



PATIENT

Missy Red
McMurrian

SPECIES

Canine

BREED

Mini Schnauzer

SEX

SF

AGE

6 years

WEIGHT

17 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Santa Clara AH

REFERRING VET

Dr. Brasted - Maki

INVOICE

15354

DATE

11/3/22

PRESENTING CLINICAL SIGNS

Persistent gastrointestinal signs over the last few weeks. She started with diarrhea thought to have been triggered by eating armadillo feces. She was treated with antibiotics and the diarrhea resolved. She subsequently started vomiting. She is still hungry, but frequently vomits after eating; vomiting is only partially controlled by Cerenia. She is slightly lethargic. Stools are currently normal. On examination, she is slightly quiet, mildly to moderately dehydrated, and painful on palpation of cranial abdomen.

Abnormal PE/Chem/CBC/UA Results: 10-26-22: CBC: Hematocrit 58.4 Chemistries: No significant abnormalities Spec CPL: 64 (normal) T4: 1.9 Current Medications Cerenia; Metoclopramide and Amoxicillin just started Radiographic Findings Spleen appears enlarged.

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 aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomodullary 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 3.7 cm in length. The right kidney measured 4.3 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 1.4 cm length x 0.58 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 2.2 cm length x 0.46 cm width at the caudal pole.

Spleen

The spleen exhibited borderline to possible mild enlargement with 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. Normal splenic vascularity was noted.



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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 containing primarily anechoic content with moderate congealed nonorganized hyperechoic debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented primarily intact and sonographically unremarkable wall layering with mildly prominent yet intact wall layering in the area of the antrum and pylorus. Minor retained anechoic pyloric fluid was noted. No evidence of mechanical pyloric outflow obstruction or gastric foreign material was noted. The pylorus wall width measured 0.40 cm.

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 0.40 cm width. The jejunum wall measured 0.30 cm width.

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

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Suspect mild gastritis, sonographically unremarkable small bowel
- Moderate congealed gallbladder debris (non-mucocele) - likely incidental, assuming no evidence of cholestasis
- Borderline to mild splenomegaly - benign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, largely unremarkable abdomen without evidence of significant visceral, specifically gastroenterocolic or pancreatic, pathology.

The borderline to mild splenomegaly is nonspecific yet consistent with benign criteria i.e., incidental hyperplasia, hematopoiesis, and potential splenitis. No evidence of neoplastic criteria was noted.

Sonographically, the appearance of the pylorus is suggestive of mild inflammation and potential mild stasis. Dietary intolerance / food hypersensitivity, gastritis, structurally insignificant generalized



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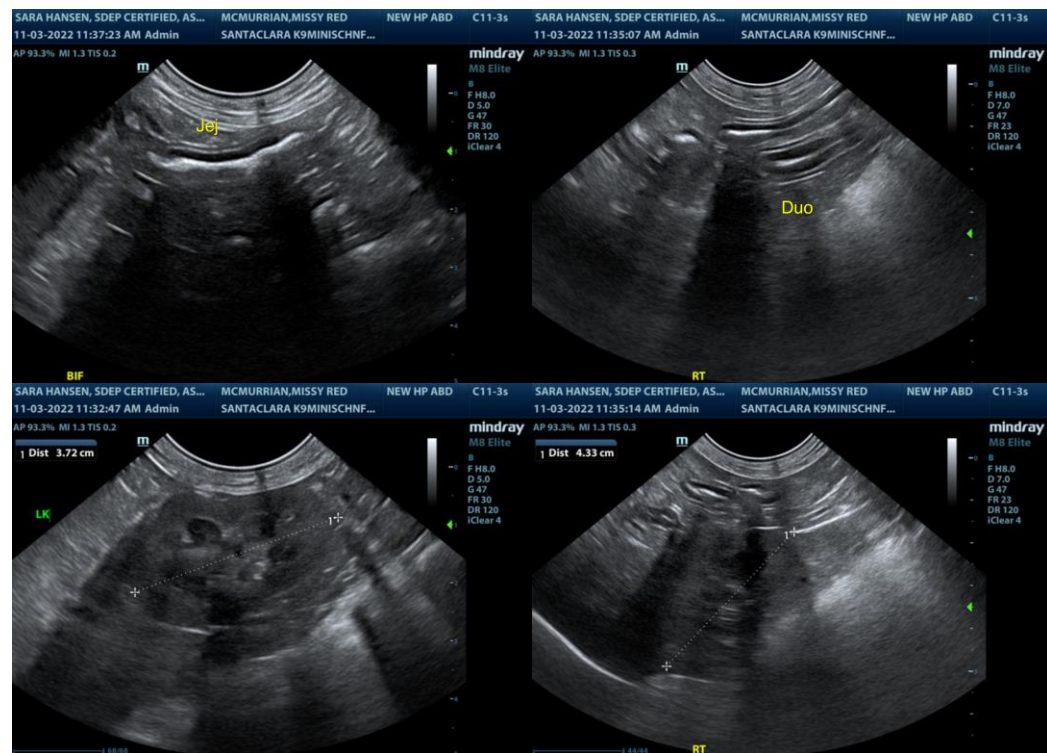
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inflammatory gastroenteropathy or less likely low-grade to chronic pancreatitis, which may present as sonographically normal, are all potentials. Some or all of the following protocol or similar protocol may be considered empirically, with assessment of clinical response. Although considered unlikely given the normal adrenal presentation, resting cortisol level to rule out occult Addison's Disease, could be considered.

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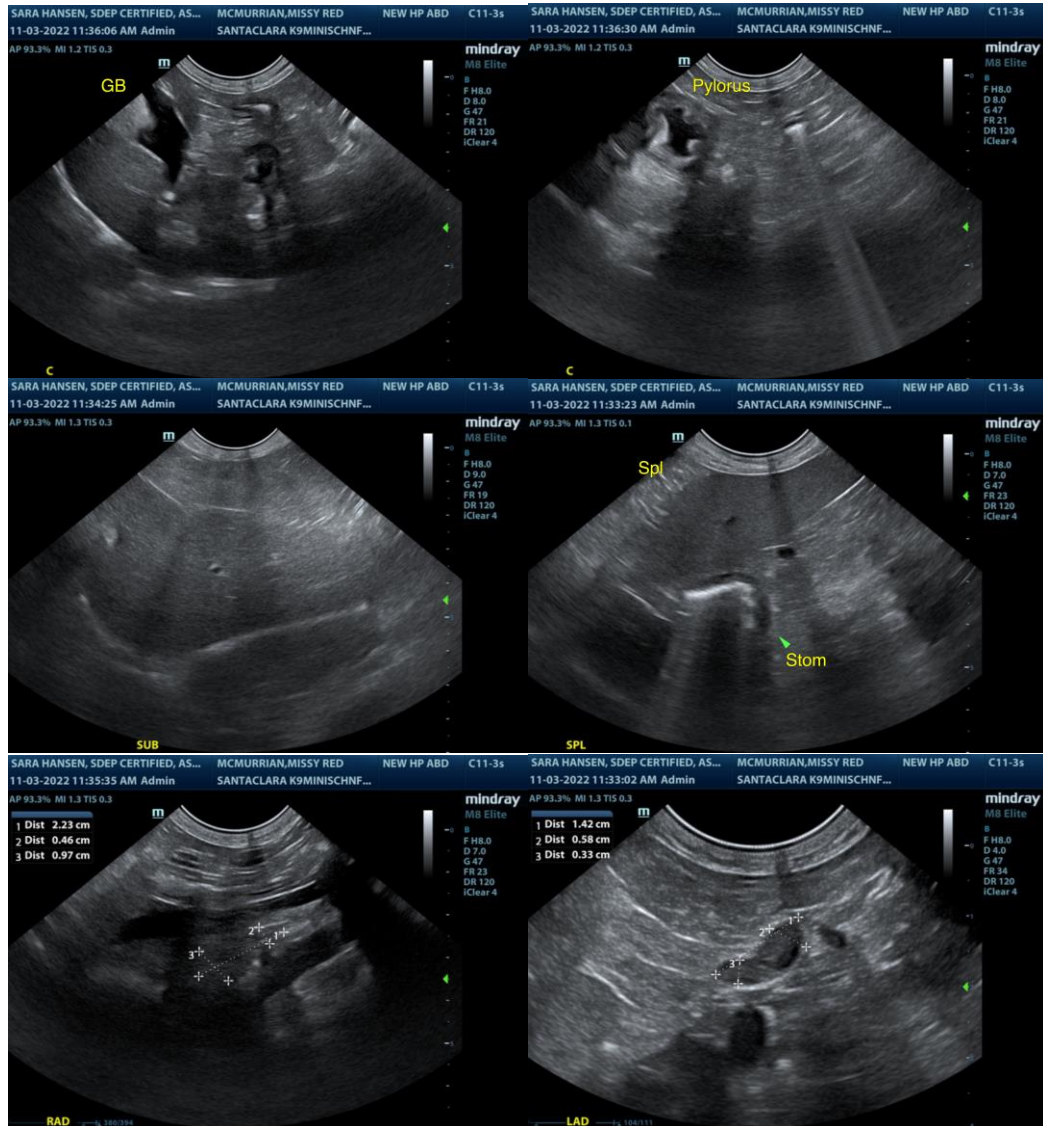
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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