

PATIENT

Bruiser Ostovich

PRESENTING CLINICAL SIGNS

History: Chronic vomiting and diarrhea for 3 months, pancreatitis

Medication: Gabapentin, Zonisamide, Galliprant, Metronidazole, FortiFlora

SPECIES

Canine

Cortisol normal, ALP 180, Unremarkable CBC, T4 1.4, Negative fecal, CPLI normal

BREED

'Mix'

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 cm 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 was noted.

SEX

Neutered Male

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.0 cm in diameter.

AGE

8 years

The area of the aortic trifurcation was free of pathology.

WEIGHT

65 Pounds

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 5.9 cm in length. The right kidney measured 6.7 cm in length.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.5 cm length x 0.71 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.4 cm length x 0.64 cm width at the caudal pole.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

Spleen

The spleen exhibited generalized enlargement yet primarily maintained a symmetrical capsule contour with regional to generalized areas of splenic parenchyma heterogeneity to mixed echogenicity exhibiting subtle cystic changes. An example of a nonhomogeneous to subtly cystic nodule in the cranial spleen measured 1.7 cm in diameter.

HOSPITAL NAME

Brodheads ville VC

REFERRING VET

Dr. Goldstein

Liver/ Gallbladder

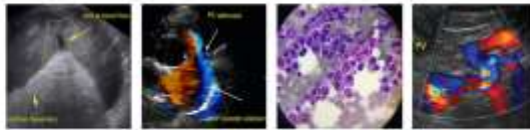
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. Moderate, nondependent to mildly congealed yet nonorganized gallbladder debris was present. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.

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DATE

1.13.2022



PATIENT

Gastrointestinal

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The visualized gastric walls were sonographically unremarkable. The lumen of the stomach contained moderate, echogenic, nonshadowing ingesta and luminal gas most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. The ventral gastric body wall width measured 0.40 cm.

SPECIES

Canine

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. The jejunum wall width measured 0.39 cm.

BREED

'Mix'

Normal visible colon wall layers were present with subjective formed to semi-formed feces and luminal gas in the lumen.

SEX

Neutered Male

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 were evident.

AGE

8 years

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

65 Pounds

ULTRASONOGRAPHIC FINDINGS

Primary Findings

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(Canine and Feline)

- Sonographically unremarkable liver - low-grade benign hepatopathy
- Moderate nondependent to mildly congealed gallbladder debris - nonspecific yet potential for very early mucocele
- Gastric ingesta - suspect post prandial presentation
- Overtly normal small bowel and colon
- Mild subjective splenomegaly exhibiting areas of nonspecific parenchyma heterogeneity to mixed echogenicity

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Brodheadsville VC

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The splenic parenchyma changes are nonspecific and may indicate areas of subtly cystic hyperplasia, hematopoiesis, myelolipomas, or similar. Potential for early neoplastic splenic criteria is considered less likely yet cannot be definitively excluded.

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Assuming normal clotting status, splenic FNA using a 25-gauge needle for screening cytology primarily to ensure only benign changes are present could be considered. Otherwise, sonographic monitoring of the spleen for evidence of progressive parenchyma changes would be a more conservative approach.

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Dietary intolerance / food hypersensitivity, occult parasitism, or structurally insignificant inflammatory gastroenterocolonopathy are possible.

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Canine

Additionally, in cases of patients exhibiting chronic gastrointestinal signs, mild pancreatitis, dysbiosis, or less likely Infiltrative neoplasia cannot be definitively excluded. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. 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 (Provable or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy. Ursodiol therapy may be considered if increasing evidence of cholestasis.

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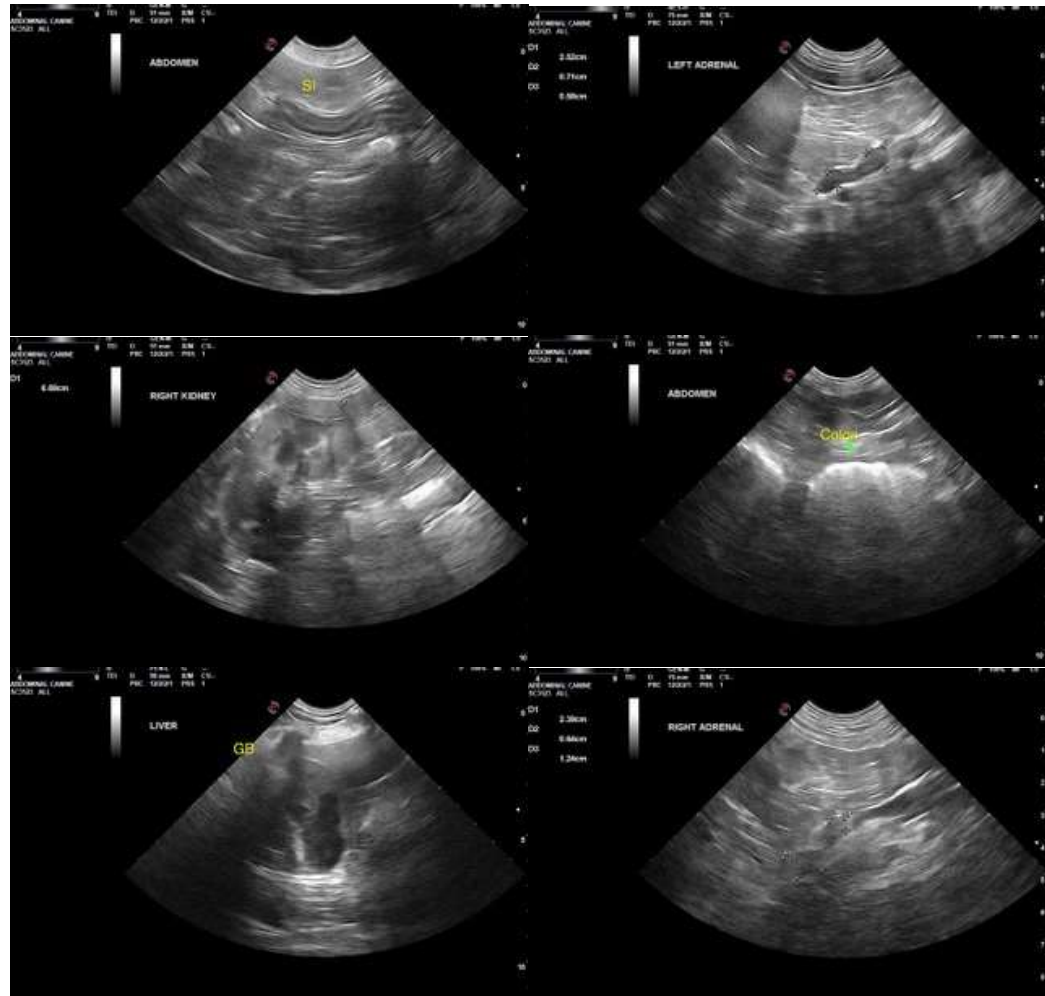
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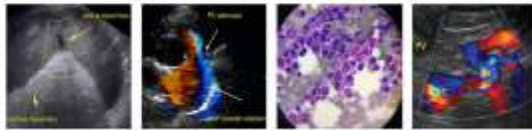


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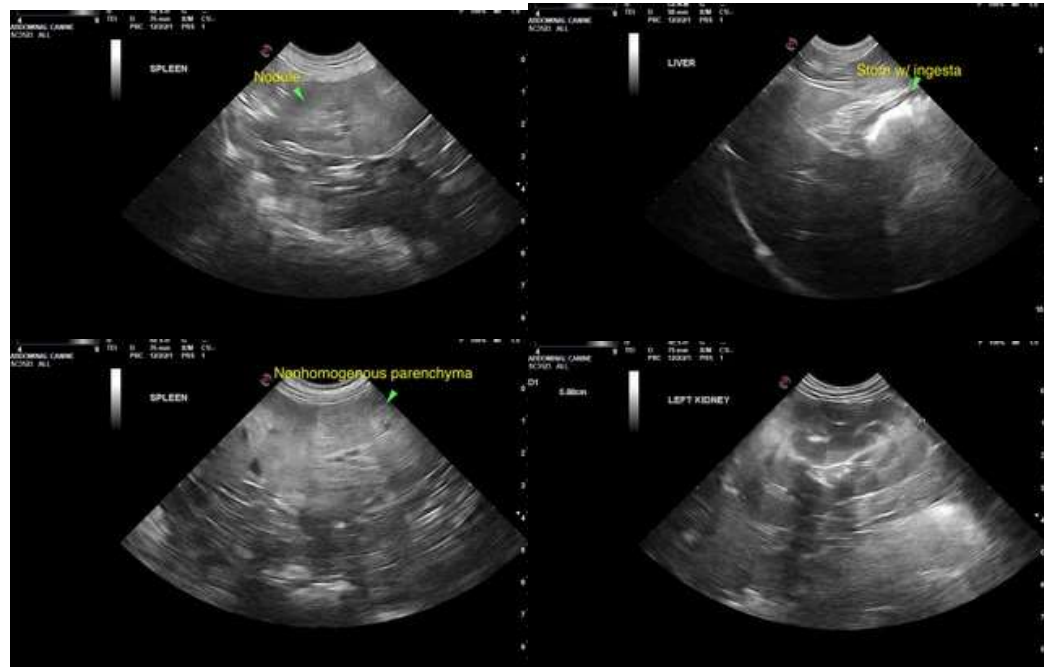
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AGE

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WEIGHT

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

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(Canine and Feline)

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.

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