence of uroliths or sediment. Wall layering is intact on all views without focal or diffuse thickening. Ureters are not visualized and considered to be normal. No evidence of an inflammatory or neoplastic process is noted.

Both kidneys show a fuzzy corticomedullary transition with a hyperechoic medullary rim and mild cortical calcifications.

Renal pelvises and exits to the ureters are unremarkable.

**Reproductive tract**

The uterus and ovaries are inconspicuous.

**Adrenal glands**

Both adrenal glands are normal.

**Spleen**

The spleen presents a single, small, hypoechoic nodular-like, mildly amorphous lesion of 0.38 x 0.29 cm with a sharp margination and an inconspicuous periphery. Splenic size, surface and echotexture are inconspicuous apart from that. Splenic vasculature presents normal course of vessels and unremarkable perfusion of the splenic veins.

**Liver/Gallbladder**

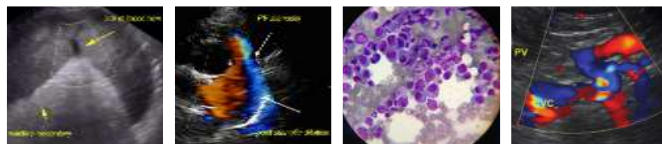
Liver echogenic texture appears generally and mildly hyperechoic but is homogeneous. The gallbladder shows a mild amount of sludge. The gallbladder and -wall are unremarkable without signs of relevant sludge, a florid process or cholestasis.

**Gastrointestinal**

The gastric wall appears mildly thickened with transverse diameters of 0.47 cm. Wall layering is intact. The stomach is moderately filled with hyperechoic content causing distal acoustic shadowing. Mild mucosal hyperechoic spots are recognized in the course of the duodenum. The small intestine and colon present intact wall layers being normal in width and echogenicity. Adjacent mesentery and fat tissue are of normal appearance. There is no overt evidence of an ileus, a florid-inflammatory or even neoplastic process.

Mesenteric, epigastric and portal lymph nodes are considered to be normal.

**Pancreas**



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All pancreatic parts displayed show isoechoic echogenicity to the surrounding omental fat. Signs of inflammatory changes or focal lesions are missing.

**Free Abdomen**

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There is no evidence of peritoneal or retroperitoneal effusion noted. Abdominal fat and great vessels show no pathological findings.

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

Maltese

**Primary**

- Thickened gastric wall and hyperechoic mucosal spots duodenum

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**Secondary**

- Signs of an age-appropriate, bilateral and chronic nephropathy
- Mildly hyperechoic and age-appropriate liver
- Small, hypoechoic, nodule-like splenic spot

**AGE**

4 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasonographic findings reflect the reported patient's history of vomiting and are likely consistent with gastritis. This however is unspecific from a sonographic point of view.

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The hyperechoic changes of the mucosal duodenal layer may represent lympho-plasmocytic or -histiocytic gastritis/duodenitis, which are commonly seen with IBD.

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An obstructive issue cannot be fully excluded since the pyloric region is completely filled with hyperechoic material. This finding needs to be correlated with the time of the last meal (chronic foreign material?).

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DVM

A specific therapy depends on its etiology. An empiric approach could be performed prior to further diagnostic such as endoscopy and gastric biopsy/brush cytology.

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Recommended therapy for gastritis:

- Anti-emetics: maropitant citrate (cerenia) 1 mg/kg SQ once daily or 2 mg/kg PO once daily up to 5 days
- Ondansetron (Zofran) 0.11 - 0.22 mg/kg IV/IM/SQ or metoclopramide 0.2 - 0.5 mg/kg SC
- Highly digestible and low-residue therapeutic diet and feeding management: multiple, small meals are recommended
- Omeprazole 0.7 - 1.5 mg PO Q24hr
- Amoxicillin 15 mg/kg PO BID, or combination with metronidazole 10 mg/kg PO BID and famotidine
- In IBD or neoplastic conditions additionally steroids may be required.

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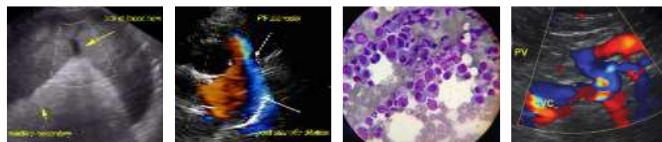
Ultrasonographic findings of the liver are mild and age appropriate. Mild lipidosis is likely.

Changes of the kidneys are bilateral. I suggest they are normal age-related changes.

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Findings of the spleen are unspecific and may represent again an age-related, degenerative/regenerative lesion. Sonographic monitoring is recommended in 8 weeks to rule out progression.



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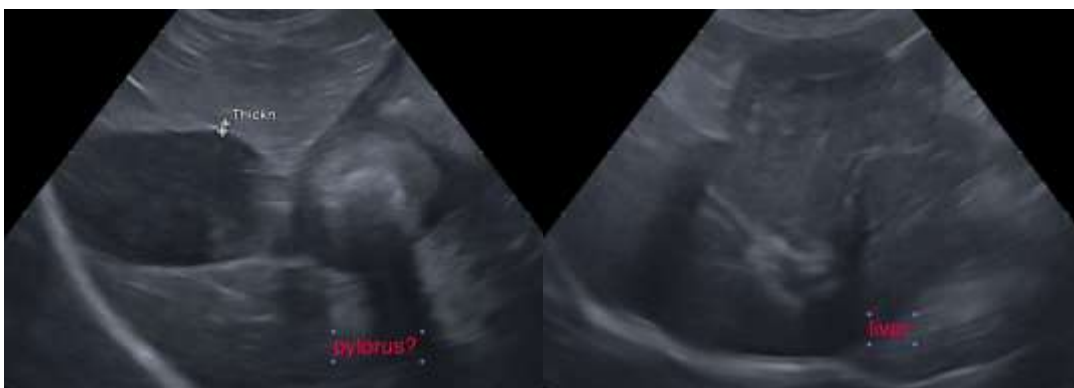
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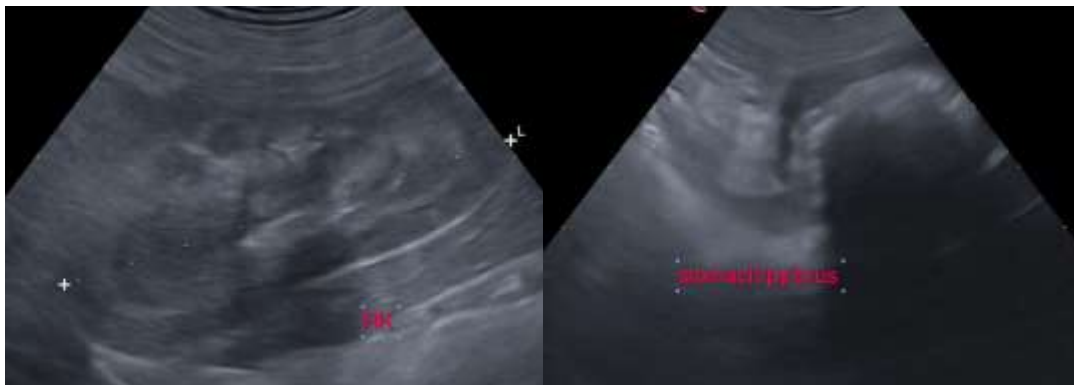
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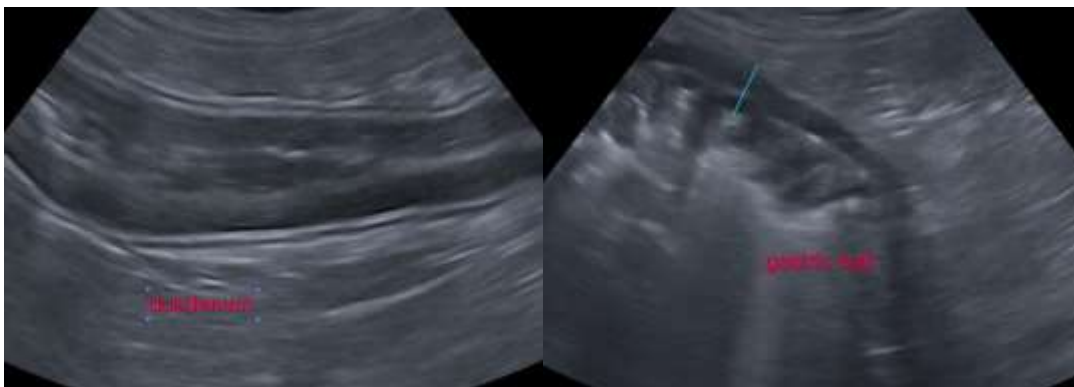
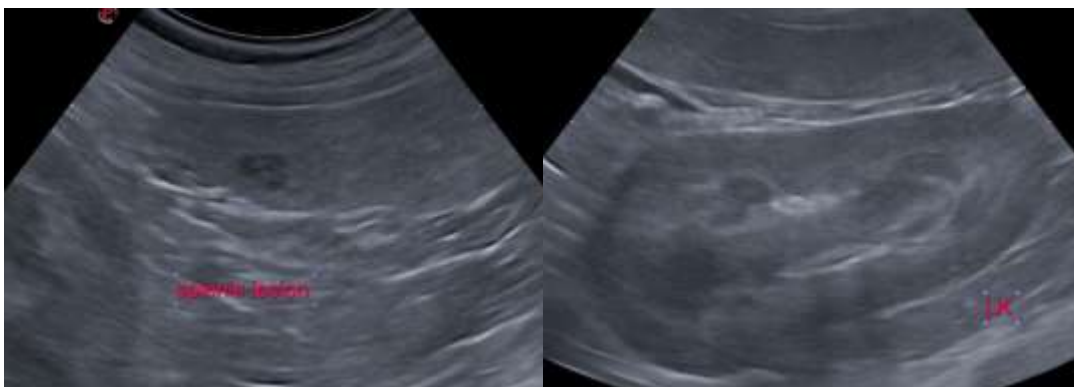
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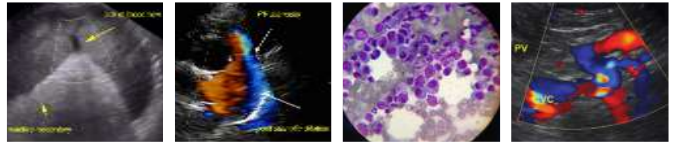
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
info@sonopath.com