



PATIENT

Soleil Perez

SPECIES

Canine

BREED

Goldendoodle

SEX

FS

AGE

1yr

WEIGHT

11.2lb

PRESENTING CLINICAL SIGNS

Date: 10/19/2022 Reason for Visit: vomiting History: 1.5 yr old sf goldendoodle presenting for vomiting. p threw up twice at about 5am this morning what looked like hair balls. o states p has been licking and biting her fur off of both front arms and feels it has to do with anxiety. Then at 7:30am p vomited 3 small piles of bright red blood. o states she gave p a dime sized turkey treat last night that p doesnt usually get but otherwise nothing has changed.

Abnormal PE/Chem/CBC/UA Results: Hydration: Estimate 3% dehydration Mentation: BAR EENT: OU clear. AU clear, no debris. No cough on tracheal palpation. Oral cavity: No dental tartar Lymph Nodes: Submandibular, prescapular and popliteal lymph nodes normal size, shape and consistency Skin: Healthy hair coat. No ectoparasites seen, skin clean dry and intact. CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. Abd/GI: Soft, non-painful, no fluid wave, no palpable masses or organomegaly. Uro/Perineum: No lesions or abnormalities. Musculoskeletal: BCS = 5/9. Ambulatory x 4, normal gait, normal palpation all 4 limbs. Neurological: Alert and appropriate. No deficits noted. Diagnostic Testing: Pre-anesthetic/CBC--all results WNL Date: 10/22/2022 Time: 19:11 Notes: Owners call, still not eating, lethargic. No vomiting since Wednesday. Still having dark diarrhea which has improved from black to dark brown. The not eating is a big concern despite giving Entyce, the black stool is also a concern though encouraging that now brown. Rec either take to Advanced tonight or come in tomorrow am for recheck with Dr White, IV fluids, IV cerenia +/- an Ab US to eule out a FB/obstruction not visible on radiographs. Owner understands Dr Rivera is booked and has multiple Ab US already scheduled tomorrow so no guarantee she will be able to do Soleil tomorrow. Plan for Sunday am if gets here prior to Dr White: Cerenia 0.5ml IV IV LRS @ 25ml/hr (2x maint) Staff: MICHAEL FELDT, DVM

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

INTERPRETED BY

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

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 were noted.

IMAGING PERFORMED BY

Dr. Rivera

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 4.0 cm in length. The right kidney measured 4.1 cm in length.

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The area of the aortic trifurcation was free of pathology.

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The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

No evidence of pathology in the area of the uterine remnant.

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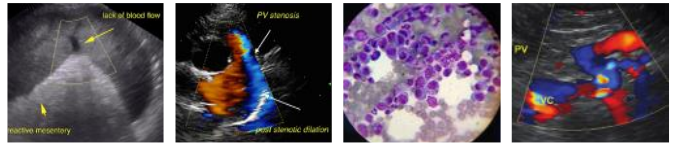
Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm width at the caudal pole and 0.38 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 cm width at the caudal pole.

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Spleen



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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.

SPECIES

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Liver

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.

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The stomach presented intact wall layering with a normal wall layer ratio. The stomach exhibited mild distention with luminal gas with no obvious signs of ileus, obstruction or foreign material. The area of the pyloric outflow was free of obstructive pathology. The pylorus wall measured 0.25 cm in width.

AGE

1yr

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 duodenum wall measured 0.35 cm width. The jejunum wall measured 0.27 cm width.

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The colon exhibited primarily intact mildly prominent wall layering. The descending colon measured 0.22 cm in width. Semi formed to soft fecal matter was present.

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.

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Free Abdomen

No omental masses or peritoneal effusion was present.

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Focal, mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 1.7 cm x 0.6 cm. The nodes were not consistent with inflammatory or neoplastic criteria.

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ULTRASONOGRAPHIC FINDINGS

- Overtly normal gastrointestinal tract
- Mild colitis pattern
- Focal to intermittent benign/reactive mesenteric lymph nodes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Overall, no overt evidence of significant abdominal visceral specifically gastroenterocolic pathology as a definitive cause of the patient's clinical signs. No evidence of GI foreign body or mechanical obstructive pattern was observed. Dietary intolerance / food hypersensitivity, gastroenterotoxic insult, occult parasitism, occult Addison's disease, IBD, low grade to chronic pancreatitis both of which may appear sonographically normal or unlikely in the case, infiltrative neoplasia are all potentials. A resting cortisol

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level +/- ACTH stim test if <2.0 is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Intestinal biopsies may be required for a definitive diagnosis.

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Empirically, a limited antigen or hydrolyzed diet trial and GI protectant protocol given potential for GI microulceration is recommended.

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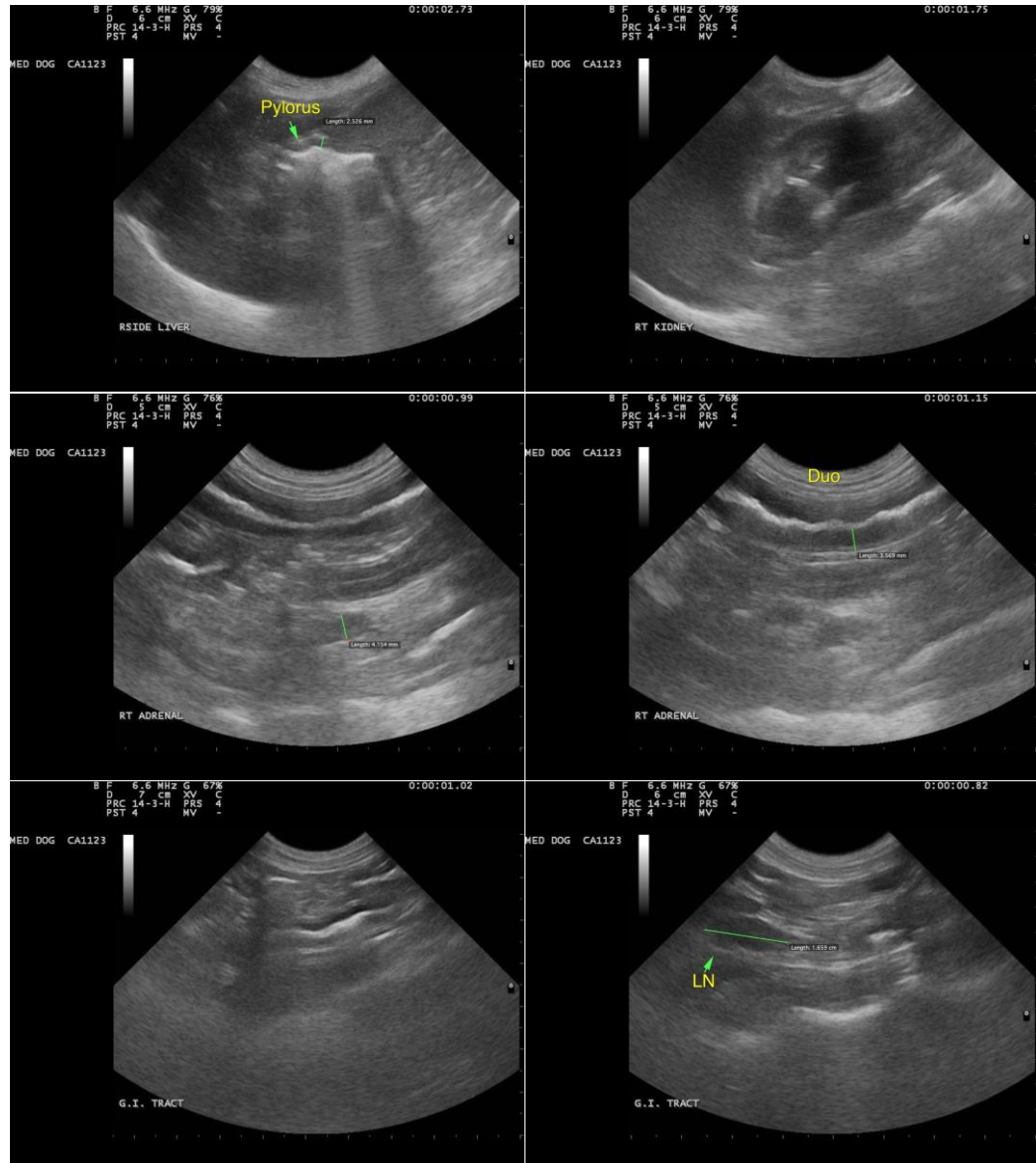
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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)

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