

PATIENT PRESENTING CLINICAL SIGNS

Dragon Kern History: Chronic intermittent GI issues, vomiting, diarrhea, anorexia, recent hospitalization for elevated Alkph, Lipase/Amylase

SPECIES Medication: Metronidazole, Omeprazole, Ondansetron, Cerenia

Canine Amylase 1778, Lipase 3452, ALP 218, Unremarkable CBC

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Pitbull *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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.

SEX

Neutered Male

The area of the residual prostate was free of pathology.

AGE

6 years

The area of the aortic trifurcation was free of pathology.

WEIGHT

28.3 kgs

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 6.0 cm in length. The right kidney measured 6.0 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 3.0 cm length x 0.60 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 2.5 cm length x 0.84 cm width at the caudal pole.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

Spleen

The spleen exhibited overall normal size and contour with primarily fine textured homogeneous parenchyma. Focal, non-expansive, discreet, isoechoic parenchymal nodule was present in the caudomedial parenchyma, measuring 1.4 cm in diameter. The nodule did not distort the splenic capsule.

HOSPITAL NAME

Abby Road AH

REFERRING VET

Dr. Gerenser

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.

INVOICE

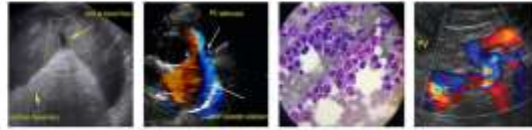
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Gastrointestinal

DATE

12.7.2021

The stomach exhibited intact and sonographically unremarkable wall layering with mild to moderate retained anechoic fluid. The gastric body wall width measured 0.37 cm.



PATIENT Dragon Kern
The small intestine presented intact yet generalized prominent wall layering owing to subjective prominent muscularis, as well as echogenic to prominent submucosa layer. The duodenum wall width measured 0.58 cm. The jejunum all width measured 0.48 cm.

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

BREED Pitbull
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.

SEX Neutered Male
Free Abdomen

Intermittent, mid-abdominal, mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 0.9 cm width. No effusion was noted.

AGE 6 years
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- WEIGHT** 28.3 kgs
- Benign low-grade hepatopathy
 - Hypomotile stomach
 - Enteropathy with associated reactive / benign intermittent mesenteric lymphadenopathy

INTERPRETED BY R. McKenzie Daniel, DVM, DABVP (Canine and Feline)
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although not definitive, the appearance of the small intestine was suggestive of chronic inflammatory enteropathy / IBD, given the mild altered wall layering and subjective prominent to echogenic submucosa, which tends to be more affected in dogs with underlying inflammatory bowel disease.

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Potential for chronic to low-grade pancreatitis is possible, which may present as sonographically normal.

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Given the chronic GI signs, mild chronic pancreatitis, dysbiosis, dietary hypersensitivity, IBD, or less likely Intestinal neoplasia are possible. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. In addition to the current medical protocol, a hydrolyzed diet If not currently instituted with smaller more frequent feedings and/or intestinal prokinetic agents such as Metoclopramide, given the gastric hypomotility, may prove beneficial. Empirical deworming such as Panacur 50 mg/kg PO SID for at least 5 consecutive days with potential repeat protocol in 3 weeks is recommended, even if fecal testing is negative.

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Although considered unlikely, adrenal screening with resting cortisol to rule out occult Addison's disease may be considered. Ultimately, endoscopic intestinal biopsies may be required for a definitive diagnosis.

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SPECIES

Canine

BREED

Pitbull

SEX

Neutered Male

AGE

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WEIGHT

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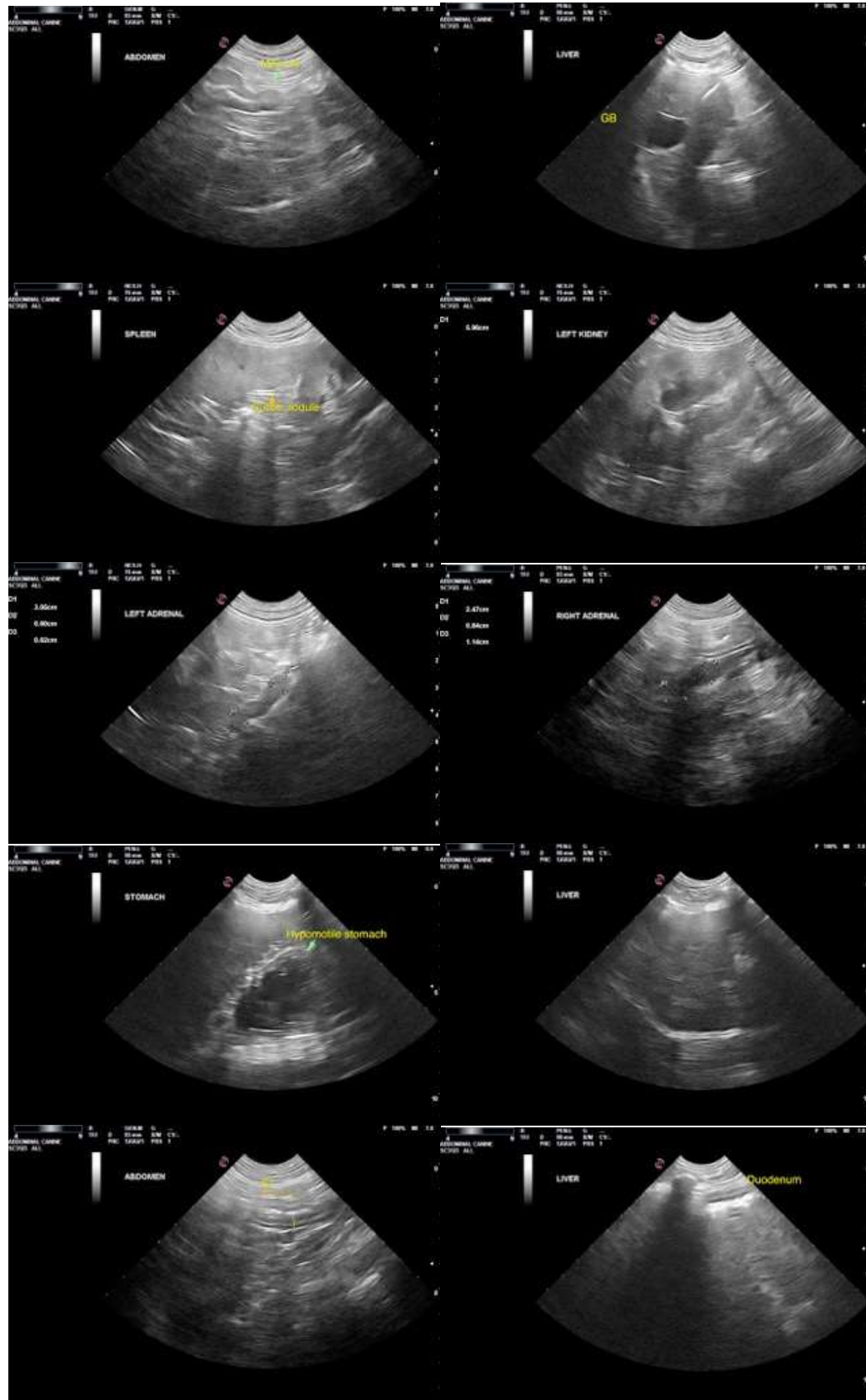
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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