



PATIENT

LucyLoo Metcalf

PRESENTING CLINICAL SIGNS

History: Black, tarry stools. Lethargic. PU/PD. Stool looking more normal this am.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to lack of urine distention. The urinary trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Mild 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.

BREED

Pug

SEX

Spayed female

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Pinpoint areas of medullary mineral were present in both kidneys. 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 3.9 cm in length. The right kidney measured 4.0 cm in length.

AGE

13 years

The area of the uterine remnant was free of overt pathology.

The area of the aortic trifurcation was free of pathology.

WEIGHT

7.4 kg

Adrenal Glands

The left adrenal gland exhibited potential for mild subnormal size, subjectively measuring 0.2 cm at the caudal pole. The right adrenal gland appeared overtly normal in size position and shape, measuring 0.28 cm at the caudal pole.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

David Stasiuk RDMS
RDCS

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.

HOSPITAL NAME

Resolution Veterinary
Ultrasound

The gallbladder was non-distended in size with thin walls and mild nondependent yet nonorganized debris present. The cystic and common bile ducts were normal.

REFERRING VET

Healing Traditions
Holistic Veterinary
Clinic

Gastrointestinal

The stomach presented intact with the potential for mildly prominent wall layering. The lumen of the stomach was empty with mild luminal gas and no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.47 cm.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio with subjective propensity for generalized mildly prominent to echogenic submucosa layer. The duodenum wall measured 0.39cm. No overt evidence of loss of intestinal wall layering or intestinal masses. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No overt pathology noted at the level of the ileocolic junction.

DATE

02/18/2022



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Normal visible colon wall layers were present with apparent semi formed to potential soft feces in lumen. The descending colon wall measured 0.18 cm.

Pancreas

SPECIES

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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 was evident.

BREED

Pug

Free Abdomen

No omental masses, lymphadenopathy, or overt effusion.

SEX

Spayed female

- Gastroenteritis pattern exhibiting subjective propensity for mildly prominent submucosal layer-possible inflammatory bowel.
- Mild chronic renal changes with pinpoint medullary mineral.
- Mild gallbladder debris (non-mucocele).

AGE

13 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overt evidence of gastric or gastrointestinal ulceration or obvious neoplastic criteria was not noted yet given the melena in this patient, this possibility cannot be definitively excluded.

WEIGHT

7.4 kg

Resting cortisol level +/- ACTH stim if resting cortisol level is <2.0 is warranted given the potential for microulceration and concurrent PU/PD. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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DVM, DABVP
(Canine and Feline)

Some or all of the following protocol may be considered empirically with further monitoring however endoscopic evaluation of the gastrointestinal tract may be indicated if persistent/progressive melena or gastrointestinal signs are noted.

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David Stasiuk RDMS
RDCS

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.),**Sucralfate**(0.5-2 g/dog PO) and**Omeprazole**(1 mg/kg p.o. s.i.d.) over the next 3 weeks along with **anovel-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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REFERRING VET

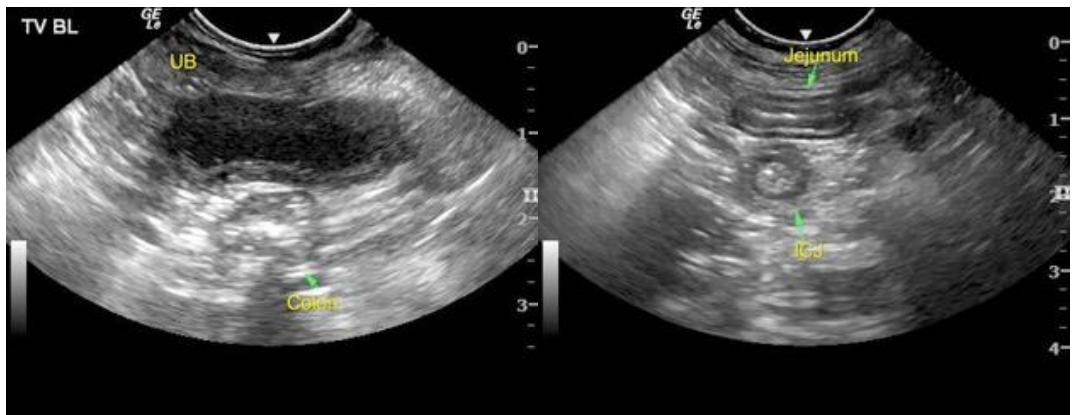
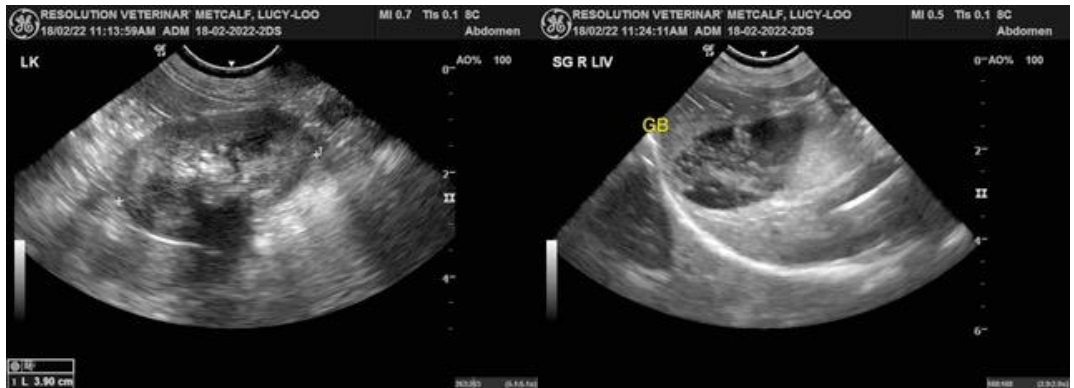
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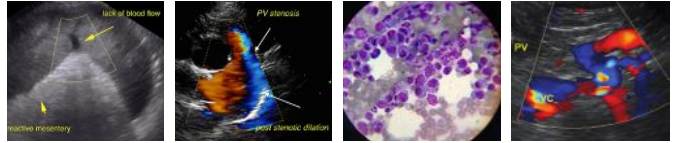
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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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info@SonoPath.com

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