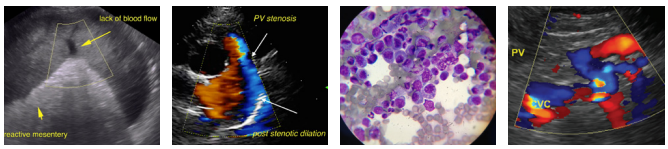
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Axel Vandalinda

SPECIES
Canine

BREED
English Bulldog

SEX
Male

AGE
26 Weeks

WEIGHT
29.4 Pounds

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

IMAGING PERFORMED BY
Jessica Miller

HOSPITAL NAME
Newton Vet Hospital

REFERRING VET
Dr. Kim

INVOICE
36788

DATE
4/11/22

PRESENTING CLINICAL SIGNS

Chronic regurgitation and vomiting. Vasovagal event this AM. Recently treated for asp. pneumonia.
Current meds: 2 days off cerenia, doxycycline and baytril
Abnormal PE/Chem/CBC/UA Results: Neut 13605, eos 64, Phos 7.1, Cl 106

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The prostate was of expected presentation for an intact male puppy.

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 6.3 cm. The right kidney measured 6.1 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm at the cranial pole and 0.46 cm at the caudal pole. The right adrenal gland measured 0.48 cm at the cranial pole and 0.57 cm 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 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.

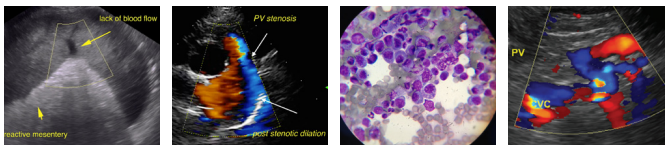
Gastrointestinal

The stomach presented mildly prominent walls secondary to mildly prominent gastric mucosa. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present. No evidence of ingesta or foreign material. No evidence of mechanical pyloric outflow obstruction, pyloric mucosa hyperplasia, or other pyloric outflow pathology. Pylorus wall measured 0.45 cm. Gastric body wall measured 0.47 cm in width.

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. Duodenum wall measured 0.47 cm. Jejunum wall measured 0.37 cm.

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

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Axel Vandalinda

SPECIES

Canine

BREED

English Bulldog

SEX

Male

AGE

26 Weeks

WEIGHT

29.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Newton Vet Hospital

REFERRING VET

Dr. Kim

INVOICE

36788

DATE

4/11/22

Pancreas

The pancreas was normal in size and contour and subtly hypoechoic.

Other

The left and right testicles were sonographically unremarkable.

Multiple, mildly prominent to enlarged, primarily mid abdominal mesenteric lymph nodes were present. Example measured 0.81 cm diameter. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

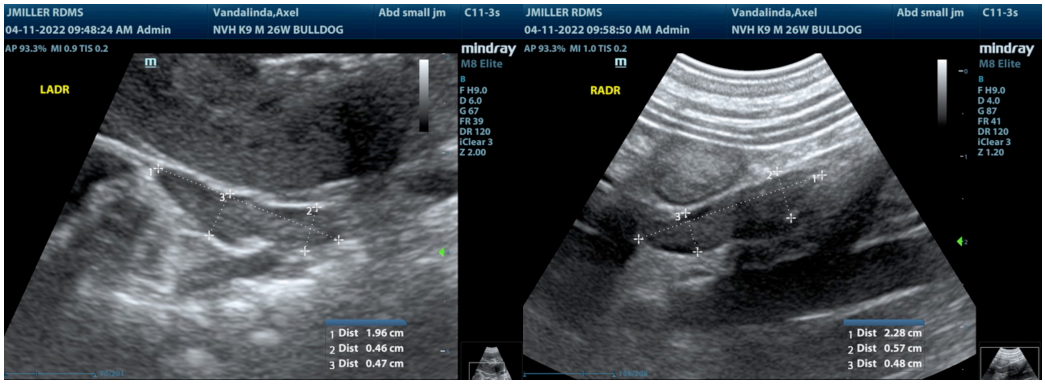
ULTRASONOGRAPHIC FINDINGS

- Possible mild hypomotile gastritis
- Overtly normal small bowel
- Multifocal benign mesenteric lymph nodes – hyperplasia or immunologic immaturity likely. No evidence of inflammatory or neoplastic criteria.

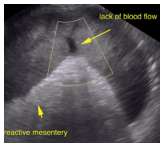
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

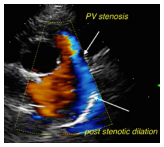
Aside from possible mild hypomotile gastritis, no evidence of significant abdominal visceral (specifically small intestinal) pathology as an obvious cause of the patient's chronic regurgitation and vomiting. If not recently done, 3-view chest radiographs would be suggested to rule out esophageal pathology (i.e., megaesophagus) as well as assess cardiopulmonary status.

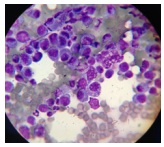
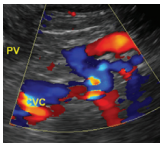
Empirically, gastroprotectants protocol such as Omeprazole 1 mg/kg PO SID over the next 2-3 weeks alone with novel protein or hydrolyzed diet trial, including initial slurry feedings BID/TID over 2-4 days, increasing to canned diet BID, and avoidance of dry food over the next 4 weeks may prove beneficial. Broad-spectrum prophylactic deworming recommended, if clinically indicated. Reassessment of the stomach would be ideal in 3-4 weeks, sooner if persistent/progressive regurgitation and vomiting is noted despite conservative therapy. Upper gastrointestinal endoscopy should be considered if persistent clinical signs.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Axel Vandalinda

SPECIES

Canine

BREED

English Bulldog

SEX

Male

AGE

26 Weeks

WEIGHT

29.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Newton Vet Hospital

REFERRING VET

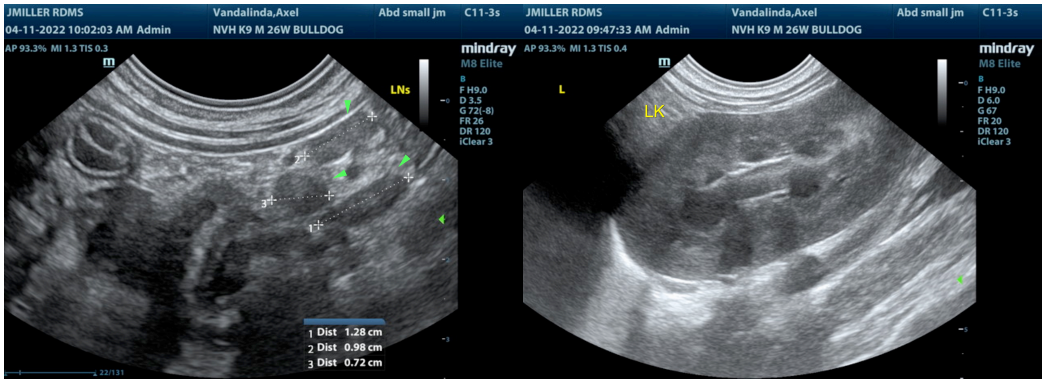
Dr. Kim

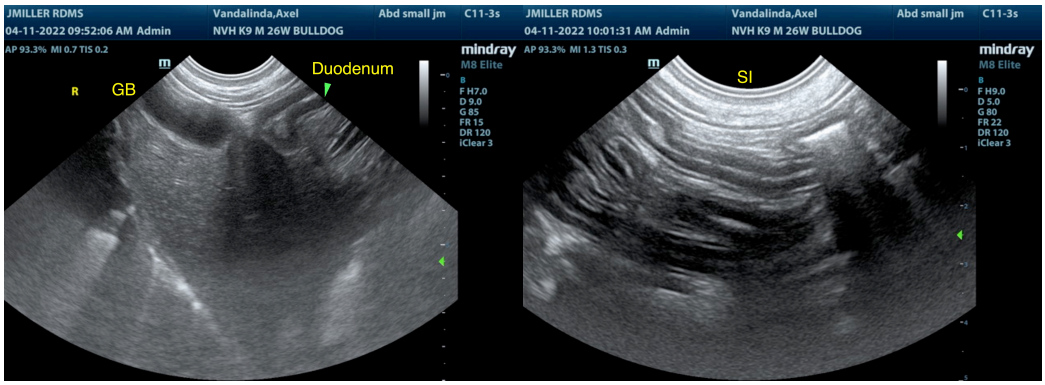
INVOICE

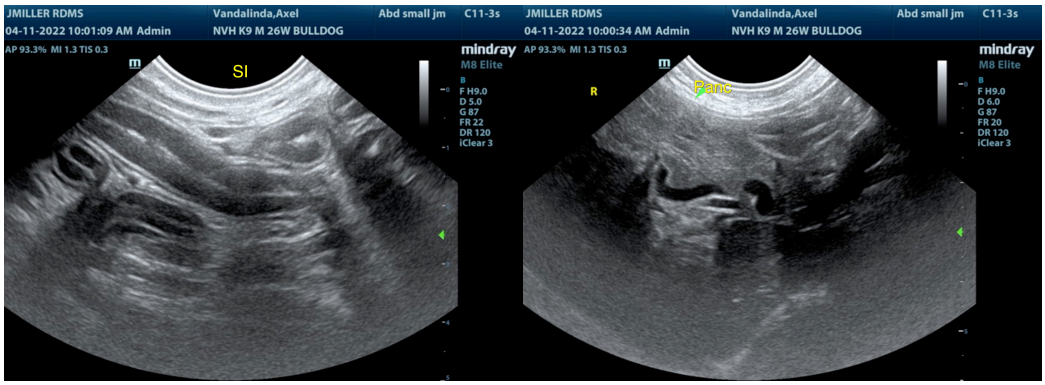
36788

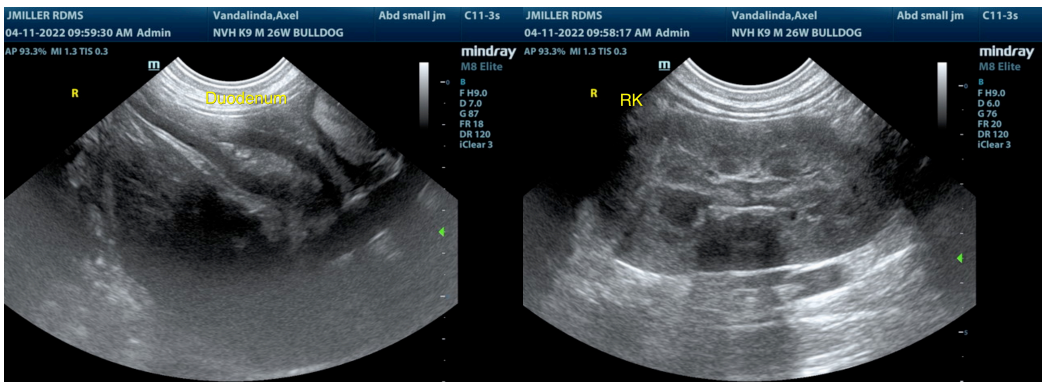
DATE

4/11/22

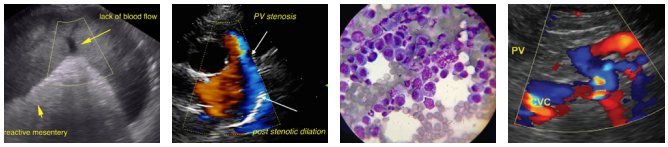








SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Axel Vandalinda

SPECIES

Canine

BREED

English Bulldog

SEX

Male

AGE

26 Weeks

WEIGHT

29.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Newton Vet Hospital

REFERRING VET

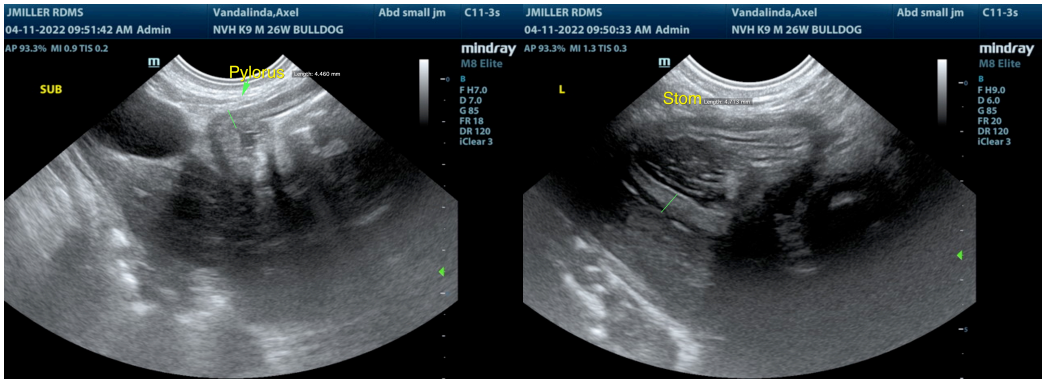
Dr. Kim

INVOICE

36788

DATE

4/11/22



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