



PATIENT PRESENTING CLINICAL SIGNS

Oreo Haverkamp History: Not eating, vomits after eating. Lateral abdominal and thoracic rads showed nothing unusual. On Cerenia and Sulcrate.

SPECIES Abnormal PE/Chem/CBC/UA Results: Amylase 7476, Urea 2.1, Baso 0.23

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

BREED *Urinary System*

Lab X Shepherd 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 were noted. Aortic trifurcation was normal.

SEX Neutered Male No overt pathology in the area of the residual prostate.

AGE 10 Years Normal size and margination was 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 6.2 cm in length. The right kidney measured 6.5 cm in length.

WEIGHT 28.6 Lbs. *Adrenal Glands*
The left adrenal gland was indistinctly visualized owing to patient size and conformation without overt pathology, subjectively measuring 2.3 cm length x 0.69 cm width at the caudal pole.

INTERPRETED BY The right adrenal gland was not definitively visualized owing to patient size and conformation.

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

Crystal Hill

Liver

HOSPITAL NAME

Queensway AH

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.

REFERRING VET

Dr. Hill

Gastrointestinal

The gallbladder was non distended in size with mild gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.
The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was primarily empty with mild luminal gas. No evidence of retained gastric ingesta, fluid or foreign material. The ventral gastric body wall measured 0.5 cm.

INVOICE

13842

DATE

2/7/22



PATIENT

Oreo Haverkamp

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was primarily empty without evidence of mechanical/metabolic ileus with segmental gas pattern. The jejunum wall measured 0.36 cm.

SPECIES

Canine

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

BREED

Lab X Shepherd

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 was evident.

SEX

Neutered Male

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

AGE

10 Years

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

28.6 Lbs.

The gallbladder debris is likely incidental or secondary to fasting.

INTERPRETED BY

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

No evidence of abdominal visceral, specifically gastrointestinal or pancreatic pathology as an obvious cause of the patient's clinical signs. Low-grade pancreatitis or structurally insignificant gastroenteropathy, which may present as sonographically normal, may be possible. Dietary intolerance/food hypersensitivity, occult parasitism or esophagitis could also be considered. Further assessment may include a GI panel to include PLI, TLI, cobalamin and folate to assess for non-sonographically evident pancreatitis or structurally insignificant gastroenteropathy. Although considered unlikely, adrenal screening with resting cortisol warranted to rule out occult Addison's disease. Empirically, some or all of the following protocol with as needed gastrointestinal support may be considered with assessment of clinical response.

IMAGING PERFORMED BY

Crystal Hill

Helicobacter/Gastritis protocol

HOSPITAL NAME

Queensway AH

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.

REFERRING VET

Dr. Hill

INVOICE

13842

DATE

2/7/22



PATIENT

Oreo Haverkamp

SPECIES

Canine

BREED

Lab X Shepherd

SEX

Neutered Male

AGE

10 Years

WEIGHT

28.6 Lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Queensway AH

REFERRING VET

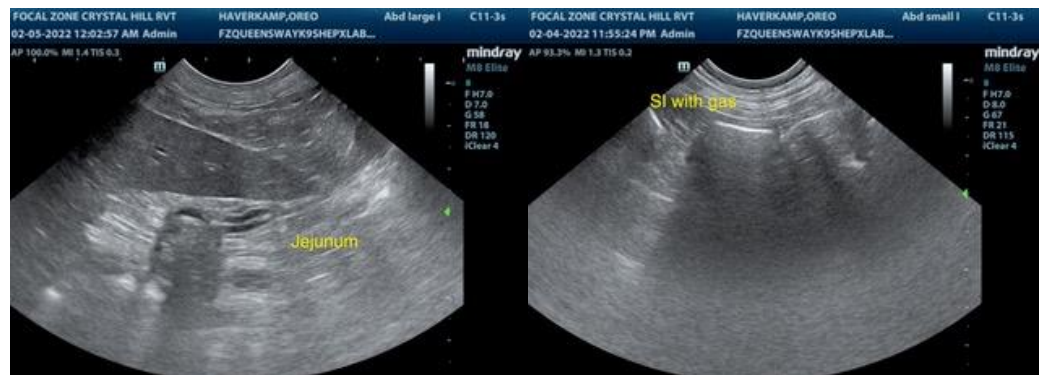
Dr. Hill

INVOICE

13842

DATE

2/7/22





PATIENT

Oreo Haverkamp

SPECIES

Canine

BREED

Lab X Shepherd

SEX

Neutered Male

AGE

10 Years

WEIGHT

28.6 Lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Queensway AH

REFERRING VET

Dr. Hill

INVOICE

13842

DATE

2/7/22



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.

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