

**PATIENT**

Rugby Klostermann

SPECIES

Canine

BREED

Rottweiler

SEX

MN

AGE

10 years

WEIGHT

86 lbs-

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Glispie

INVOICE

12442

DATE

10/25/21

PRESENTING CLINICAL SIGNS

-Vomiting multiple times, lethargic

Abnormal PE/Chem/CBC/UA Results: 10/1/21 WBC 19.06, Neut 16.98, AMYL >2500, Lipase 5643

Treated for pancreatitis and did improve but now regressing again.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

The area of the residual prostate was free of pathology.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were 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 7.0 cm in length. The right kidney measured 7.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 3.0 cm length x 0.77 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 2.3 cm length x 0.82 cm width at the caudal pole.

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 mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild gallbladder debris. The cystic and common bile ducts were normal.

**PATIENT*****Gastrointestinal***

Rugby Klostermann

The stomach presented intact yet subjective mild prominent wall layering. Nonspecific, intermittent gastric muscularis echogenic foci were noted. A mild amount of retained echogenic nonshadowing ingesta and chyme was present in the stomach without evidence of pyloric outflow obstruction, loss of gastric wall layering, or gastric masses. The pylorus wall width measured 0.8 cm. The gastric body wall width measured 0.62 cm.

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The duodenum was normal with minor upper to mid duodenal ileus. The duodenum wall width measured 0.63 cm. The jejunum and ileum to the level of the colon were sonographically unremarkable.

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

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Pancreas

The parenchyma of the pancreas base and right pancreatic limb were mildly hyperechoic compared to adjacent omentum with evidence of parenchymal remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No evidence of active pancreatitis or pancreatic neoplasia was noted.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS***Primary Findings***

- Mild gastritis / gastroduodenitis with possible gastric stasis
- Chronic pancreatitis

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Secondary Findings

- Hepatic parenchymal remodeling - subjectively benign
- Mild gallbladder debris (non-mucocele)
- Mild age-related kidneys

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Conservative therapy for potential chronic gastritis and chronic pancreatitis which may include as-needed GI protectants, a bland to limited antigen diet with potential smaller, more frequent feedings are suggested. Some or all of the following protocol may be considered.

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A clinical trial of **Zithromax** (**Dogs:** 5-10 mg/kg p.o. q24h. May increase dosing interval to q48h after 3-5 days of treatment), **Metronidazole** (10-20 mg/kg p.o. b.i.d.), **Pepcid** (0.5-1 mg/kg s.i.d.) and **Sucralfate** (0.5-2 g/dog PO) or **Omeprazole** (1 mg/kg p.o. s.i.d.) over the next 3 weeks along with a **novel-protein or hydrolyzed diet** with slurry feeding b.i.d./t.i.d. over the next 2-4 days and then

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svs.com/mobilityimaging.com 800-333-3070



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increase to canned diet bid. Dry food should be avoided over the next 4 weeks. A recheck sonogram to assess GI improvement or progression would be ideal in 4 weeks.

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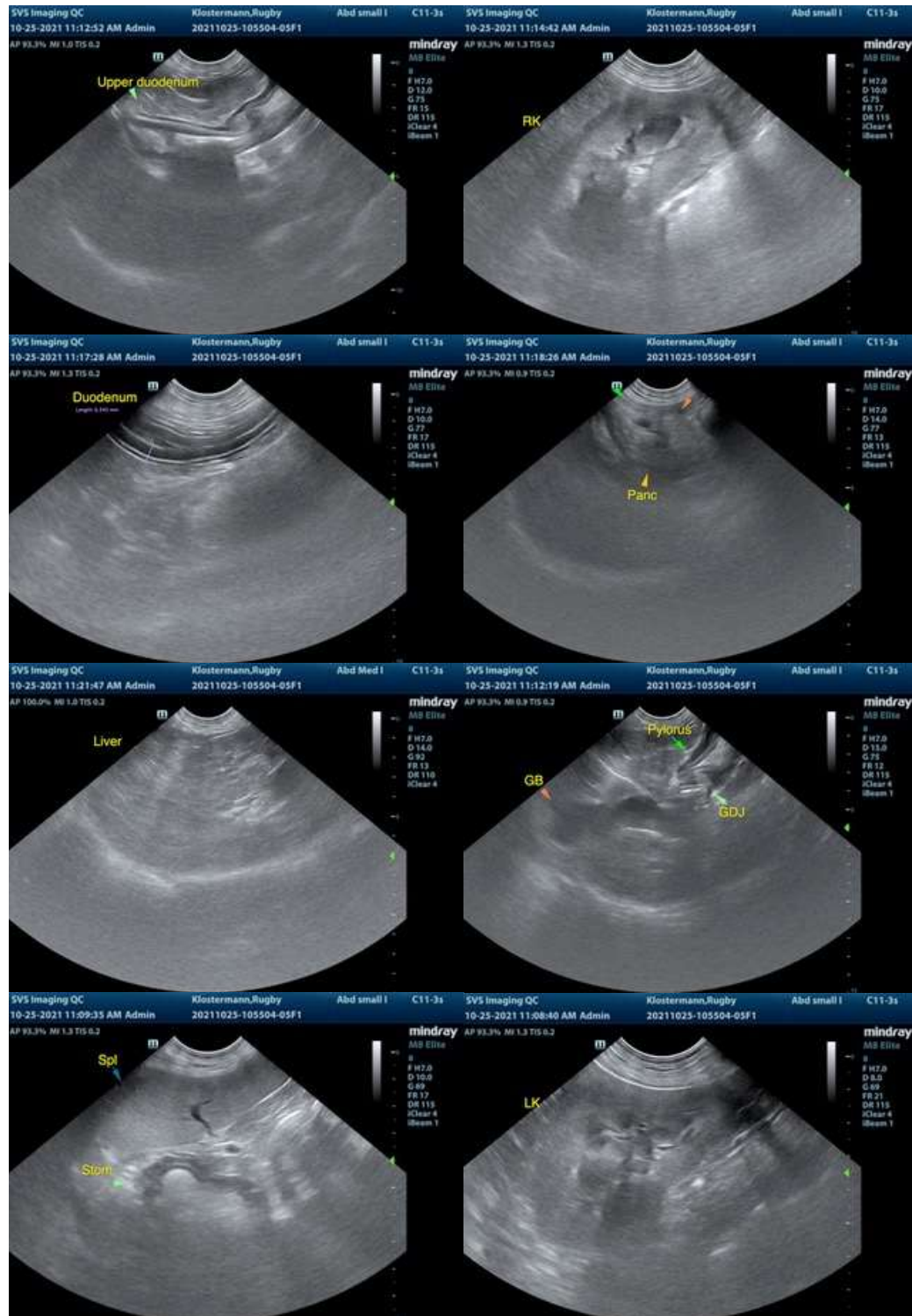
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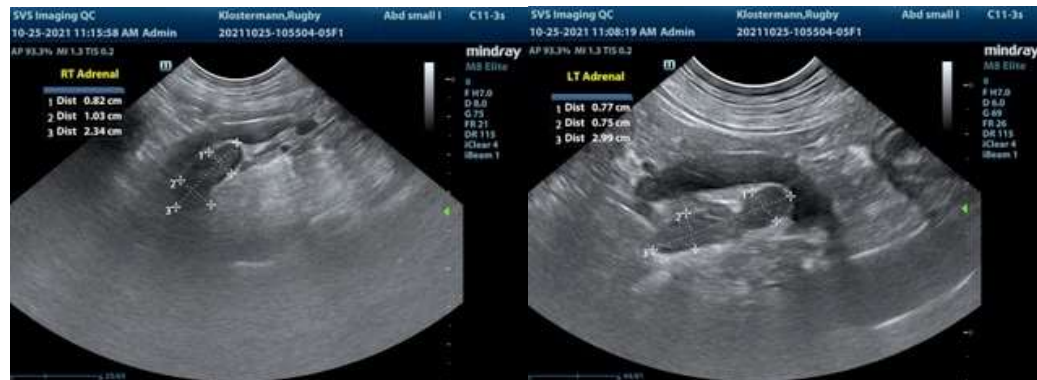
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com