

PATIENT

Toby Rehrig (Emp pet)

SPECIES

Canine

BREED

Pitbull

SEX

Neutered Male

AGE

6 years

WEIGHT

48 Pounds

PRESENTING CLINICAL SIGNS

History: Megaesophagus, recent vomiting, weight loss

Medication: Sildenafil Citrate, Pepcid

Recent CBC and Chemistry Panel - unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND CHEST

Urinary System

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. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

No overt pathology was noted in the area of the residual prostate.

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 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 5.8 cm in length. The right kidney measured 6.6 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 2.4 cm length x 0.54 cm width at the caudal. 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 0.53 cm width at the caudal.

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 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.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Stanglein VC

REFERRING VET

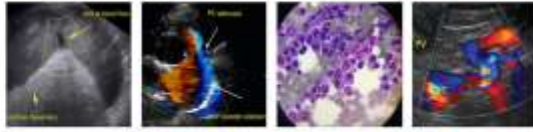
Dr. Stanglein

INVOICE

12832

DATE

12.16.2021



PATIENT

Gastrointestinal

Toby Rehrig (Emp pet)

The stomach exhibited intact and sonographically unremarkable wall layering with moderate retained primarily anechoic fluid and nonspecific hyperechoic ingesta. No evidence of mechanical pyloric outflow obstruction was noted. The ventral gastric body wall width measured 0.36 cm.

SPECIES

Canine

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 width measured 0.38 cm. The jejunum wall width measured 0.30 cm.

BREED

Pitbull

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

SEX

Neutered Male

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.

AGE

6 years

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

48 Pounds

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hypomotile stomach
- Sonographically unremarkable small bowel

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Metabolic gastric hypomotility and potential delayed gastric emptying are suspected. Possible structurally insignificant inflammatory bowel is possible, given the patient's weight loss. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Omeprazole / Sucralfate combination with canned low-fat or hydrolyzed diet with smaller more frequent feedings may prove beneficial. Potential use of prokinetic therapy such as Cisapride or Metoclopramide could also be considered with an assessment of clinical response. Broad-spectrum deworming i.e., Panacur 50 mg/kg PO SID for 5 consecutive days +/- empirical cobalamin supplementation may be considered. Ultimately, upper gastrointestinal endoscopy may be indicated if continued vomiting or weight loss.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Stanglein VC

REFERRING VET

Dr. Stanglein

INVOICE

12832

DATE

12.16.2021





PATIENT

Toby Rehrig (Emp pet)

SPECIES

Canine

BREED

Pitbull

SEX

Neutered Male

AGE

6 years

WEIGHT

48 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Stanglein VC

REFERRING VET

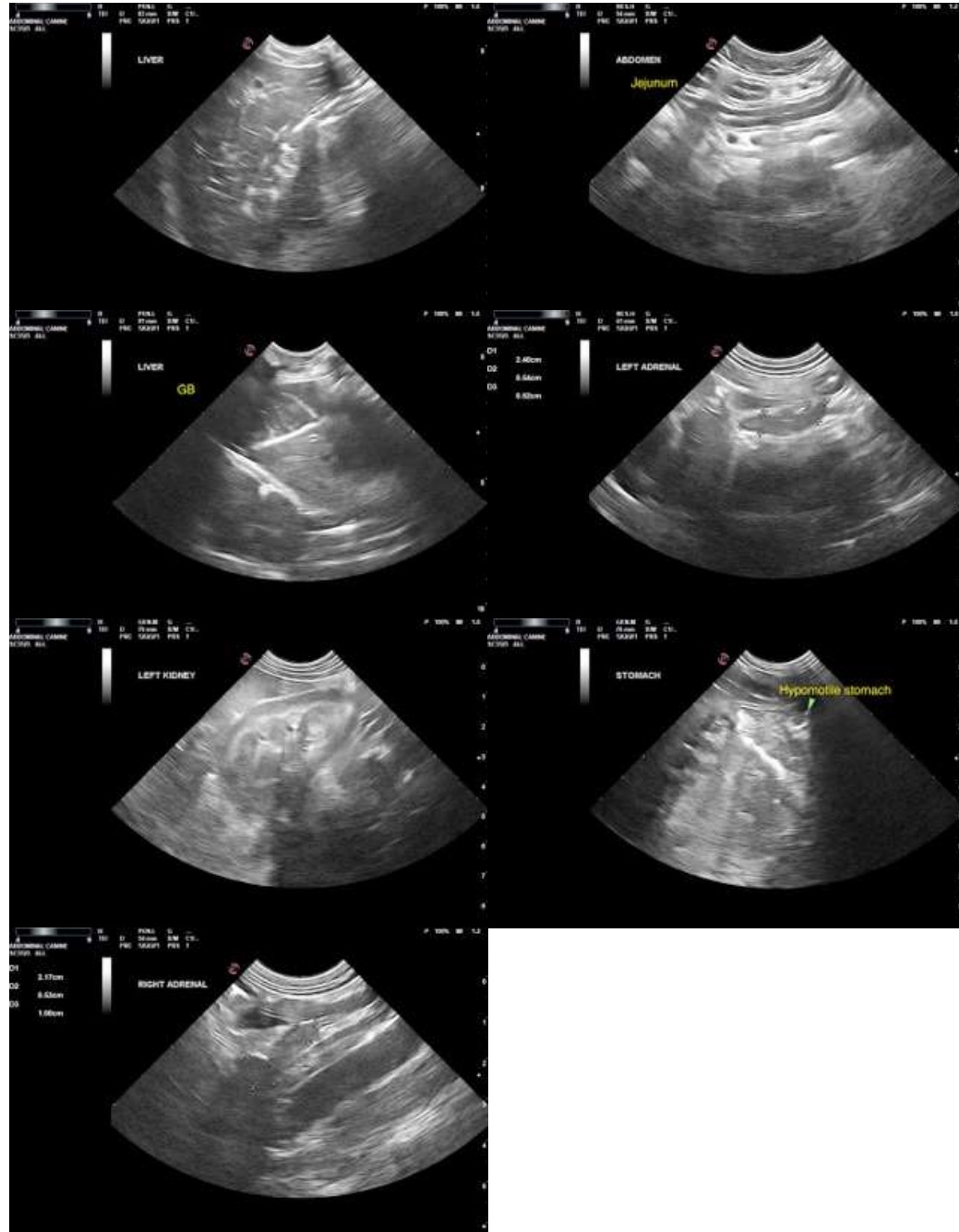
Dr. Stanglein

INVOICE

12832

DATE

12.16.2021



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.



PATIENT

Toby Rehrig (Emp pet)

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com

SPECIES

Canine

BREED

Pitbull

SEX

Neutered Male

AGE

6 years

WEIGHT

48 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Stanglein VC

REFERRING VET

Dr. Stanglein

INVOICE

12832

DATE

12.16.2021