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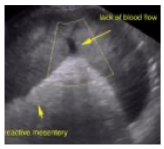
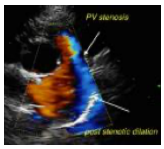
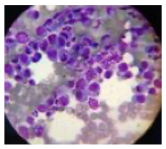
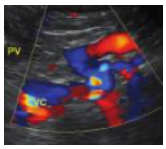

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Peanut Butter Bear Tatman

SPECIES

Canine

BREED

Dachshund Mix

SEX

Female Spayed

AGE

12 years

WEIGHT

7.4 kg

INTERPRETED BY

Jessica Midence, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Lucas Budden

HOSPITAL NAME

Frontier VH

REFERRING VET

Lucas Budden

INVOICE

12820

DATE

4.20.23

PRESENTING CLINICAL SIGNS

History: Clinical signs: chronic vomiting, weight loss, mucousy stools History: Presented 3/28/23 for chronic vomiting. Vomiting bile 1-2x/week. Generally overnight. Owner has tried feeding right before bed and does not make a different. Recently moved from Louisiana. Mucousy stool today but has been normal otherwise. Energy and appetite normal. Have a new cat in the house. Patient likes to lick floor and appears to ingest litter. Since acquiring their cat the vomiting has seemed to increase in frequency. Ultrasound to assess for cause of chronic vomiting. Current medications: Monthly Sentinel 0.4mg/kg Butorphanol IV for ultrasound today

Abnormal PE/Chem/CBC/UA Results: Physical exam: Overweight, recent 0.6# weight loss between 3/28/23 and 4/20/23, normal rectal exam, severe dental tartar/gingivitis, comfortable on abdominal palpation, no other abnormalities on exam Lab work: CBC/Chem/UA/T4/Fecal/Accuplex 3/28/2023 Total protein high 7.5 Globulin high 4.0 Remainder chemistry normal Thyroid normal 1.4 CBC normal USG 1.033 Protein trace White blood cell 0-1 Quite sediment otherwise Fecal negative Accuplex all

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 small in size, but is otherwise normal in shape and architecture with smooth peripheral margins and measures 3.35 cm. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is small in size, but is otherwise normal in shape and architecture with smooth peripheral margins and measures 3.52 cm. distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (cranial pole 0.35 cm / caudal pole 0.47 cm). The left adrenal gland has normal in shape and is normal in appearance and echogenicity.

The right adrenal gland is normal in size at (0.43 cm thick). The right adrenal gland has normal shape and it is normal in 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 moderately distended. The wall is a normal thickness and smooth. There was a small volume of dependent echogenic debris. The cystic and common bile ducts are normal/not visible.

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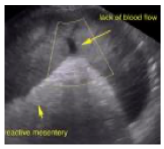
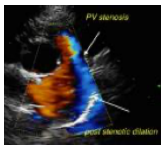
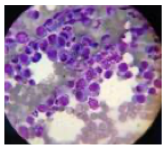
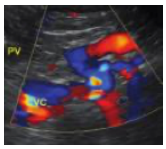

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Gastrointestinal Tract

The gastric lumen is moderately distended with stagnant ingesta and fluid. There is also hypomotility. The stomach wall is of normal wall thickness (0.30 cm) with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears patent. The fat surrounding the pyloric outflow tract however, is hyperechoic and indistinct.

The visualized areas of duodenum, jejunum and ileum appear normal in thickness. The duodenum is normal with distinct wall layering. The remainder of the small intestines are normal with normal wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No focal lesions observed.

The ileocolic junction was visualized and had normal intact wall layering and is subjectively or normal thickness.

The sections of colon are visualized with formed fecal material and gas shadowing distally.

Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal.

Peritoneum

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There was an enlarged, mildly hypoechoic peripancreatic/gastric lymph node (0.83 cm x 0.78 cm) The remainder of the omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Gastritis

Secondary Findings

- Gall bladder sludge

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a fair amount of fluid and ingesta within the stomach that appears hypomotile. If the patient was fasted, the ingesta within the stomach is supportive of gastritis. The surrounding fat is inflamed. There was a reactive regional lymph node. These changes are consistent with chronic enteropathy (such as food allergy or inflammatory bowel disease). Something more sinister such as neoplasia is not suspected from this exam, though certain more indolent types of neoplasia cannot be ruled out based on sonography alone. Consider empirical deworming, a GI panel, omeprazole, and a diet trial with something hypoallergenic or a novel protein diet. If signs fail to improve, consider gastrointestinal biopsies (e.g., surgical versus endoscopic).

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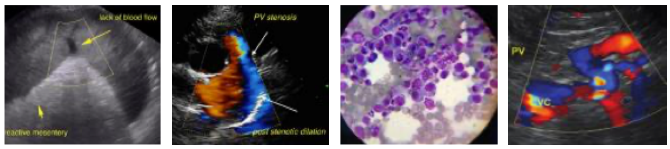

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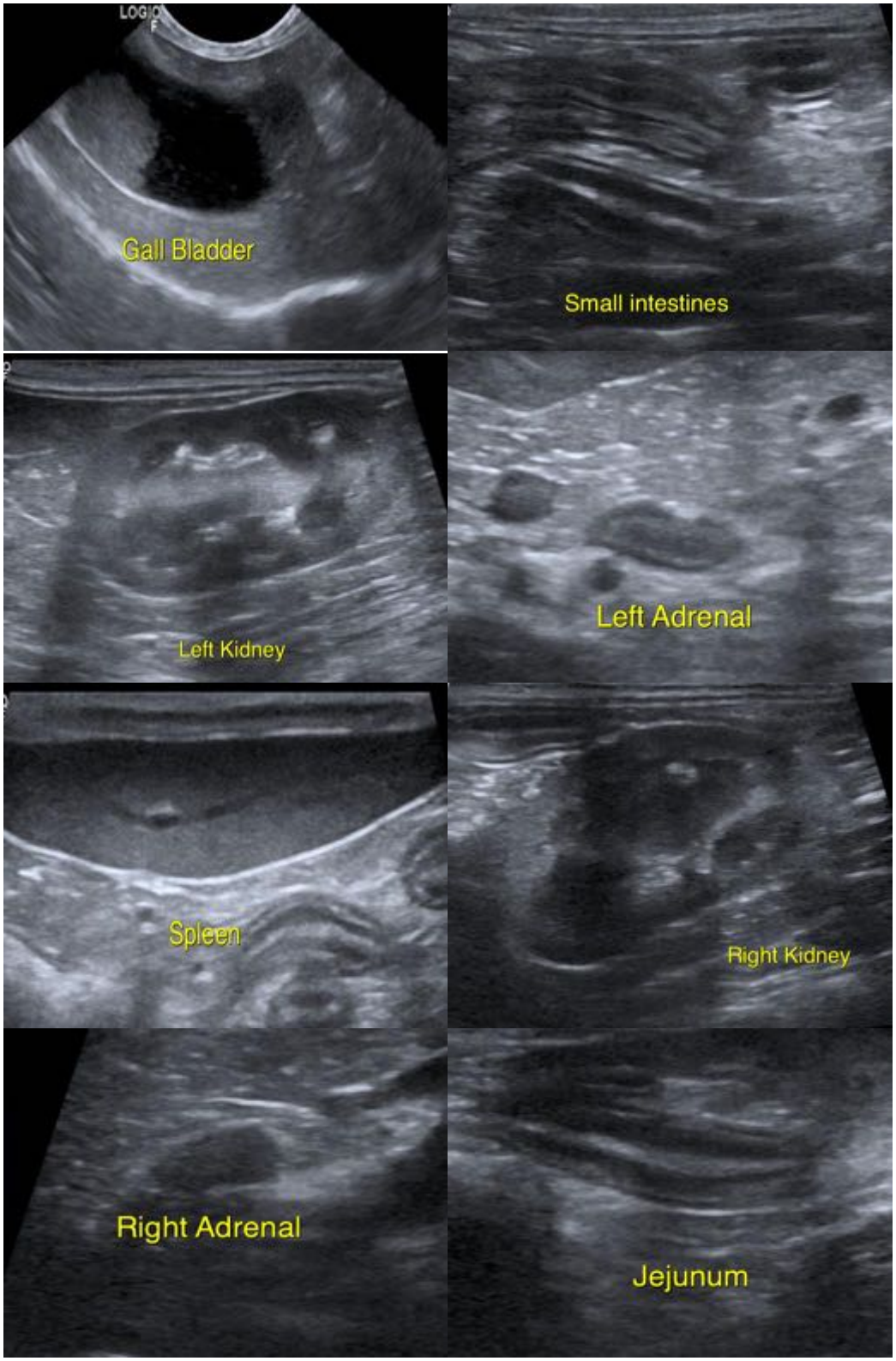

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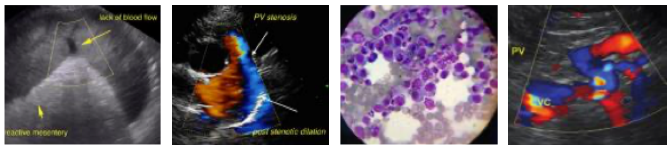

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com