


PATIENT PRESENTING CLINICAL SIGNS

Molly Frumau

SPECIES

Canine

BREED

Doodle

SEX

Spayed Female

AGE

10 Years

WEIGHT

21.5 kg

History: owner reports no issues or concerns except her stomach issues. has had a sensitive stomach her whole life but these stomach issues started a couple years ago as intermittent episodes. over time have become more frequent and now it is constant. episodes were typically gurgling in the middle of the night which caused distress then would subside with TUMS and the next day or so Molly won't eat but then resolved. episodes have become more frequent and the day or so after has become longer and with vomiting. vomiting is typically mucous or if she has eaten the food will be vomited. this current episode started around Christmas and really has not subsided. now she does not have much appetite and her energy is low. BM/U normal. ABNORMAL Labwork Values will email Current Medications Sulcrate, omeprazole and prednisone Radiographic Findings none Primary Question to Be Answered in This Exam - any reason for long term stomach issues

Unremarkable CBC, Unremarkable Chemistry Panel with mild hypocholesterolemia, cPL normal, Na/K ratio 36

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.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.2 cm in length. The right kidney measured 7.4 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 2.6 cm length x 0.84 cm width at the caudal pole. The right adrenal gland was indistinctly visualized owing to patient size, yet was without overt pathology subjectively measuring 2.1 cm length x 0.60 cm width at the caudal 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/ Gallbladder

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in

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 DABVP (Canine and
 Feline)

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Crystal Hill

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margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild gallbladder debris. The cystic and common bile ducts were normal.

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Canine

Gastrointestinal

The stomach presented intact and sonographically unremarkable wall layering in the fundus, gastric body, and the area of the antrum/pylorus. The gastric body wall width measured 0.39 cm. The pylorus wall width measured 0.35 cm. Mild retained anechoic mildly echogenic fluid was present in the antrum and pylorus lumen. No overt evidence of mechanical pyloric outflow obstruction was noted.

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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 duodenum wall width measured 0.48 cm.

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

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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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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- Minor retained pyloric fluid
- Overtly normal small bowel
- Subjective mild vacuolar hepatopathy pattern
- Mild gallbladder debris -non mucocele and likely incidental potentially secondary to fasting or nonclinical cholestasis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant visceral specifically gastrointestinal pathology was noted. The mild retained pyloric fluid, although nonspecific, may suggest some degree of metabolic gastric stasis or potential low-grade gastritis.

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Although considered unlikely given the normal presentation of the bilateral adrenal glands, as well as lack of electrolyte abnormalities, resting cortisol to rule out occult Addison's Disease could be considered.

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Empirically, some or all of the following protocol may prove beneficial. Three view chest radiographs are suggested if not done to rule out occult thoracic or esophageal pathology as a contributing factor to the patient's clinical signs.

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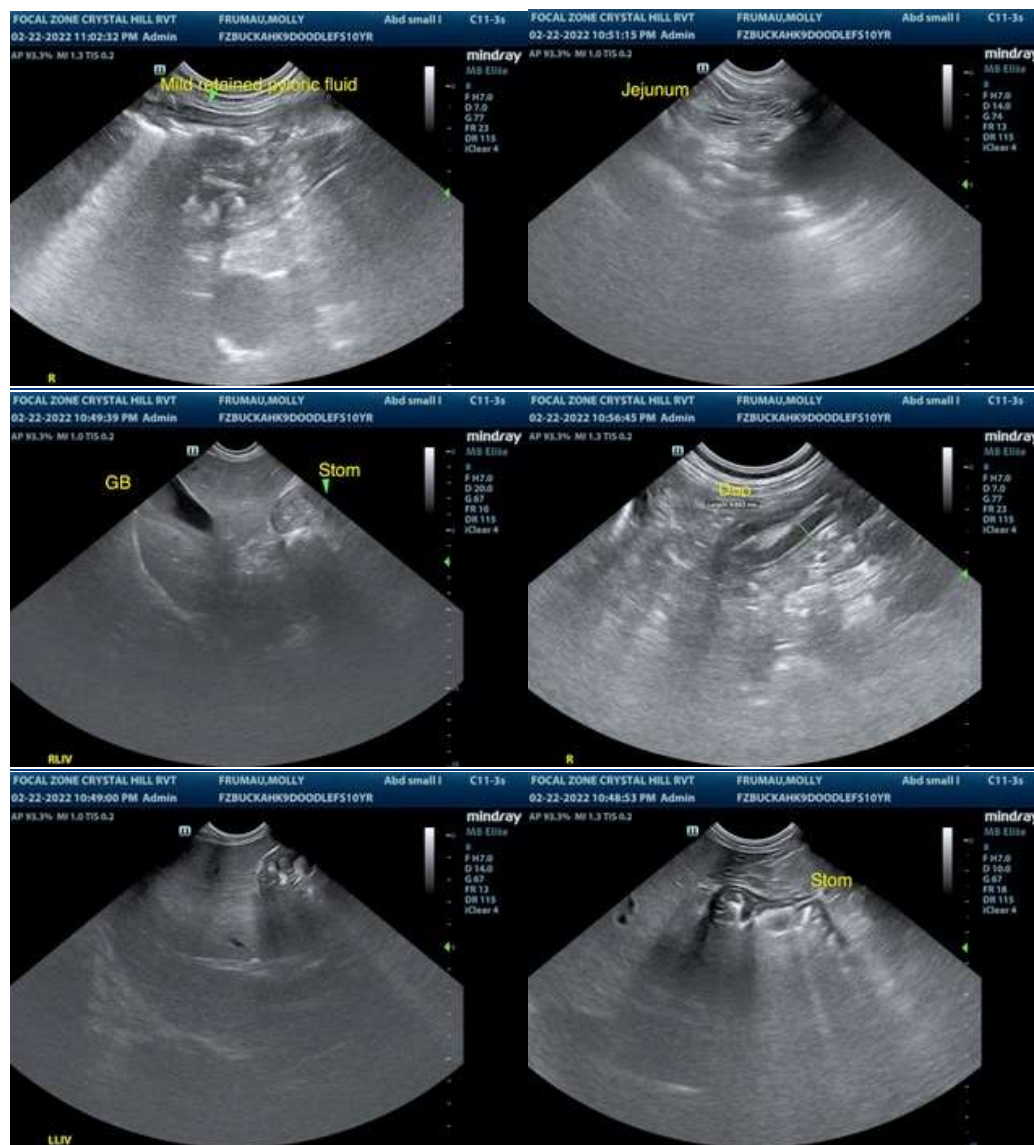
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A clinical trial of **Zithromax** (Dogs: 5-10 mg/kg p.o. q24h. May increase dosing interval to q48h after 3-5 days of treatment), **Metronidazole** (10-20 mg/kg p.o. b.i.d.), **Pepcid** (0.5-1 mg/kg s.i.d.) and **Sucralfate** (0.5-2 g/dog PO) or **Omeprazole** (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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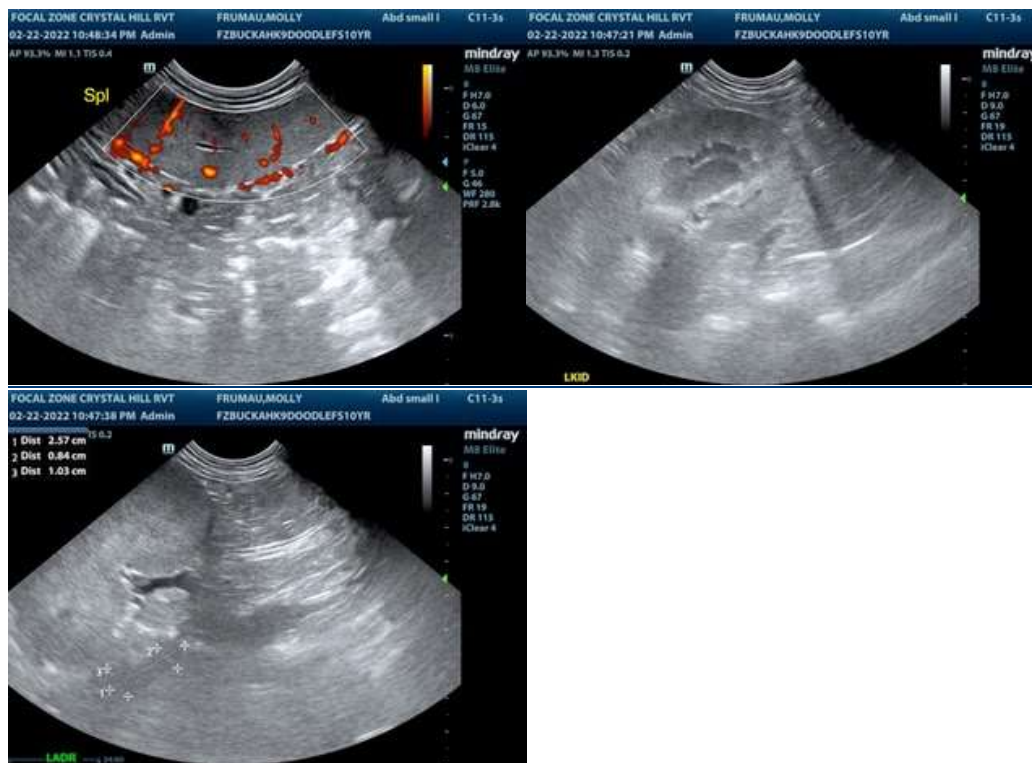
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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