



PATIENT

Cleo Garcia

SPECIES

Canine

BREED

Pomeranian

SEX

SF

AGE

8 Years

WEIGHT

16.1 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jasmine Palacios SDEP
Attendee

HOSPITAL NAME

Rivers Edge Pet
Medical Center

REFERRING VET

Dr. David Gray

INVOICE

49773

DATE

1-23-22

PRESENTING CLINICAL SIGNS

P initially presented on 1/20 for ingesting clothes. FB sx done same day and now p regurgitating brown/yellow liquid frequently. P hospitalized on IVF since 1/20. P on Cefazolin, Cerenia, Ondansetron, Reglan, Buprenorphine, and Sucralfate. P not interested in eating.
Abnormal PE/Chem/CBC/UA Results: See attached ultrasound report: gastropyloric and upper duodenal foreign body

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.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.3 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

The left and right adrenal glands were not visualized.

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 mild to moderate nonorganized yet nondependent nonmineralized gallbladder debris without evidence of inflammatory criteria as well as no evidence of peripheral inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented moderate wall thickening primarily in the area of the antrum and pylorus and secondary to echogenic mucosa hypertrophy. Discernible wall layering appeared to be maintained within the stomach. The pylorus wall measured 0.67 cm width. The stomach was moderately distended with retained anechoic fluid and mild chyme. Overt evidence of retained foreign material within the gastric antrum and pylorus or overt mechanical pyloric outflow obstruction was not definitively evident.

The duodenum exhibited intact yet prominent wall layering with segmental to generalized duodenal corrugation most prominent in the upper to mid duodenum. Discernible wall layering appeared to be



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maintained within the duodenum. The duodenum was primarily empty with minor upper duodenal retained fluid. No overt evidence of retained duodenal foreign material. The duodenum wall width measured 0.65 cm. The jejunum and ileum to the level of the colon exhibited intact wall layering and maintained 1:3 muscularis/mucosa ratio and without evidence of mechanical/metabolic ileus or jejunoileal foreign material. The jejunum wall width measured 0.34 cm.

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

Pancreas

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The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and generalized primarily cranial abdominal reactive to inflamed mesentery with very small pockets of scant free fluid noted. No overt evidence of neoplasia.

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Free Abdomen

No overt lymphadenopathy was present.

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ULTRASONOGRAPHIC FINDINGS

Primary

- Moderate gastroduodenitis exhibiting significant gastric hypomotility and secondary duodenal corrugation.
- Pancreatitis - subjectively mild, acute to subacute.
- Generalized primarily cranial abdominal reactive / inflamed mesentery and very scant peritoneal free fluid.

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Secondary

- Mild to moderate gallbladder debris - likely incidental, not consistent with gallbladder mucocele and potentially secondary to fasting.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No vert evidence of retained gastrointestinal foreign material or mechanical pyloric outflow obstruction was definitively evident. Likewise, depending upon gross inspection of the gastrointestinal tract at the time of surgery, the possibility of gastrointestinal necrosis is considered unlikely in light of perceived retained wall layering although cannot be definitively excluded. Persistent secondary upper gastrointestinal inflammation as well as pancreatitis, given the previous foreign body, as well as laparotomy, is suspected.

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Jasmine Palacios SDEP
Attendee

Continued aggressive supportive care for gastroduodenitis, gastric hypomotility, and pancreatitis is recommended at this stage. However, sonographic monitoring pending clinical response for evidence of progressive signs of gastrointestinal inflammation, progressive mural abnormalities, or peritonitis is suggested.

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Monitoring of albumin levels +/- plasma expanders, increased antibiotic spectrum and continued GI support recommended.

**Peritonitis Protocol
Colloids/Hetastarch**

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10 to 20 mL per kilogram per hour and dogs
10 to 15 mL per kilogram per hour cats
(Can bolus first 1/3 of dose over 15 minutes)



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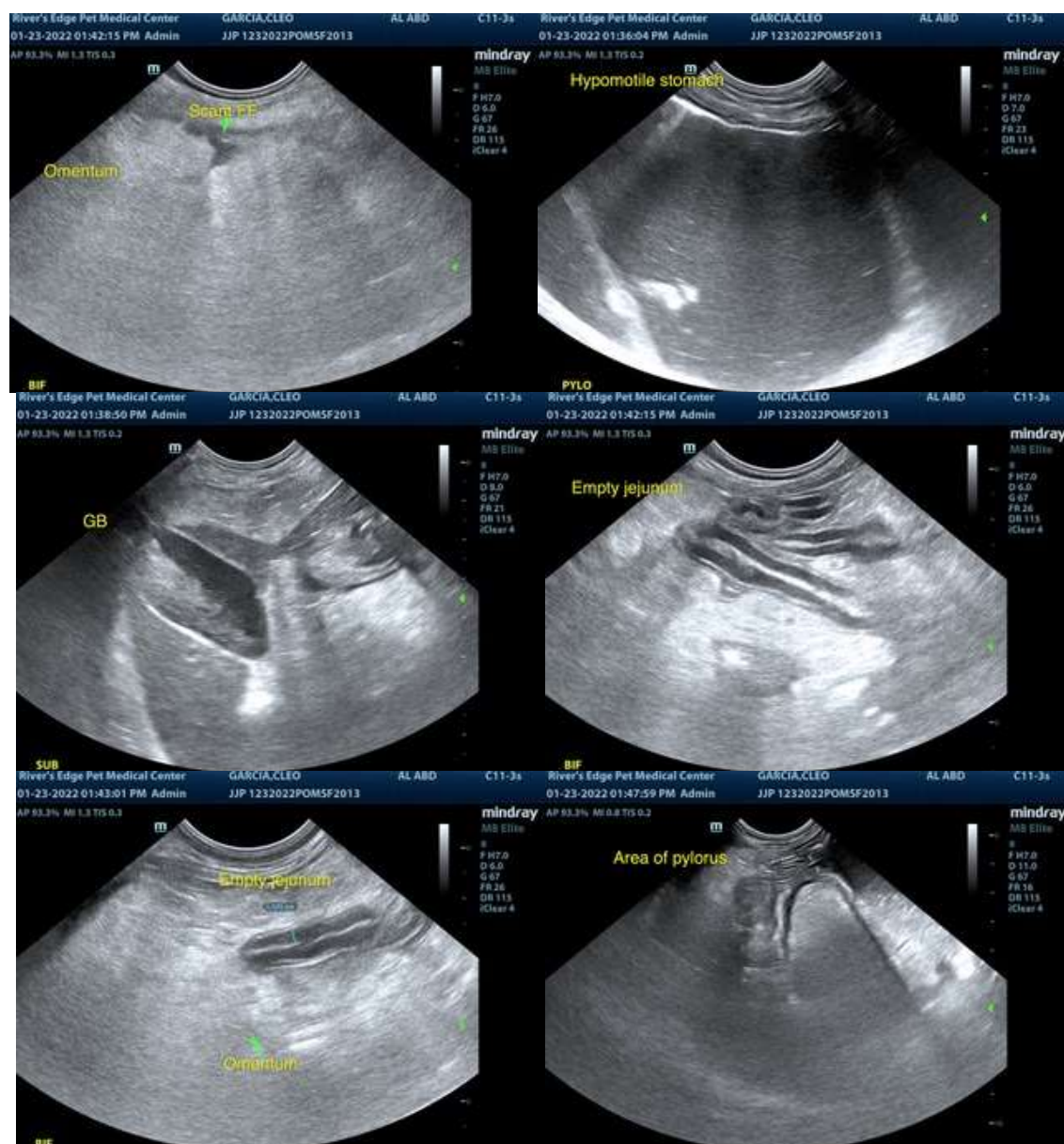
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Plasma 10 mL / kilogram IV over 4 hours
Buprenorphine 0.02 mg/kg IV IM SC q4-6 hours **Or CRI Lidocaine** 30-50 ug/kg/min
Dolasetron for nausea: 0.6-1 mg/kg/day Iv or PO
Famotidine 1 mg/kg IV IM p.o. dc s.i.d. /b.i.d.
Sucralfate 0.5-1 g p.o. t.i.d. dogs, 0.5 g bid cats in slurry **Or Misoprostol** 1-5 ug/kg po tid
Clindamycin 10mg/kg IV p.o. bid
Enrofloxacin 10-15 mg/kg IV p.o. s.i.d. dogs, 5 mg/kg Iv po Sid cats
Metronidazole 10-20 mg/kg IV p.o. b.i.d.
Dexamethasone physiological 1 mg/kg to treat adrenal burnout if long standing sickness, shock dose 4-10 mg/kg.





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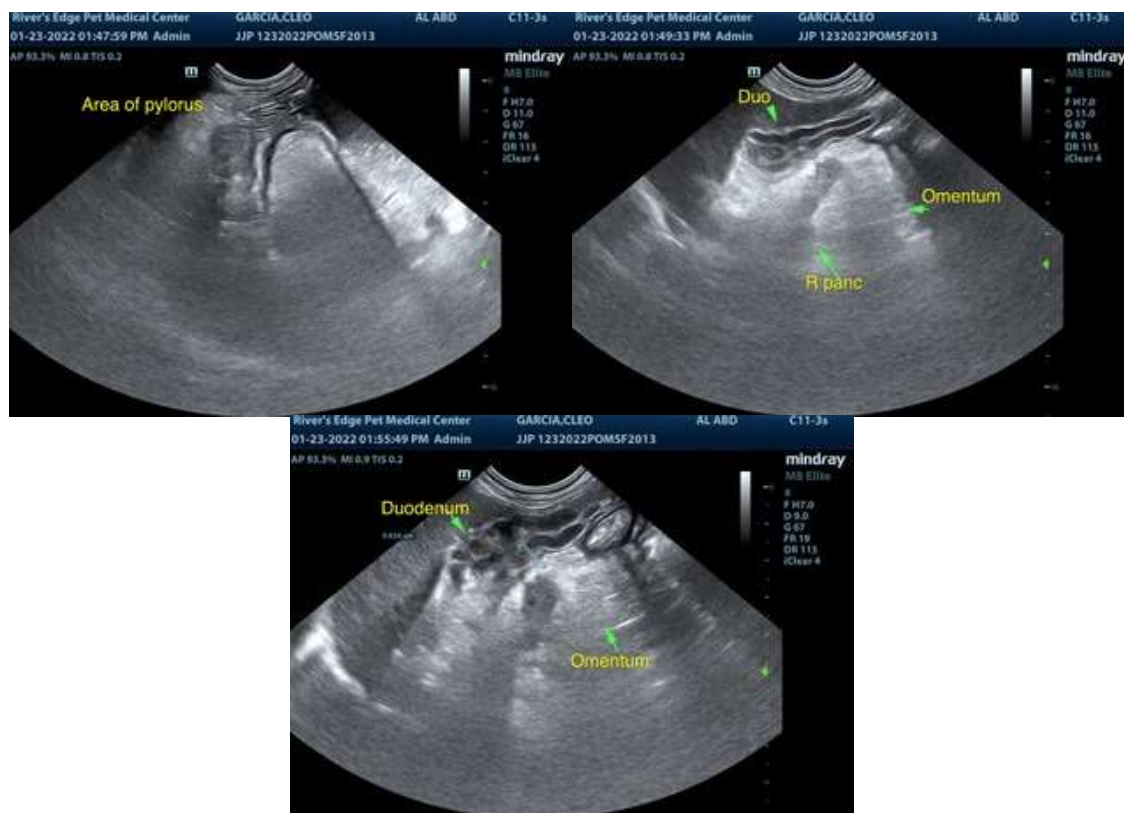
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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