

**PATIENT**

Buck Burris

**SPECIES**

Canine

**BREED**

Portugese Water Dog

**SEX**

MN

**AGE**

7 Years

**WEIGHT**

33 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Woodside

**HOSPITAL NAME**

Sherwood Family Pet  
Clinic

**REFERRING VET**

Dr. Woodside

**INVOICE**

51002

**DATE**

3-18-22

**PRESENTING CLINICAL SIGNS**

Owner is concerned about two behaviors - first is frequent swallowing especially at night. She feels Buck is restless at night, getting up and moving often, associated with frequent swallowing. The second behavior is short periods of rapidly opening and closing his mouth. It lasts for a few minutes and has occurred 2-3 times in the past 6 months. He does have several other neurological behaviors such as standing in a corner, staring at walls, seeming more fearful. Behaviors started after he jumped out of a truck and hit his head 'pretty hard' per owner. No vomiting or diarrhea. In periods between episodes, he seems normal. Diet has been controlled for past month with no change to episodes of frequent swallowing. CBC/CHEM/cPL normal 2/22/22; PE normal, cranial nerve exam normal What he eats: Greenies - twice a day - recommended stopping for a week to evaluate if the lip smacking reduces Tricky treats Probiotic

Abnormal PE/Chem/CBC/UA Results: PE normal, cranial nerves normal; UA SG 1.019 , pH 8.5; dermatitis with Staph schleiferi - resistant to penicillins, cephalosporins, floraquinolones; currently receiving treatment with Clindamycin and responding

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*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.

No evidence of pathology in the area of the aortic trifurcation.

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 6.6 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 0.63 cm width at the caudal pole and 0.5 cm width at the cranial pole.

The right adrenal gland was not definitively visualized.

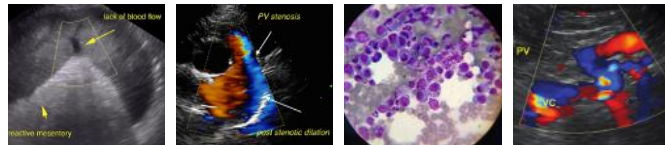
*Spleen*

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.

*Gastrointestinal*



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The visualized stomach exhibited subjective intact and sonographically unremarkable wall layering. Potential for mild gastric ingesta in the stomach was present. No evidence of ileus, obstruction or foreign material. The ventral gastric body wall width measured 0.40 cm.

**SPECIES**

Canine

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 0.40 cm.

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

**BREED**

***Pancreas***

Portugese Water Dog

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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MN

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

- Overtly normal abdomen.
- Sonographically unremarkable visualized gastrointestinal tract with potential for mild gastric ingesta.

**WEIGHT**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No overt evidence of significant visceral, specifically gastrointestinal or pancreatic, pathology as an obvious cause or contributing factor to the patient's clinical signs. The potential for mild gastric ingesta is nonspecific and may indicate postprandial presentation. Correlation with most recent meal ingestion is suggested. If documented NPO, the presence of gastric ingesta may suggest some degree of gastric metabolic stasis or hypomotility, while the ingesta was suggestive of food without overt foreign material. Additional considerations may include esophagitis/GERD, given the pattern of increased swallowing at night.

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Empirically, omeprazole trial 1mg/per kg po bid with evening dose given prior to bedtime along with low fat or non-high fat diet with small meal fed 30 minutes after evening omeprazole dose with assessment of clinical response may prove beneficial. Potential metoclopramide trial as well could be considered if evidence of nonobstructive delayed gastric emptying.

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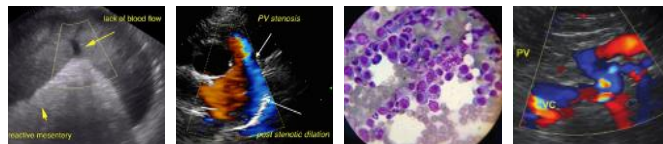
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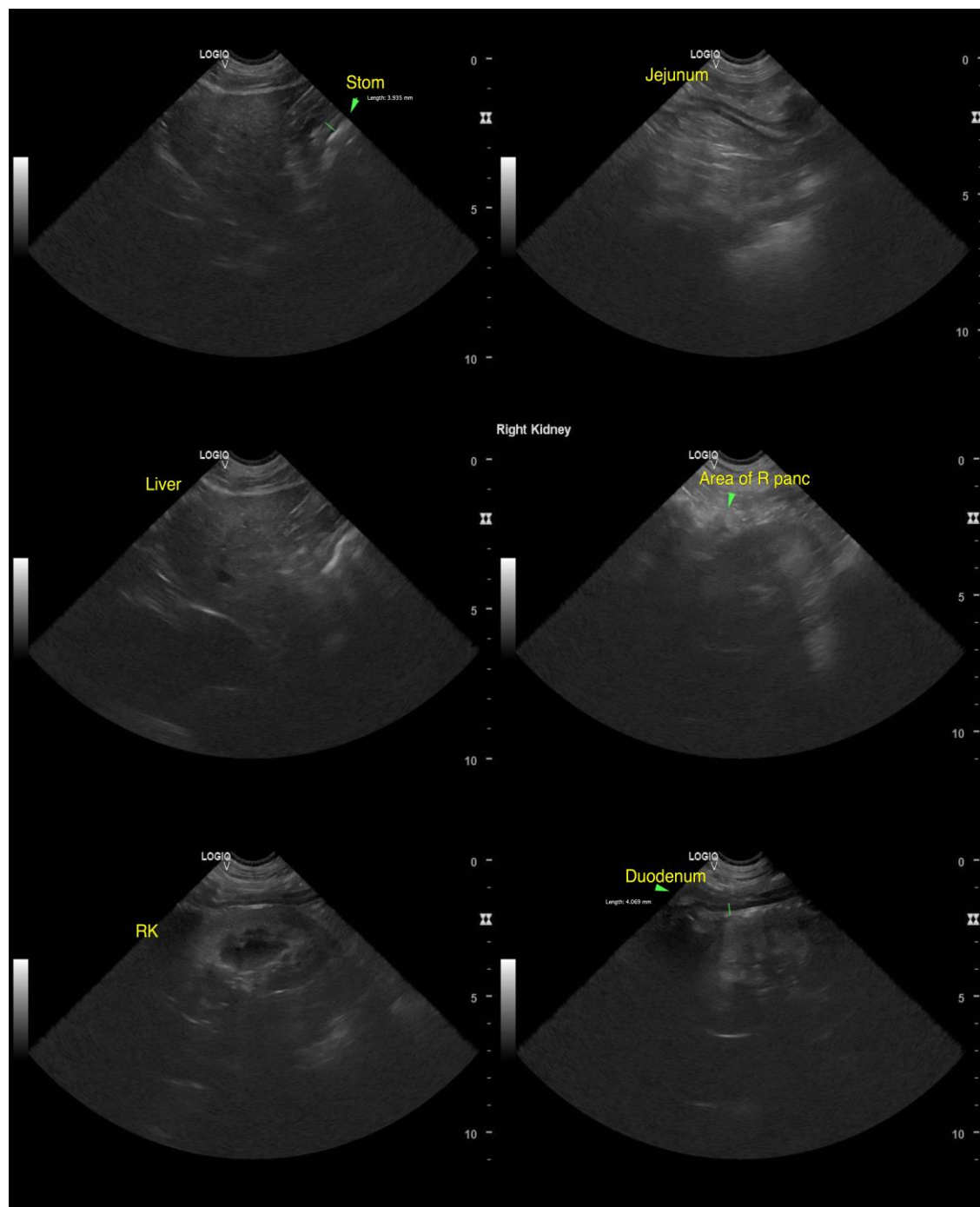
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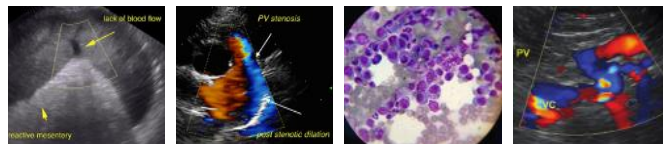
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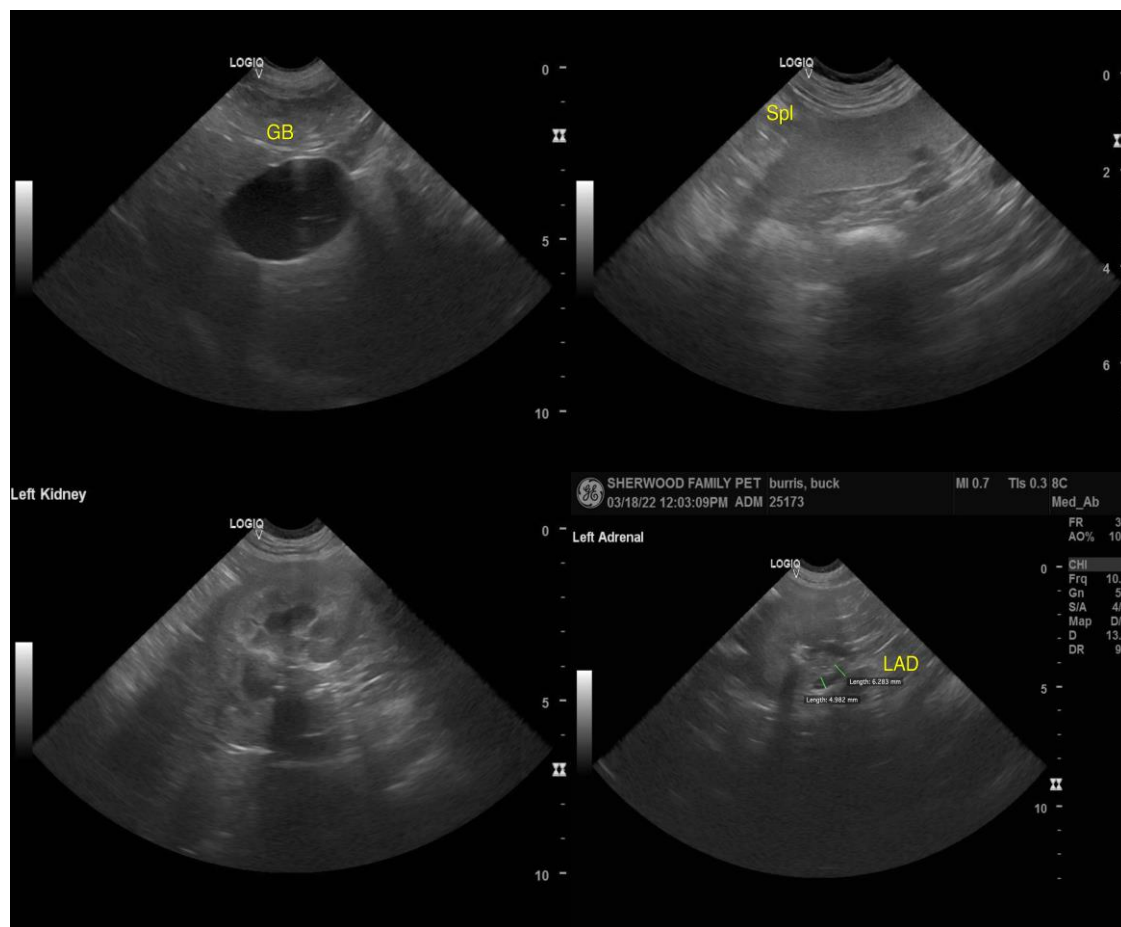
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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