



PATIENT	PRESENTING CLINICAL SIGNS
Tucker Stadler	<p>Presented at our hospital for lethargy, vomiting, and diarrhea. Owner says that patient has been vomiting on and off since the 3rd of January. Owner also noticed that stomach had become very bloated. Reg vet did radiographs at that time, but they didn't see much. Patient continued to dry heave and started with liquid diarrhea. Reg vet then did an ultrasound which showed a fatty liver and a sludge filled gallbladder. Patient sent home with more meds but then continued to vomit. One Vomit pile contained a slim Jim wrapper that was missing the other half. Patient still had diarrhea and vomiting the following day but had passed other half of wrapper. Reg vet did a barium study on Friday and rechecked it Monday and said everything was gone. Patient has been very lethargic and started having s decreased appetite. Diarrhea has now become a dark tarry loose stool. Patient today has stopped eating and will vomit everything to does eat up. Owner says he is that lethargic that he is collapsing outside not wanting to move.</p> <p>Previous Health Concerns: increased liver enzymes; enlarged fatty liver; sludge filled gallbladder; bladder stones; cystotomy; heart murmur</p> <p>Current Medications: cerenia; denamarin advanced; metronidazole; ursodiol; famotidine</p> <p>Cardiovascular: III-IV/VI systolic heart murmur</p> <p>Abdominal: difficult to palpated due to obesity, cranial organomegaly</p> <p>Radiographs- hepatomegaly, rounded liver edges, concern for possible FB in stomach(fabric vs plastic bag like material ?), abnormal narrowing of the stomach before the pylorus, subjective inflammation of the SI, multiple pinpoint mineralized lesions of the kidneys, minimal amount of soft feces in the small intestines, multiple small round stones in the bladder (>15), mild gas distension of the proximal duodenum, mild gas distension of the colon, narrowing/collapse of mid trachea, cardiac silhouette appears WNL, mild pulmonary alveolar pattern</p> <p>Bloodwork: NEU 14.88; BUN 31.3; Pi 5.8; Chol 428; ALT >1000; ALP>993; GGT 47; Lipase 486; PH 7.46; Lactate 3.42</p>
SPECIES	
Canine	
BREED	
Papillion Mix	
SEX	
MN	
AGE	
13yr	
WEIGHT	
10.4kg	
INTERPRETED BY	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Urinary System
IMAGING PERFORMED BY	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with dependent mineral to small calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
Erin Wicks	The area of the aortic trifurcation was free of pathology.
HOSPITAL NAME	The area of the residual prostate appeared normal and free of pathology.
Shores Veterinary Emergency Center	Adrenal Glands
REFERRING VET	
Dr. Zippay	
INVOICE	
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DATE	
1/11/2023	



PATIENT	Bilateral symmetrical adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.76 cm width at the caudal pole and 0.74 cm width at the cranial pole. The right adrenal gland measured 0.71 cm width at the caudal pole.
Tucker Stadler	
SPECIES	Spleen
Canine	The spleen exhibited normal size and contour with generalized mild parenchyma heterogeneity. A solitary non-disruptive discrete hypoechoic nodule measuring 1.4 cm in diameter was present in the mid lateral spleen. Hyperplasia, hematopoiesis, focal splenitis, small hematoma or similar suspected, potential for emerging neoplastic criteria thought less likely yet cannot be definitively excluded. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.
BREED	
Papillion Mix	
SEX	Liver/Gallbladder
MN	The liver presented enlarged in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. Intermittent well demarcated hyperechoic nodules were present likely consistent with benign hyperplasia or lipogranulomas. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.
AGE	
13yr	The gallbladder was non-distended in size with primarily anechoic luminal content and moderate congealed non-organized echogenic sludge. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.
WEIGHT	Gastrointestinal
10.4kg	The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with moderate retained primarily anechoic fluid was present with mild to moderate variably echogenic focally shadowing ingesta. The pylorus wall measured 0.7 cm in width.
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.
IMAGING PERFORMED BY	Normal visible colon wall layers were present with apparent formed feces in lumen.
Erin Wicks	Pancreas
HOSPITAL NAME	The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.
Shores Veterinary Emergency Center	Free Abdomen
REFERRING VET	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
Dr. Zippay	ULTRASONOGRAPHIC FINDINGS
INVOICE	<ul style="list-style-type: none"> • Hypomotile gastritis pattern with moderate retained gastric fluid and non-specific variably echogenic to shadowing ingesta • Overtly normal small intestine • Non-specific splenic nodule
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PATIENT

Tucker Stadler

- Benign hepatopathy with intermittent benign intraparenchymal nodule-vacuolar hepatopathy, inflammatory/immune mediated disease, non-obstructive cholestasis, lipidosis, or other hepatopathy possible. Neoplastic criteria considered less likely.
- Mildly prominent bilateral adrenal glands-nonspecific

SPECIES

Canine

Secondary findings

- Chronic renal changes with mild medullary mineral
- Mild urinary bladder mineral/small calculi

BREED

Papillon Mix

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Concern for retained gastric material in conjunction with radiographic assessment is warranted. Primary or concurrent gastritis, ulcerative gastritis or less likely early gastric infiltrative neoplasia possible. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

SEX

MN

A full adrenal workup with LDDST could be considered if clinical signs consistent with Cushing's syndrome are present.

AGE

13yr

Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology is warranted for further assessment primarily to assess for evidence of inflammatory cells. Upper GI endoscopy is likely ideal for further assessment given this presentation.

If laparotomy is elected, gastrohepatic biopsies would be strongly recommended assuming normal clotting status.

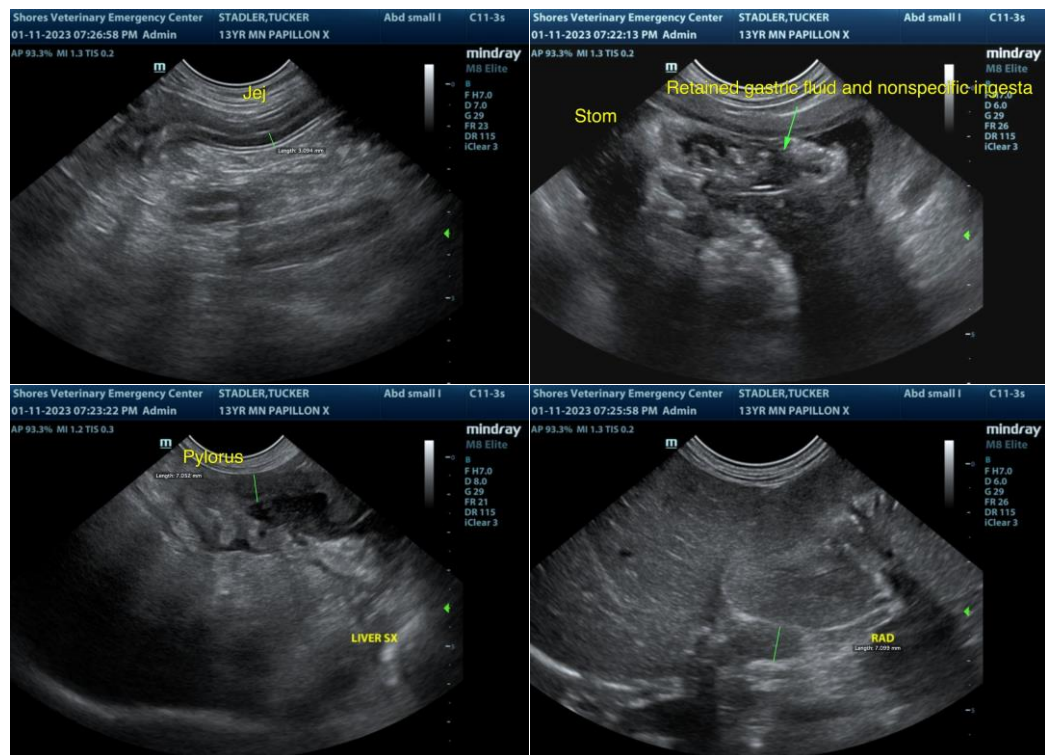
WEIGHT

10.4kg

Sonographic monitoring of the stomach following documented NPO for the next 12-24 hours and as needed gastric protectants would be a more conservative approach.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)



IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

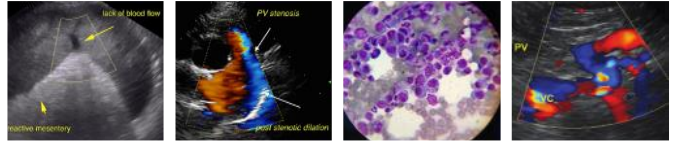
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AGE

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IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

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Emergency Center

REFERRING VET

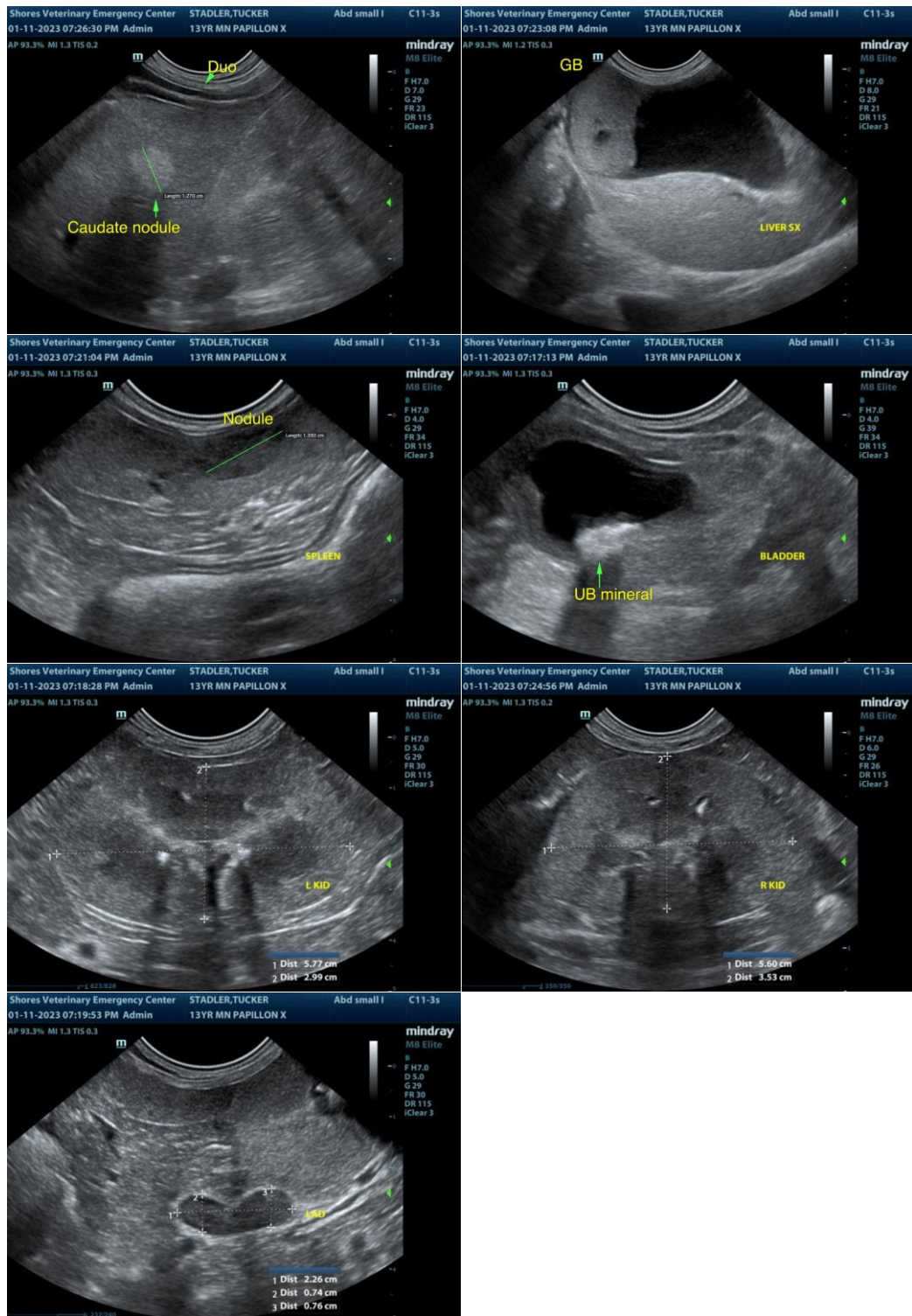
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

Tucker Stadler

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.

SPECIES

Canine

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com

BREED

Papillion Mix

SEX

MN

AGE

13yr

WEIGHT

10.4kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

**IMAGING
PERFORMED BY**

Erin Wicks

HOSPITAL NAME

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