



PATIENT

Trouble Burgin

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered Male

AGE

10 Years 11 Months

WEIGHT

14.56 Lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Nottingham

HOSPITAL NAME

All Creatures AH of SH,
Inc.

REFERRING VET

Dr. Sig Nottingham

INVOICE

13852

DATE

2/7/22

PRESENTING CLINICAL SIGNS

History: Not eating for 2 days, vomiting intermittently for 3 weeks. Vomiting has shown mucus with blood tinged material. Less active and not interacting with family. Has recently had urine and stool accidents in the house.

Abnormal PE/Chem/CBC/UA Results: Grade 2 dental tartar. remainder of physical exam is unremarkable. Seen at ER yesterday and was given IV fluids and cerenia. Lab results from ER-Chem 25- all normal, CBC-normal. UA today normal except for low urine specific gravity of 1.011. No evidence of UTI.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

No overt pathology in the area of the residual prostate.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia. The left kidney measured 4.0 cm in length. The right kidney measured 4.4 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 0.59 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 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

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and mild parenchymal remodeling. 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.

Gastrointestinal

The stomach presented intact and sonographically unremarkable wall layering with a normal wall layer ratio. The lumen of the stomach contained a mild to moderate amount of non-shadowing



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ingesta/chyme. The gastric body wall measured 0.35 cm. No evidence of mechanical pyloric outflow obstruction or foreign material. The pylorus wall measured 0.40 cm.

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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 measured 0.40 cm. The jejunum wall measured 0.45 cm.

Normal visible colon wall layers were present with subjective formed to semi-formed feces.

BREED

Pancreas

Terrier Mix

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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Suspect mild gastritis with retained ingesta/chyme
- Sonographically unremarkable small bowel and colon
- Sonographically unremarkable urinary bladder
- Mild age-related renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the decreased urine specific gravity or if evidence of polyuria/polydipsia, further renal staging to include urine culture and sensitivity, even without evidence of inflammatory cells to rule out underlying infection, baseline urine protein/creatinine ratio as well as resting cortisol to rule out occult Addison's disease could be considered. Overall, no overt evidence of significant visceral pathology. Potential for low-grade pancreatitis or structurally insignificant inflammatory gastroenterocolonopathy, both of which may present sonographically unremarkable cannot be excluded. Empirically, continued (as needed) gastrointestinal supportive care recommended. Some or all of the following protocol may be considered.

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Helicobacter/Gastritis protocol

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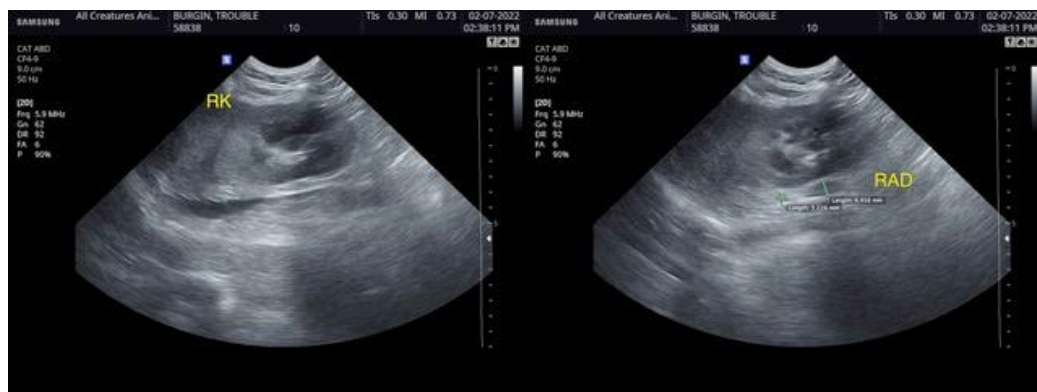
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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