

PATIENT

Moose Vargas

SPECIES

Canine

BREED

Poodle

SEX

Neutered Male

AGE

12 years

WEIGHT

2.54 kg

INTERPRETED BY

Jessica Midence, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Alyssa Carver

HOSPITAL NAME

Animal EH Volusia

REFERRING VET

Alyssa Carver

INVOICE

12607

DATE

4.1.23

PRESENTING CLINICAL SIGNS

History: Moose is a 12 Y MC Maltipoo who presented as a transfer for Pancreatitis. P has been having bloody D+ on and off for the last few months. P had BW panel performed at RDVM and was noted to have Hookworms + resistant gene.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is mildly distended with anechoic urine and bladder thickness is considered normal for volume of urine.

The left kidney is normal in size, shape and architecture with smooth peripheral margins and measures 3.50 cm. There is mildly decreased corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size, shape and architecture with smooth peripheral margins and measures 3.47 cm. There is mildly decreased corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is enlarged (cranial pole 0.73 cm / caudal pole 0.57 cm) with an overall “plump” appearance with otherwise normal in shape, appearance and echogenicity.

The right adrenal gland is enlarged (0.66 cm) with a “plump” appearance with normal shape, appearance and echogenicity.

Spleen

The splenic echotexture is homogeneous with parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule is smooth with no irregularities. The splenic vasculature is normal without signs of congestion or thrombosis.

Liver

The liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. The echogenicity appears normal with normal portal markings. No overt evidence of inflammatory, infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

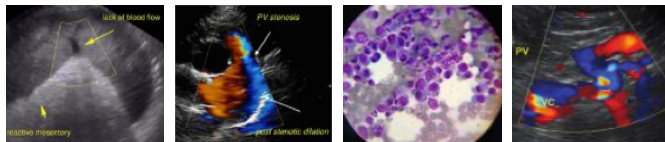
The gallbladder lumen is mildly distended. The wall is a normal thickness and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal Tract

The gastric lumen is empty. The stomach wall is of normal overall thickness (0.30 cm), though there is slight blurring of layers; subjectively the wall of the stomach is mildly hypoechoic.

The visualized areas of duodenum, jejunum and ileum appear normal in thickness. Diffusely, the small intestines are significantly corrugated. There is distinct wall layering, though some loops of small intestine do have some mild blurring of layers. There is significant motion artifact from the panting of the patient, making evaluation of some loops of bowel more challenging. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

The sections of colon are visualized have incompletely-formed feces/diarrhea. The overall thickness is normal (0.25 cm), but there is subtle blurring of layers.



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Pancreas

The pancreas is very mildly hypoechoic, with some hyperechoic mesentery surrounding. There is no evidence of nodules or cystic lesions.

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Peritoneum

There is no evidence of effusion. There are numerous enlarged mesenteric lymph nodes (the largest of which measures 0.28 cm x 0.87 cm). The mesentery throughout the abdomen is hyperechoic.

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Poodle

ULTRASONOGRAPHIC FINDINGS

Findings

- Acute gastroenteric colitis with reactive lymphadenopathy and inflamed mesentery
- Mild pancreatitis
- Adrenomegaly. Rule out physiologic stress versus adrenal gland hyperfunction

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was significant motion artifact from panting, which made evaluation of some organs more challenging and more subtle pathology may have been missed.

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The patient has significant gastroenteric colitis, with reactive lymphadenopathy and inflamed mesentery. There is pancreatitis but its relatively mild (especially compared to the rest of the changes in the abdomen with the intestines). Consider ongoing treatment for acute gastroenteritis with antiemetic anti-diarrhea. Rehydration therapy and appetite stimulants as needed. Treat for resistant hookworm infection, as that may be contributing with the following protocols (if appropriate for this patient):

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- Febantel (25 mg/kg PO)/pyrantel pamoate (5 mg/kg PO)/praziquantel (5 mg/kg PO) + moxidectin (2.5 mg/kg topical), or
- Fenbendazole (50 mg/kg PO once daily for 3 days) + pyrantel pamoate (5 mg/kg PO) + moxidectin (2.5 mg/kg topical)

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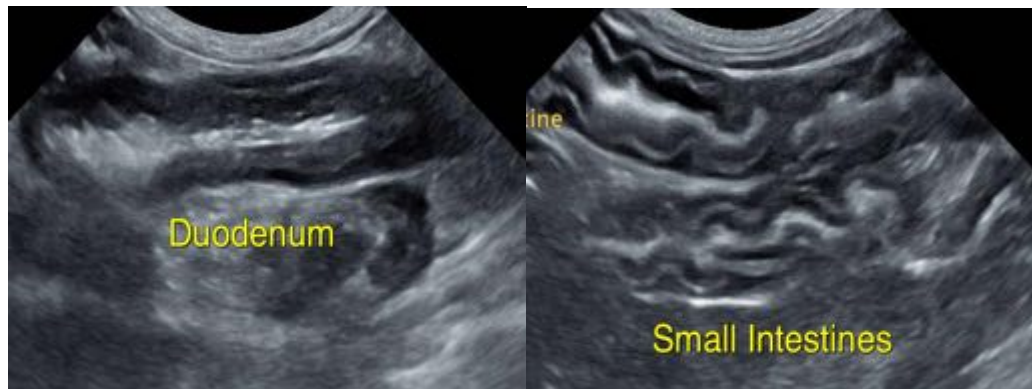
Alyssa Carver

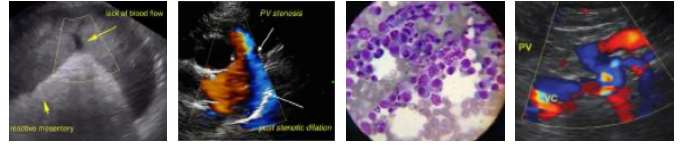
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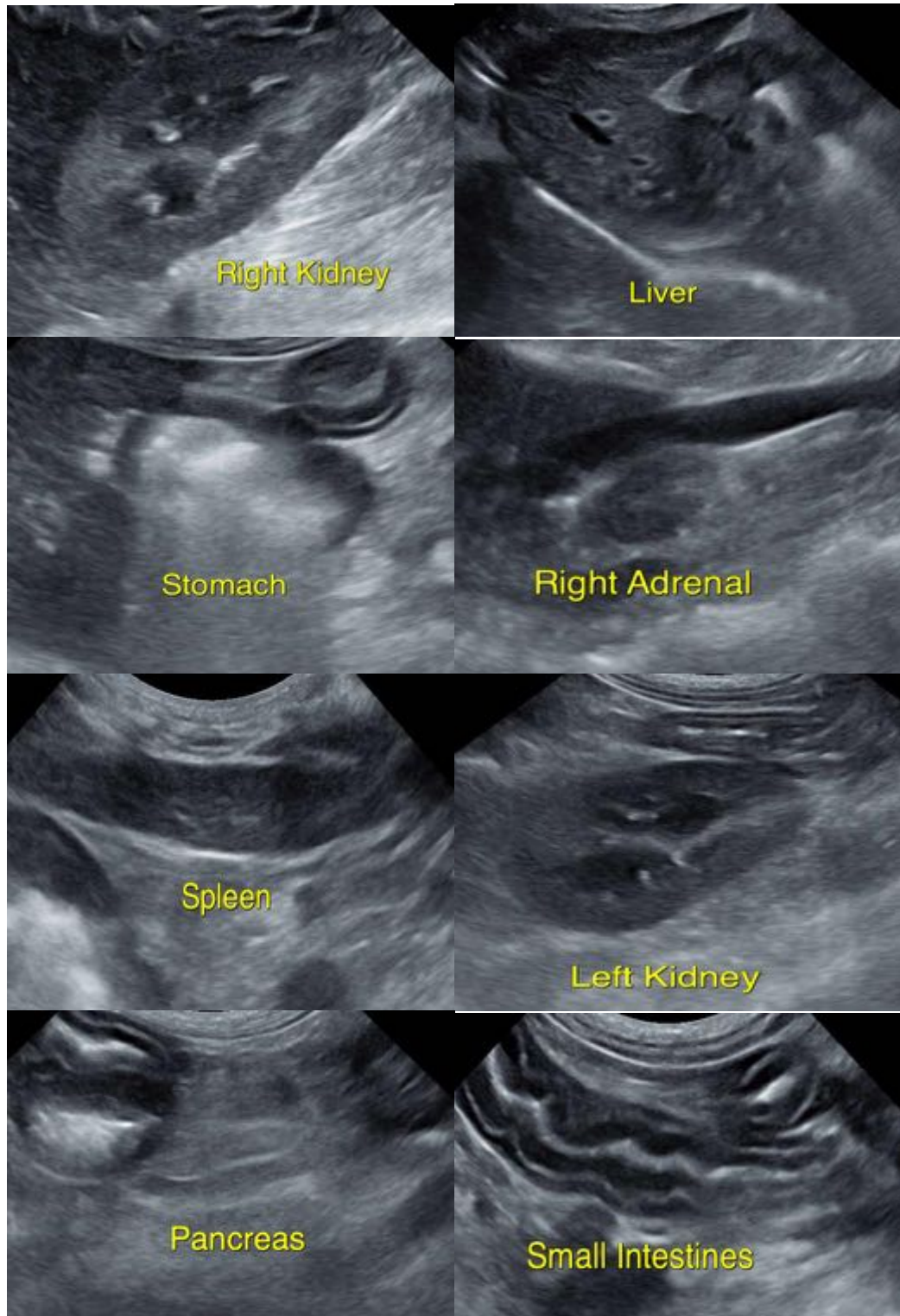
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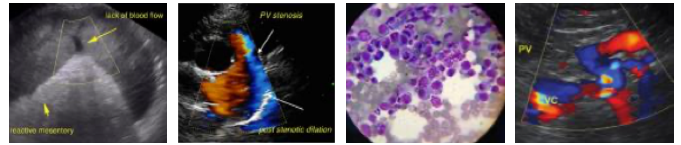
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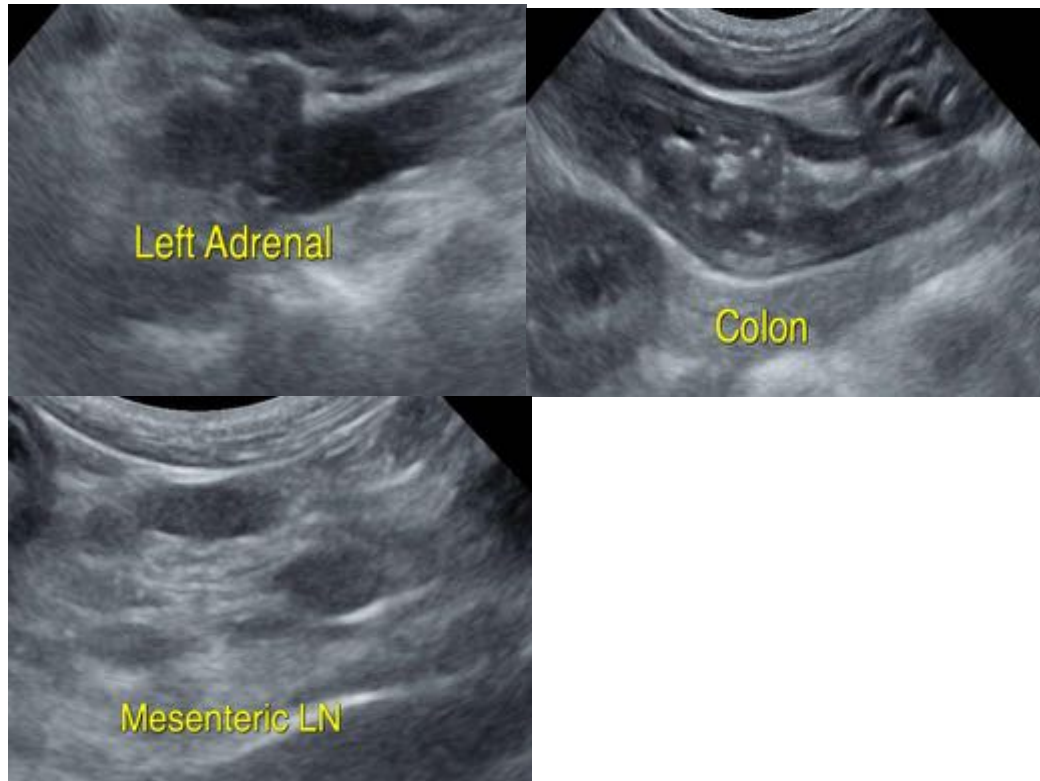
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Jessica Midence, DVM, DACVIM (SAIM)
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