



PATIENT

Bear Duffey

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

6 Years

WEIGHT

15 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tam Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Tam Mengine

INVOICE

33123

DATE

11/30/21

PRESENTING CLINICAL SIGNS

Patient presented today for 2 week history of daily vomiting (food, occ bile), appetite ok, no diarrhea. Ate cheese and other people food shortly before signs started. Physical exam unremarkable, other than 3 pound weight loss from 9/21. CBC / Chem / Spec CPL / fecal O&P pending

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 were noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture. The prostate measured 1.1 cm in width.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.5 cm. The right kidney measured 4.8 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm at the cranial pole and 0.41 cm at the caudal pole. The left adrenal gland measured 0.55 cm at the cranial pole and 0.56 cm 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

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. This is likely incidental assuming no evidence of cholestasis. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The visualized gastric walls exhibited intact, sonographically unremarkable wall layering. The lumen of the stomach contained mild to moderate echogenic, nonshadowing ingesta/chyme and luminal gas. No evidence of mechanical pyloric outflow obstruction. Gastric body wall measured 0.27 cm. Pylorus wall measured 0.37 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. Duodenum wall measured 0.37 cm. Jejunum wall measured 0.33 cm.



PATIENT

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

Bear Duffey

Pancreas

SPECIES

The left pancreatic limb was normal in size and contour with heterogeneous isoechoic parenchyma compared to adjacent omentum. The pancreas base and right pancreatic limb exhibited subjective echogenic parenchyma compared to adjacent omentum.

Canine

Free Abdomen

BREED

Several enlarged regional left cranial mesenteric lymph nodes were present caudal to the gastric body and adjacent to the left pancreatic limb. Example measured 1.2 cm x 0.58 cm. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident.

Shih Tzu

SEX

No effusion.

Neutered Male

PRIMARY FINDINGS

AGE

- Mild retained gastric ingesta/chyme
- Sonographically unremarkable small bowel
- Heterogeneous to echogenic pancreas – potential for low-grade chronic to chronic active pancreatitis.
- Probable regional cranial mesenteric lymphadenitis – not overtly consistent with neoplastic criteria.

6 Years

WEIGHT

SECONDARY FINDINGS

15 Pounds

- Subjective mild loss of renal corticomedullary border distinction – non-specific, possible early age related to chronic renal changes.

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

The recent meal ingestion may coincide with the presence of gastric ingesta/chyme. However, some degree of metabolic gastric stasis would be suspected if documented NPO. This may be potentially secondary to underlying gastric or structurally insignificant gastrointestinal inflammatory process, dietary intolerance/food hypersensitivity, occult parasitism, or structurally insignificant inflammatory gastroenteropathy.

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Correlation with pending lab work recommended. Additionally, GI panel to include PLI, TLI, cobalamin and folate +/- resting cortisol to rule out occult Addison's disease would be warranted given the gastrointestinal signs and weight loss. 3-view chest radiographs suggested to rule out occult thoracic or esophageal pathology. Broad-spectrum deworming is suggested even if fecal testing is negative and without diarrhea. Some or all of the following protocol may be considered empirically.

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Helicobacter/Gastritis protocol

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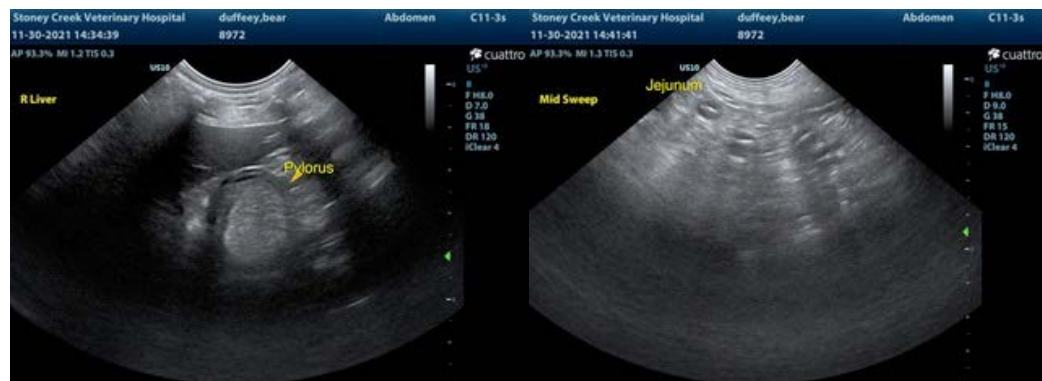
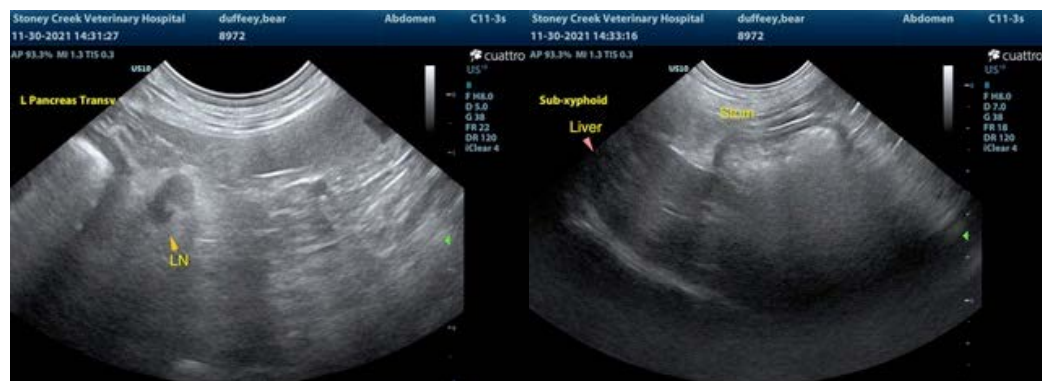
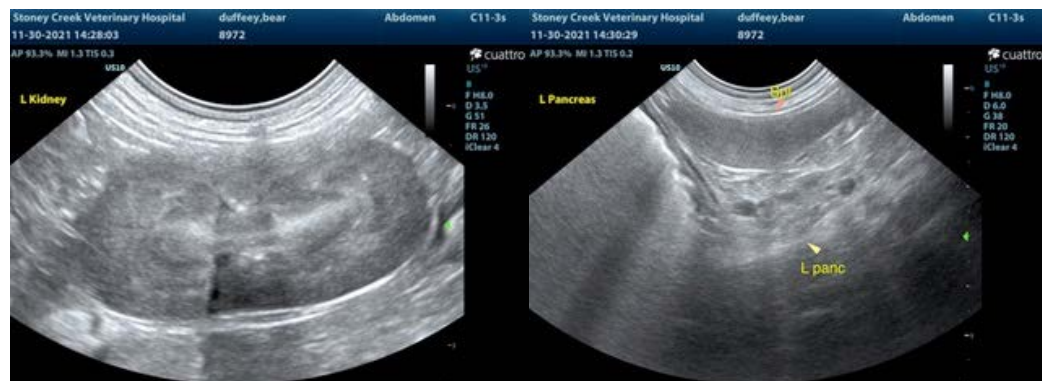
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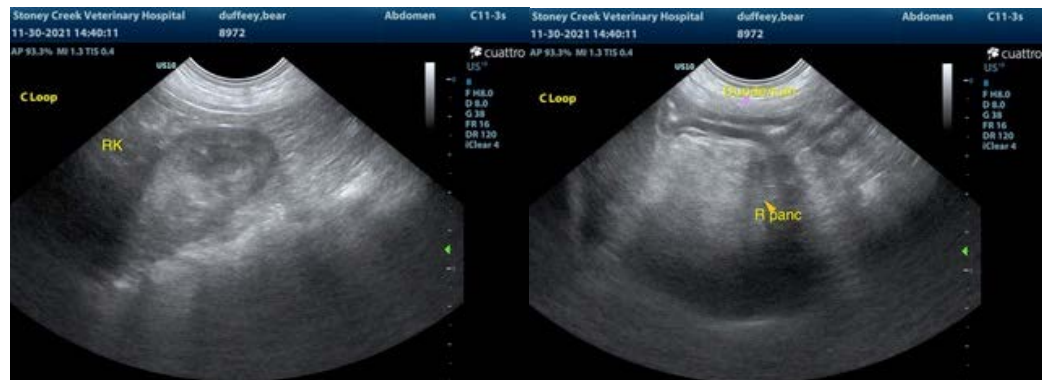
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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