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Clinical Sonography & Telecytology
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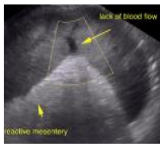
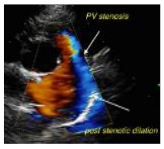
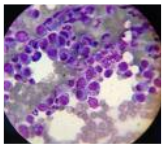
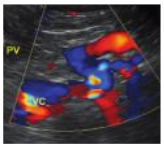





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Archie Amores

SPECIES

Canine

BREED

Schnauzer, Min

SEX

Neutered Male

AGE

3 Years 6 Months

WEIGHT

13.7 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Michaleen

HOSPITAL NAME

DPC Veterinary Hospital

REFERRING VET

Dr. Feldt

INVOICE

19053

DATE

12/6/22

PRESENTING CLINICAL SIGNS

History: Date: 12/5/2022 Reason for Visit: chronic vomiting History: 3yr 6m old NM miniature schnauzer presented today for chronic vomiting. Since O has adopted P, he has alwasy had digestion issues. O would like to know about holistic methods for Ps vomiting. Vomiting will be in the morning most of the time. Frequency of vomiting is about 2 times/week. Has had multiple food trials - O says P is a very picky eater so diet trials do not last long. Does not eat fast NO diarrhea Will go months with no vomiting then other times will vomit 2x/week. Likes to eat grass and will sometimes vomit after eating. If misses a meal (VERY picky eater) will vomit.

Abnormal PE/Chem/CBC/UA Results: Hydration: N Mentation: aggressive, was calm and easy to examine while muzzled EENT: unable to examine Oral Cavity: unable to examine Lymph Nodes: N Skin: N CV/Respiratory: No murmur lungs clear Abd/GI: Not painful but is tense throughout Uro/Perineum: N Musculoskeletal: BCS 5/9 Neurological: N Fecal: NPS 12/6/22 administered 0.15mls IV torbugesic CBC Eosinophilia 1,250 - r/o GI parasites (Fecal NPS, no diarrhea), Chem ALT 140 - r/o sec to GI vs Primary liver dz Amylase low 344 - r/o fasted cPL - Normal HWT - Neg TAMU GI panel and Resting Cortisol level pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone and cystourethral junction 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. Aortic trifurcation was normal.

The residual prostate 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 4.1 cm in length. The right kidney measured 3.8 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 0.47 cm width at the caudal pole and 0.4 cm width at the cranial pole.

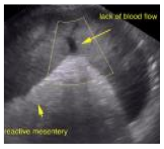
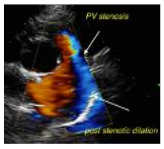
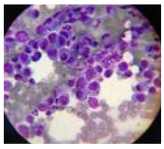
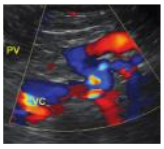
The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.49 cm width at the caudal pole and 0.43 cm width at the cranial pole.

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

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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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ingesta, fluid or foreign material. The gastric body wall measured 0.30 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 0.33 cm. The jejunum wall measured 0.29 cm.

Normal visible colon wall layers were present with formed to potential semi-formed fecal matter 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 was evident.

Free Abdomen

A solitary, mildly prominent isoechoic mid abdominal mesenteric lymph node was present. No evidence of peripheral inflammation or neoplastic criteria and maintaining a normal width: length ratio (<0.5). The lymph node measured 0.43 cm in diameter. No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable gastrointestinal tract/colon
- Solitary mildly prominent benign/reactive mesenteric lymph node
- Low grade hepatopathy- benign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of abdominal, specifically gastroenterocolic or pancreatic pathology. Dietary intolerance/food allergy or low-grade gastritis may be primary considerations in this patient. Potential for bilious vomiting, given the early morning vomiting pattern is possible.

A hydrolyzed diet trial, gastroprotectant protocol, i.e., Omeprazole at 1 mg/kg PO SID initially for 2-3 weeks with possible smaller/more frequent feedings, as well as late evening feeding, given the early morning vomiting, may prove beneficial. Empirical deworming, i.e., Panacur at 50 mg/kg PO SID for at least 5 consecutive days is suggested even with negative fecal testing. Correlation with pending resting cortisol level is warranted, although the bilateral adrenal glands appear to be sonographically normal.

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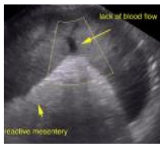
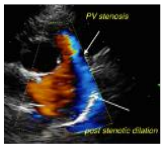
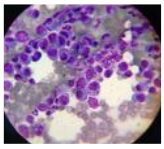
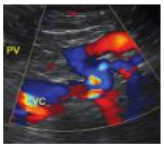

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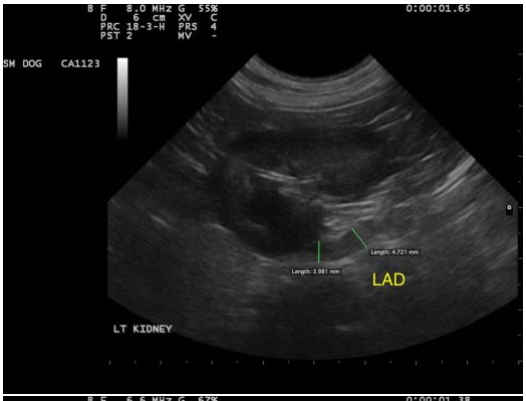

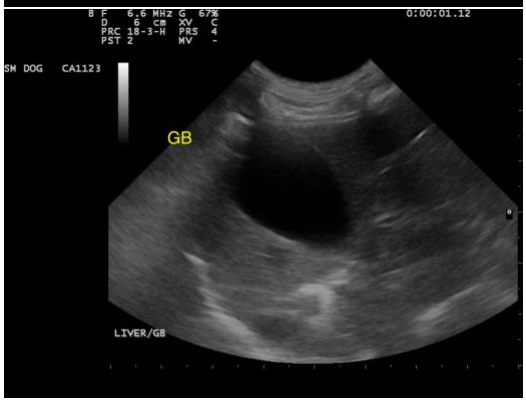

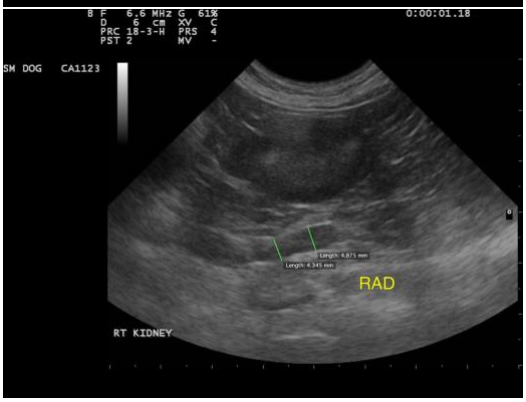

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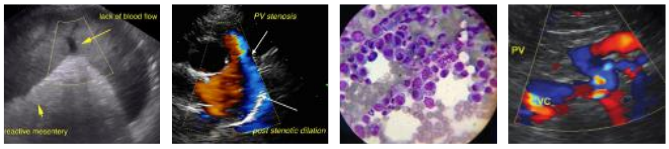

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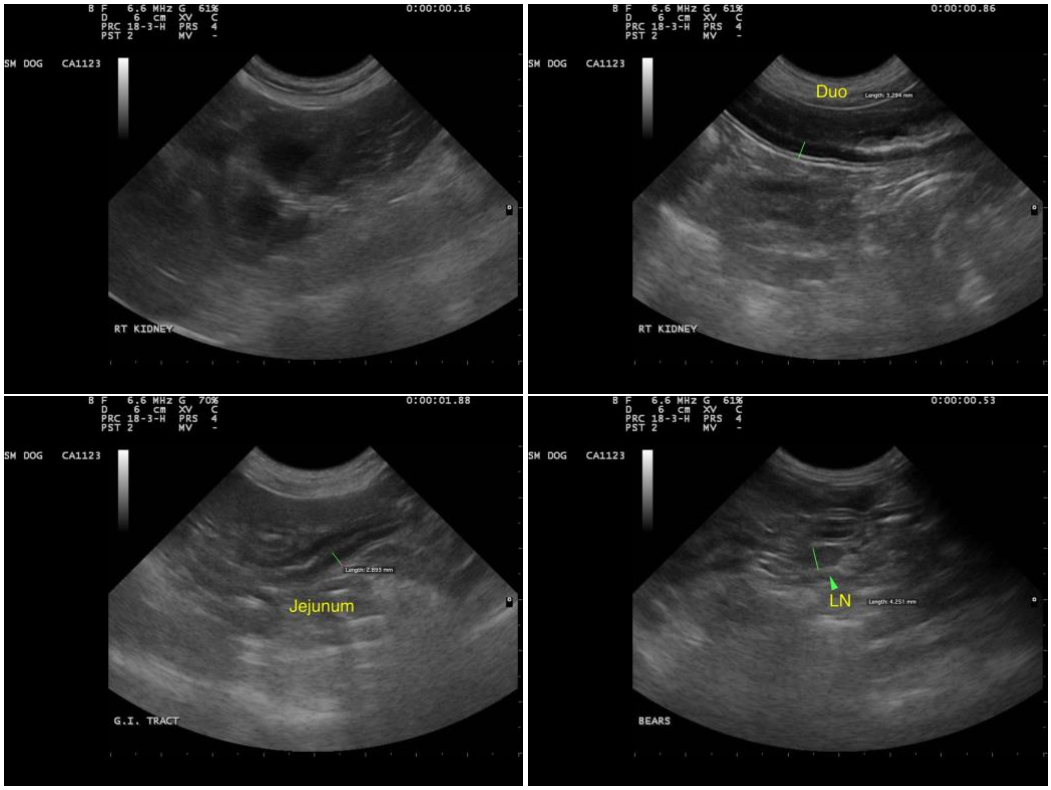

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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