



PATIENT

Gizmo Dymont

SPECIES

Canine

BREED

Papillon X

SEX

MN

AGE

6 years

WEIGHT

11.45 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

Village Centre AH

REFERRING VET

Dr. Award

INVOICE

13430

DATE

2/25/22

PRESENTING CLINICAL SIGNS

New patient to us 08-06-2021 has been seen numerous times prior for ongoing intermittent vomiting and diarrhea and abdominal discomfort. Limited diagnostic work up, treated symptomatically with antibiotics and food change to PVD Gastro EN. Symptoms had improved with diet change. 08-06-21 diarrhea w/ abd discomfort 10-23-21 diarrhea w/ abd discomfort 12-16-21 diarrhea w/ abd discomfort 02-09-22 V+D 02-22-22 Recheck, changed diet to PVD EN Gastro Low Fat. meds: Gabapentin 100 mg caps (1 capsule BID) Fortiflora SID, Convenia given 2-11-2022
Abnormal PE/Chem/CBC/UA Results: Feb 10 2022 Bloodwork: amylase: 1525 (290-1125), Precision PSL : 538 (24-140). Pending: Resting Cortisol

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 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 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 4.6 cm in length. The right kidney measured 4.6 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 0.60 cm width at the caudal pole and 0.46 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 0.72 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 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 mild to moderate wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall measured 0.37 cm width. Mild gastric distension with mild retained anechoic fluid in the gastric lumen was present.

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The duodenum exhibited segmental mural thickening subjectively in the mid duodenum with associated intact to mildly indistinct wall layering. Mild retained fluid was present within the lumen of the thickened duodenum. Mild evidence of regional periduodenal reactive mesentery was present. The segment of thickened duodenum measured approximately 3.0-4.0 cm in length with wall width up to 0.79 cm. By comparison, normal-appearing distal duodenum measured 0.36 cm wall width. The jejunum and ileum to the level of the colon were sonographically unremarkable. The jejunum wall width measured 0.36 cm.

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

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Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

WEIGHT

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No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- Segmentally thickened mid duodenum with intact to indistinct wall layering - segmental moderate to severe duodenitis, potential for emerging duodenal mural mass or infiltrative neoplasia possible
- Gastritis with mild gastric hypomotility
- Heterogeneous pancreas - potential for concurrent low-grade chronic to chronic active pancreatitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A GI panel to include PLI/TLI/Cobalamin/Folate could be considered. Exploratory laparotomy with gross inspection of the segmentally thickened duodenum with potential for biopsy or resection/anastomosis, as well as additional generalized gastrointestinal biopsies, given the recurrent gastrointestinal signs, is warranted.

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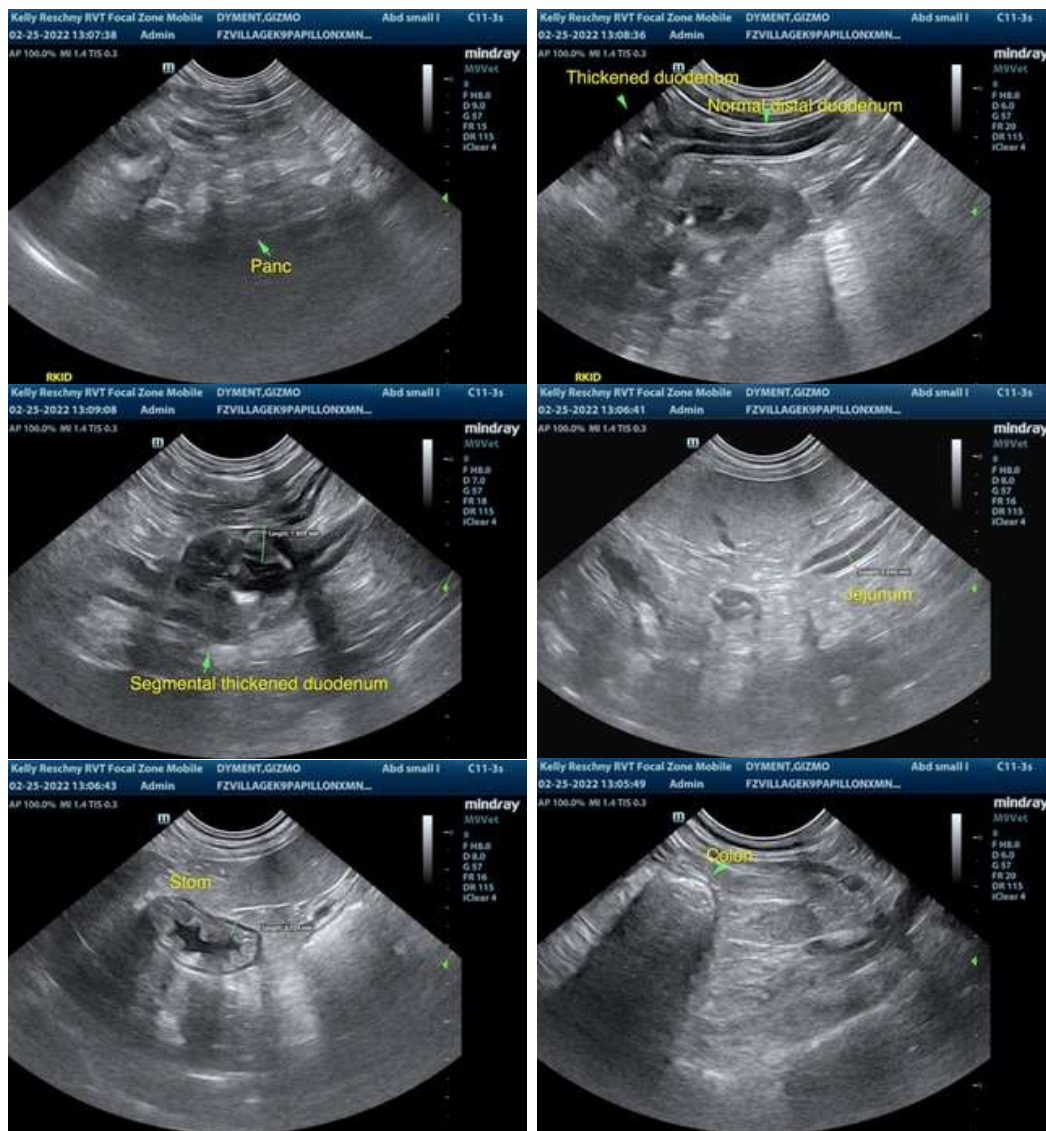
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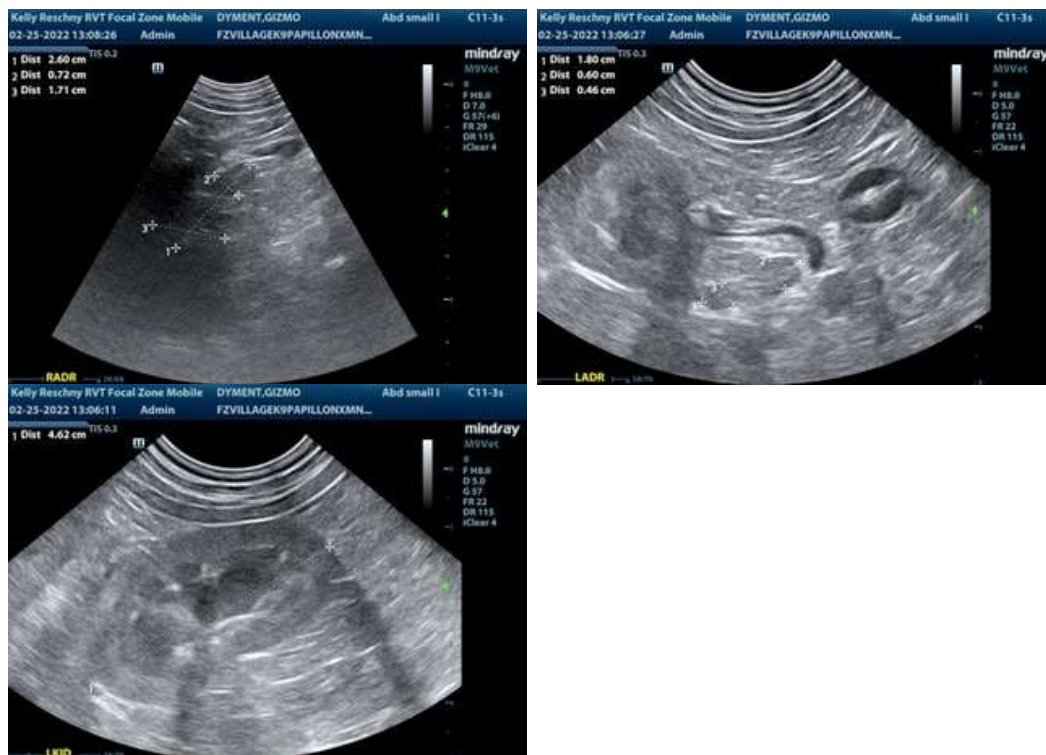
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com