



PATIENT

Ollie Hileman

SPECIES

Canine

BREED

Mix

SEX

MN

AGE

3 years

WEIGHT

44 lbs.

PRESENTING CLINICAL SIGNS

Ollie is a 3 yo MN mixed breed dog with chronic intermittent vomiting/lack of appetite. CBC/Chem/PLI during episodes has been normal (Eosinophils were elevated once but not at all). Pet does not get diarrhea during these episodes. Pet historically improves with Cerenia and bland diet. Most recent episode (11/22/21), owner was trying to switch from ProPlan to Blue Wilderness and pet had most severe episode including blood in vomit and required hospitalization at the local 24 hour ER. Hydrolyzed diet trial has been started.

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.

No evidence of 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 5.3 cm in length. The right kidney measured 5.8 cm in length.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.2 cm length x 0.56 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 2.7 cm length x 0.69 cm width at the caudal pole.

IMAGING PERFORMED BY

Dr. Jennifer Todd

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.

HOSPITAL NAME

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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 with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with evidence of retained ingesta, fluid, or foreign material. The gastric body wall width measured 0.40 cm.

SPECIES

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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 jejunum wall width measured 0.30 cm.

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

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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

3 years

Free Abdomen

WEIGHT

44 lbs.

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

Primary Findings

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

- Sonographically unremarkable abdomen - low grade gastritis suspected

IMAGING PERFORMED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of a significant visceral specifically gastrointestinal pathology. Dietary indiscretion / food intolerance or low-grade gastritis are considered primarily differential diagnoses. Broad spectrum deworming i.e., Panacur 50 mg/kg PO SID for 5 consecutive days with potential repeat protocol in 3 weeks may be considered if not done, given previous eosinophilia. Clinical assessment to recently initiated hydrolyzed diet trial with as-needed gastrointestinal support is recommended. Empirically, some or all of the following protocol may be considered. Although considered unlikely, given the normal appearance of the bilateral adrenal glands, resting cortisol to rule out occult Addison's disease may be considered if persistent lack of appetite and vomiting.

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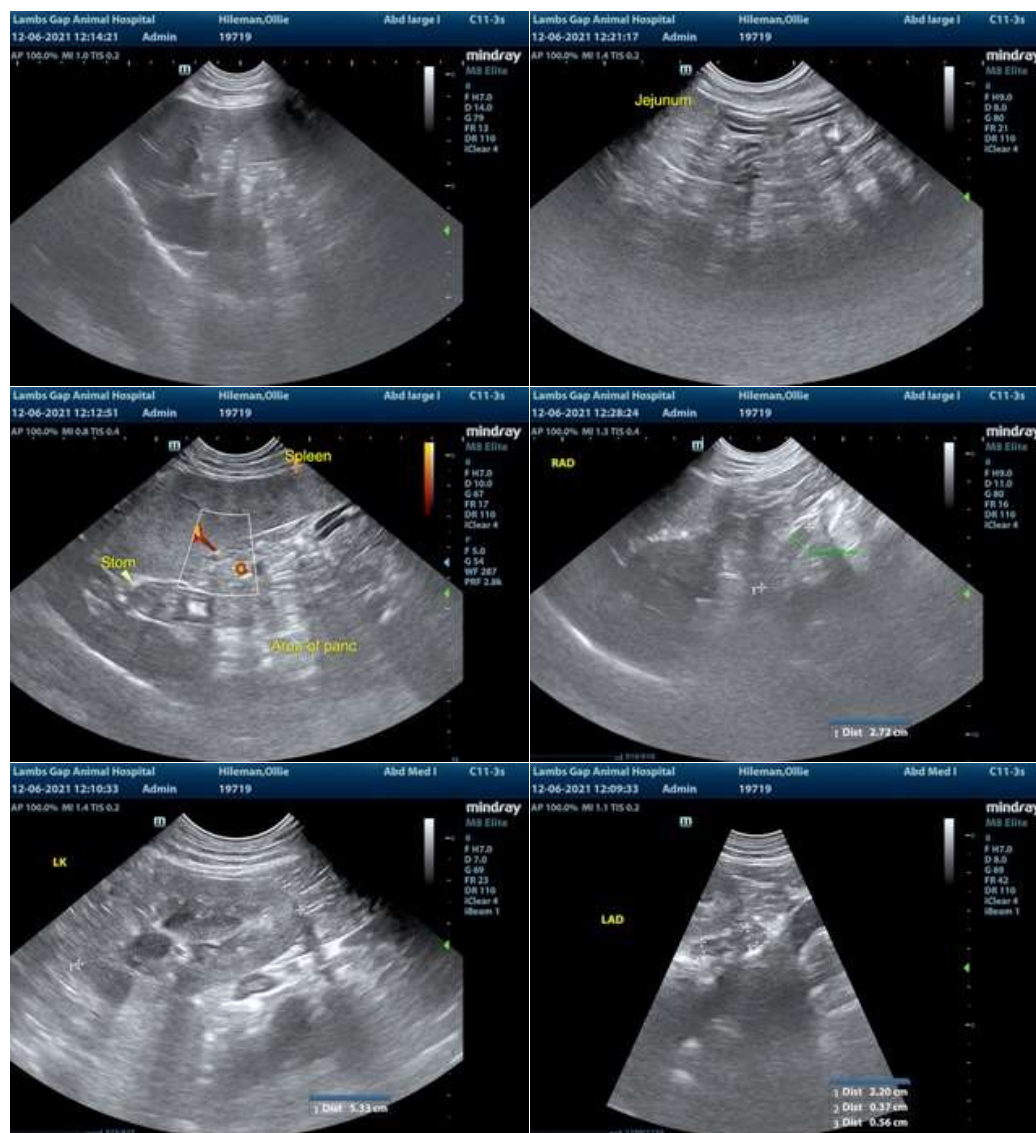
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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