



**PATIENT PRESENTING CLINICAL SIGNS**

Wizard Steward

Presented for not eating since Wednesday, started vomiting on Thursday. RDVM transferred for possible foreign body and took radiographs. Petechia on side and abdomen, has large tumor on left hip FNA and came back as a sarcoma.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: WBC: 26.33

**BREED**

Yorkie X

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

**SEX**

Neutered Male

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (visible to 2.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

**AGE**

13 Years

The prostate is of appropriate size for patient age and neutering status, with a homogenous parenchyma and smooth capsule. The prostatic urethra is non-dilated with normal margins).

**WEIGHT**

16.2 Pounds

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). Kidneys measure 4.8 cm each.

*Adrenal Glands*

**INTERPRETED BY**

Tam Mengine, DVM,  
DABVP (canine/feline  
practice)

The left adrenal gland is identified in its normal location. It is of normal size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland measures 5.9 mm cranially and 6.9 mm caudally. The right adrenal gland is not distinctly visualized, but the region appears unremarkable.

*Spleen*

**IMAGING PERFORMED BY**

Dr. Isermann

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

**HOSPITAL NAME**

Animal Emergency  
Hospital Volusia

*Liver*

The liver is diffusely hyperechoic and subjectively enlarged. There are hypoechoic nodules present throughout the parenchyma, measuring up to 1.2 cm. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

**REFERRING VET**

Dr. Isermann

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

**INVOICE**

43264

*Gastrointestinal*

**DATE**

6/17/23

The stomach is mildly distended with normal ingesta. The gastric wall measures 4.1 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. In the region of the pylorus there is a small hyperechoic area within the gastric wall, consistent with a gastric ulcer. The pyloroduodenal junction is of normal appearance.



**PATIENT**

Wizard Steward

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal. Duodenum wall measures 3.6 mm. Jejunum wall measures 2.7 mm.

**SPECIES**

Canine

The visible portions of the colon are of normal thickness (1.8 mm) with intact wall layering. The ileocecal junction is visualized and normal.

**BREED**

Yorkie X

**Pancreas**

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

**SEX**

Neutered Male

**Free Abdomen**

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. There is a small cluster of cystic lymph nodes in the region of the aortic trifurcation. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

**AGE**

13 Years

**PRIMARY FINDINGS**

- Gas within the gastric wall – suggestive of a gastric ulcer.

**WEIGHT**

16.2 Pounds

**SECONDARY FINDINGS**

- Diffusely nodular liver
- Cystic iliac lymph nodes

**INTERPRETED BY**

Tam Mengine, DVM,  
DABVP (canine/feline  
practice)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of gas within the gastric wall is suggestive of a gastric ulcer. Causes for gastric ulceration include acute or chronic gastritis, NSAID use, or less likely neoplasia. Additional recommendations include:

**IMAGING PERFORMED BY**

Dr. Isermann

- ❖ Empiric treatment with antiemetics, such as maropitant and ondansetron, and antacid therapy, such as omeprazole or famotadine, and gastroprotectants such as sucralfate.
- ❖ Dietary therapy with either a highly digestible, low fat diet, or a hydrolyzed or novel protein diet is recommended. Feeding frequent small meals is preferred if feasible.
- ❖ Fecal parasite testing and empiric fenbendazole treatment
- ❖ Endoscopic biopsies would be necessary for definitive diagnosis.
- ❖ Empiric treatment for helicobacter gastritis could be considered. Repeat ultrasound at the end of therapy can assess response, along with monitoring for resolution of clinical signs. Treatment protocol is as follows, for a duration of 28 days :

**HOSPITAL NAME**

Animal Emergency  
Hospital Volusia

**REFERRING VET**

Dr. Isermann

**INVOICE**

43264

**DATE**

6/17/23

- Azithromycin 5mg/kg PO once daily for 5 days, then every other day thereafter
- Metronidazole 10mg/kg PO BID
- Amoxicillin 20mg/kg PO BID
- Omeprazole 0.7 - 1 mg/kg q24h



**PATIENT**

Wizard Steward

The nodules within the liver parenchyma are consistent with benign regeneration, vacuolar hepatopathy, reactive hepatopathy, or less likely neoplasia. Biopsies would be needed for definitive diagnosis.

**SPECIES**

Canine

The appearance of cystic iliac lymph nodes is likely an incidental finding.

**BREED**

Yorkie X

**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

16.2 Pounds

**INTERPRETED BY**

Tam Mengine, DVM,  
DABVP (canine/feline  
practice)



**IMAGING PERFORMED BY**

Dr. Isermann

**HOSPITAL NAME**

Animal Emergency  
Hospital Volusia

**REFERRING VET**

Dr. Isermann

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

**INVOICE**

43264

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.

**Tam Mengine, DVM, DABVP (canine/feline practice)**

**DATE**

6/17/23

info@SonoPath.com