



PATIENT PRESENTING CLINICAL SIGNS

Baker Meltsch History: Vomiting, diarrhea, previous severe giardia infection, tender abdomen and mild dehydration, responsive to Metronidazole

SPECIES Medication: Metronidazole

Canine Unremarkable CBC/Chem.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Cavalier King Charles The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. A focal area of potential accumulated sediment or mucus versus small to emerging polyp noted adjacent to the mid dorsal urinary bladder wall, measuring approximately 0.3 cm in diameter. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

SEX

Neutered Male

AGE

10 months

The prostate was of expected presentation for a young intact male canine.

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 4.7 cm. The right kidney measured 4.75 cm.

WEIGHT

9 kgs

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

INTERPRETED BY

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

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.26 cm at the cranial pole and 0.34 cm at the caudal pole. The right adrenal gland measured 0.46 cm at the cranial pole and 0.31 cm at the caudal pole.

Spleen

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

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.

HOSPITAL NAME

Abby Road VH

Liver

REFERRING VET

Dr. Gerenser

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, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

INVOICE

26298

The stomach presented intact yet subjective mild prominent wall layering. Gastric body wall measured 0.39 cm. Pylorus wall measured 0.44 cm. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

DATE

10.14.2021



PATIENT

Baker Meltsch

The small intestine presented intact wall layering with subjective propensity for segmental to generalized mildly prominent mucosa. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Duodenum wall measured 0.5 cm. Jejunum wall measured 0.40 cm.

SPECIES

Canine

The colon was normal with subjective semiformal to potential soft feces.

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.

BREED

Cavalier King Charles

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

Neutered Male

ULTRASONOGRAPHIC FINDINGS

- Focal accumulated urinary bladder sediment/mucus versus small pocket, incidental
- Intact yet subjective mild prominent gastrointestinal wall layering – gastroenteritis, antibiotic responsive diarrhea/dysbiosis, dietary indiscretion, occult parasitism, or structurally insignificant inflammatory bowel episode possible.

AGE

10 months

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

9 kgs

Recheck fresh fecal analysis for parasitic ova/giardia given the patient's history as well as a GI panel to assess serum cobalamin and folate levels. Antibiotic responsive diarrhea/dysbiosis may be considered a top differential in this patient given the positive response to Metronidazole.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Abby Road VH

REFERRING VET

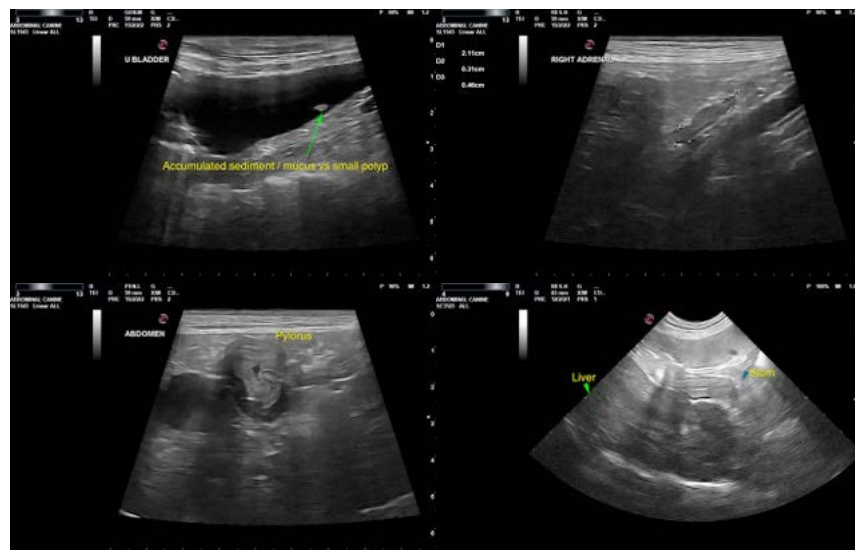
Dr. Gerenser

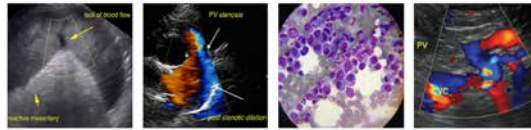
INVOICE

26298

DATE

10.14.2021





PATIENT

Baker Meltsch

SPECIES

Canine

BREED

Cavalier King Charles

SEX

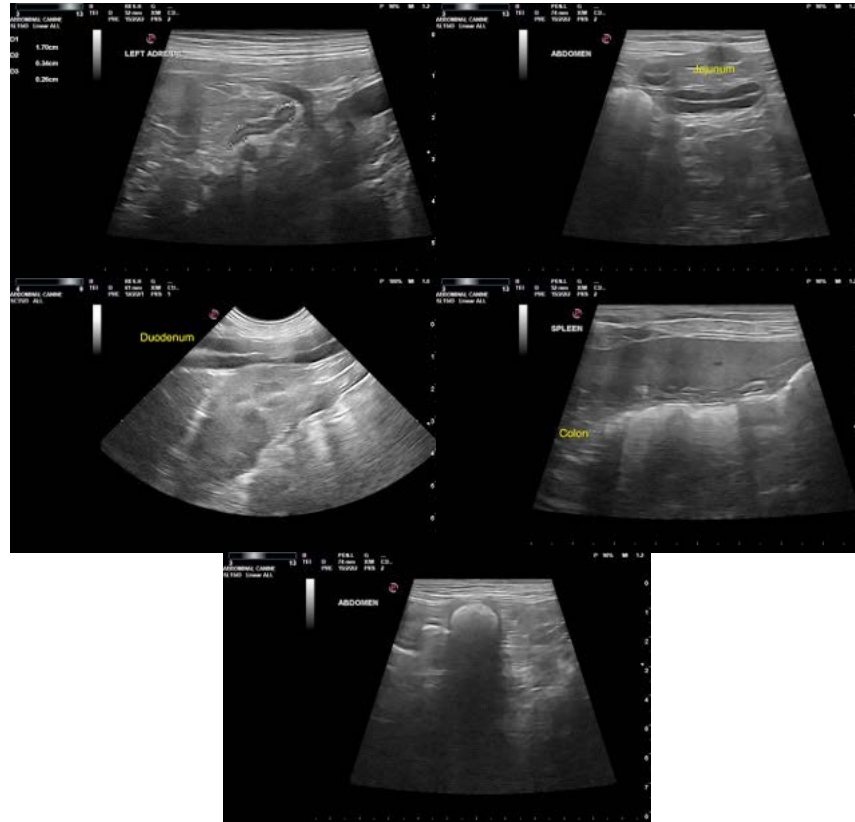
Neutered Male

AGE

10 months

WEIGHT

9 kgs



INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Abby Road VH

REFERRING VET

Dr. Gerenser

INVOICE

26298

DATE

10.14.2021

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.

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