



PATIENT

Thor Jenkins

SPECIES

Cnaine

BREED

PitBull

SEX

M

AGE

9yr

WEIGHT

61lb

PRESENTING CLINICAL SIGNS

Reason for Visit: Chronic intermittent vomiting and diarrhea History: Presented for evaluation of chronic intermittent vomiting and diarrhea. Patient has had intermittent episodes of diarrhea +/- vomiting since he was a puppy. Sometimes episodes triggered by eating new food/treats, but can also happen seemingly randomly. Sometimes diarrhea will be bloody, sometimes not. Sometimes vomiting will have blood, sometimes not. Only medical records available are from one visit from 2019. According to Lori Jenkins, pet has seen multiple vets and "they always do the same thing--Panacur, fluids, Cerenia, metronidazole, probiotics and he gets better but they never look into why it's happening." Not on heartworm prevention. Currently patient is improving after a week-long episode of bloody diarrhea and bloody vomiting. This morning patient had his first semi-formed bowel movement in days. Eating homecooked bland diet well--ate some this morning. collected a sample 3 hours ago for a fecal to go out, no previous diagnosed hx, not on prevention, o said p lost 5 lbs within a week

Abnormal PE/Chem/CBC/UA Results: Hydration: Adequate Mentation: BAR. Growls when handled--muzzled for rest of exam. EENT: OU clear. AU clear, no debris. No cough on tracheal palpation. Oral cavity: Not examined--muzzled. Lymph Nodes: Submandibular, prescapular and popliteal lymph nodes normal size, shape and consistency Skin: Healthy hair coat. No ectoparasites seen, skin clean dry and intact. CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. Abd/GI: Soft, non-painful, no fluid wave, no palpable masses or organomegaly. Uro/Perineum: No lesions or abnormalities. Musculoskeletal: BCS = 6/9. Ambulatory x 4, normal gait, normal palpation all 4 limbs. Neurological: Alert and appropriate. No deficits noted. Testing Performed: fecal antigen profile Results: Negative including giardia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

INTERPRETED BY

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

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

IMAGING PERFORMED BY

Michaleen

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 - cm in length. The right kidney measured - cm in length.

HOSPITAL NAME

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The area of the aortic trifurcation was free of pathology.

REFERRING VET

Dr. Feldt

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 5.0 cm in diameter.

INVOICE

12888ag

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

DATE

02/04/2023

Spleen



PATIENT	
Thor Jenkins	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.
SPECIES	
Cnaine	Liver/Gallbladder
BREED	
PitBull	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.
SEX	
M	Gastrointestinal
AGE	
9yr	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta consistent with recent meal ingestion with no signs of ileus, obstruction or foreign material.
WEIGHT	
61lb	The small intestine presented intact wall layering with subtly prominent to hyperechoic small intestinal submucosa layer was present. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.
INTERPRETED BY	Normal visible colon wall layers were present with apparent semi formed feces in lumen.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Pancreas
IMAGING PERFORMED BY	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.
Michaleen	Free Abdomen
HOSPITAL NAME	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
DPC Veterinary Hospital	ULTRASONOGRAPHIC FINDINGS
REFERRING VET	<ul style="list-style-type: none"> • Benign prostatic hyperplasia, less likely prostatitis • Mild gastric ingesta, likely recent meal ingestion • Intact small bowel walls with propensity for subtly prominent submucosa layer-nonspecific
Dr. Feldt	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
INVOICE	Overall, there is no overt evidence of significant abdominal visceral, specifically gastroenterocolic mural pathology as a definitive cause of the patient's clinical signs. The subtle small intestine mural changes may suggest inflammatory criteria such as IBD. No evidence of intra-abdominal infiltrative neoplasia was present. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.
12888ag	Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Provable or Visbiome), cobalamin supplementation pending GI panel results, +/- limited antibiotic trial to minimize adverse effects on normal GI flora and as needed gastrointestinal support with assessment of clinical response may prove beneficial.
DATE	Although considered unlikely, a resting cortisol level to rule out occult Addison's disease is recommended. Intestinal biopsies are likely required if GI signs continue despite empirical therapy.
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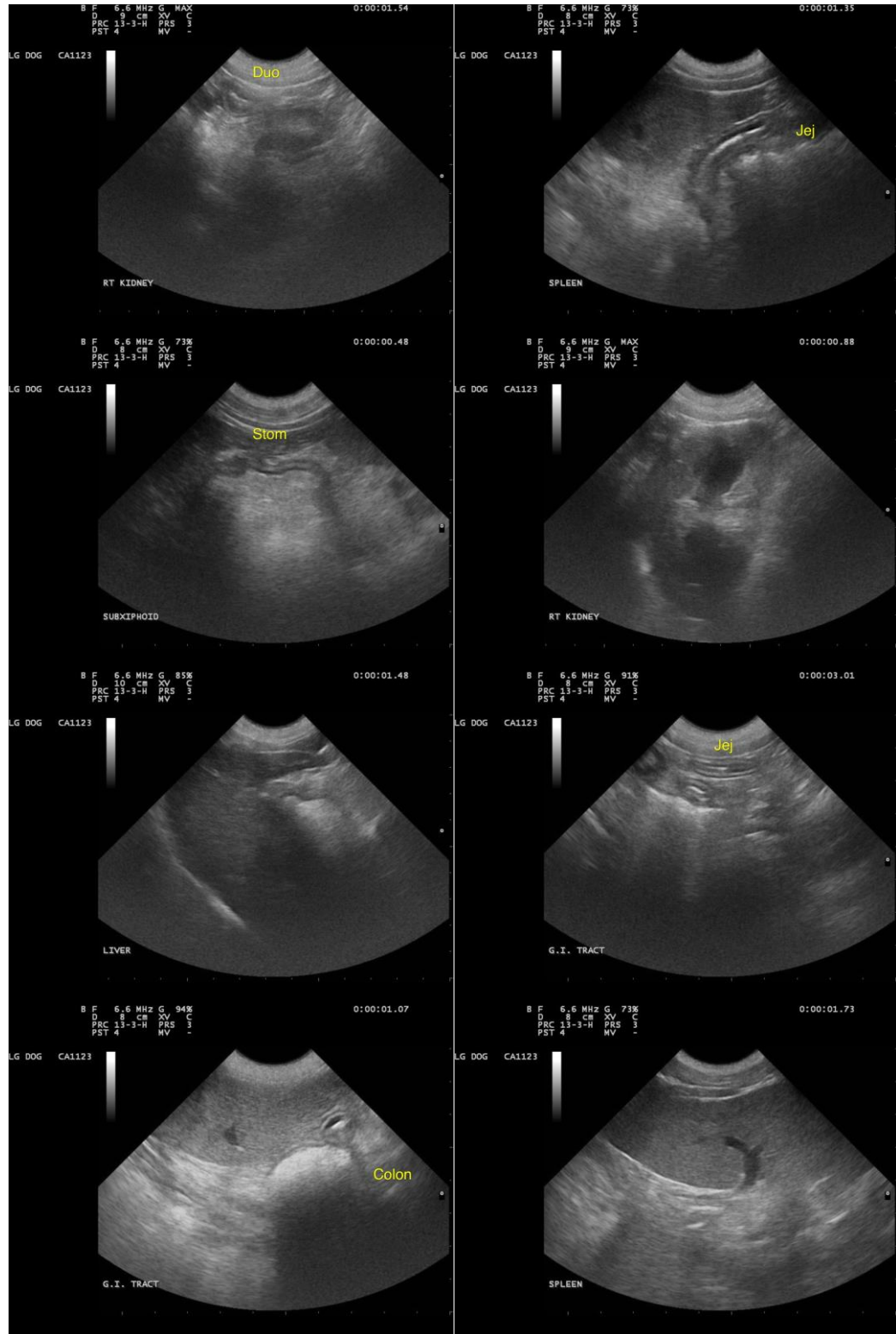
Dr. Feldt

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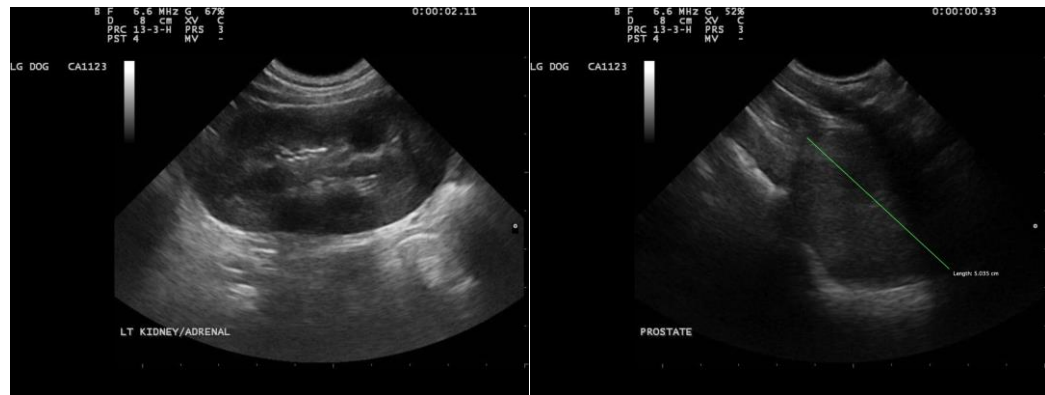
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

AGE

9yr

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.

WEIGHT

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R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)

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