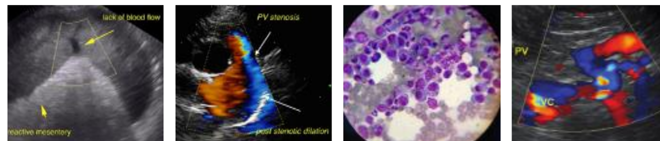

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1-800-838-4268 info@sonopath.com

PATIENT
Veda Cox

SPECIES
Canine

BREED
Golden Retriever

SEX
FS

AGE
1.5yr

WEIGHT
64.4lbs

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

IMAGING PERFORMED BY
Dr. Evoniuk

HOSPITAL NAME
State Ave Vet

REFERRING VET
Dr. Evoniuk

INVOICE
12658ag

DATE
01/11/2023

PRESENTING CLINICAL SIGNS

History: not eating anything, put different things in her food to get her to eat and has been throwing up, everything comes up o did switch her food, was fixed and opened her up switched her food to iams, switched to what o's parents had which was blue buffalo or blue diamond ate that for a while really good, but now wont unless they add wet food or cheese the switch was the end of october that they switched her to the blue buffalo, from the iams wondering if she has a gi issue, behavior has not changed, energy is good, still takes treats but before would attack the food and inhale it and now is not still defficating and urinating normal stool is normal vomit, is a food that she is vomitting it is the entire meal when she does vomit the throwing up has started over the last couple of weeks started in june before she got fixed then got fixed because they thought they found something inside of her and was fine for it has not been eating right for a while just had a baby, but before that still was acting out of sorts c/s- none l/b- none medications- tried the anxiety med and p was just zonked from it, gave it to her twice and was a zombie so hasnt used it travels- none concerns- rough paws, just wondering about that, every time p goes outside paws are bleeding wondering if it is from snow or if there is anything they can do for that jk Physical Exam: General Appearance: BAR, BCS 5/9. Friendly, uncertain if given treats in lobby. Last ate earlier today otherwise.. No known FB ingestion. Previous issues in October when spayed and had done full explore at that time. CRT/MM: WNL Eyes: Corneas clear, pupils normal size, symmetrical, sclera white, no ocular discharge Ears: No exudate observed, no redness present Oral Cavity: Minimal tarter/gingivitis; Grade 1 Nasal Cavity: No nasal drainage, nares WNL Cardiovascular: Regular rhythm; no murmur detected Respiratory: Lungs auscultate clear bilaterally; trachea clear Abdomen: Abdomen palpates normally; no pain, tenderness or masses on palpation Rectal: Did not perform rectal exam Musculoskeletal: Normal ambulation/no lameness reported Integument: Normal amount of shedding; skin/coat WNL Lymph Nodes: Lymph nodes normal in size Urogenital: External genitalia appears normal Neurologic: No apparent abnormalities noted Assessments: Intermittent Vomiting- often vomiting relatively undigested food hours after eating More "picky eater" despite food changes Plan: Recommend abdominal US to RO gastritis, FB, IBD type condition, other. Family Oked US. Gave Butorphanol for calming and still very panty so gave very low dose Dexmed and able to have her awake but less panting for the scan. To discharge pending full report read JME

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

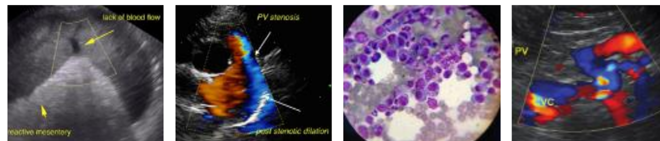
The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.0 cm in length. The right kidney measured 6.1 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width at the caudal pole and 0.41 cm width at the cranial pole. The right adrenal gland was indistinctly visualized subjectively measuring 0.57 cm width at the caudal pole.



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Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact mildly prominent wall layering in the gastric body with concurrent mildly prominent rugal folds. The lumen of the stomach contained mild variably echogenic focally shadowing ingesta with no signs of ileus, obstruction or foreign material. The ventral gastric body wall measured 0.67 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained mild segmental ingesta/chyme with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.48 cm width. The jejunum wall measured 0.39 cm width.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

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.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

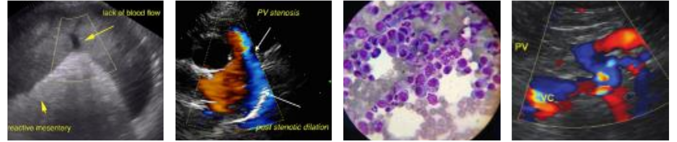
ULTRASONOGRAPHIC FINDINGS

- Possible mild gastritis with variably echogenic gastric ingesta
- Sonographically unremarkable small bowel with mild segmental intestinal ingesta/chyme
- Normal pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, there is no overt evidence of significant abdominal visceral, specifically gastrointestinal pathology as a definitive cause of the patient's clinical signs. The presence of gastric ingesta is nonspecific and may correlate with recent meal ingestion. Non-obstructive gastric foreign body is considered a less likely differential diagnosis. Considerations including dietary intolerance / food hypersensitivity, occult parasitism, inflammatory bowel disease or other are possible. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology and a resting cortisol to rule out occult Addison's Disease is warranted.

Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviable or Visbiome), +/- coverage for



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helicobacter and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Upper GI endoscopy may be considered persistent/progressive vomiting despite conservative therapy.

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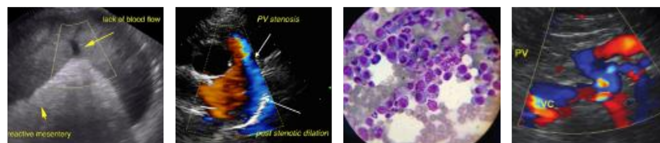

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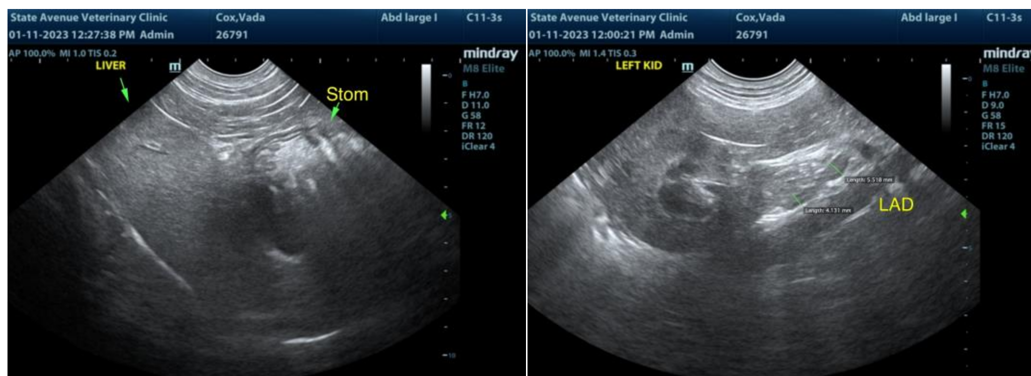

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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