



PATIENT

Olive Panuelas

SPECIES

Canine

BREED

Chihuahua

SEX

FS

AGE

12mos

WEIGHT

29kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency
Care

REFERRING VET

Dr. Loeffler

INVOICE

13488ag

DATE

04/16/2023

PRESENTING CLINICAL SIGNS

Olive, 12mo FS Labrador, presented for vomiting and diarrhea. Complete vaccine history unclear, has received one set. Parvo SNAP negative on arrival. Diarrhea started 5 days ago and has gone from loose to almost watery, light brown. Vomiting started 3 days ago, twice the first day and one a day for the last 2 days, after eating dinner. Appetite is reduced, doesn't want kibble but did eat 3/4 cup rice/cottage cheese this AM. Has been showing signs of abdominal discomfort - pray bowing, standing stiff with head low for a while. Hx food allergies to animal proteins. Known to chew on sticks, eat deer and fox poop.

Meds: Had Prednisone 5mg once daily X just 2 doses 1 week ago; she has a distant history of having a few days of pred previously- same low dose, has been months. and Benadryl 50mg BID for 2 days a week ago when feet were itchy, last dose 4/9/23 Diet: Natural Balance vegetarian limited ingredient

Abnormal PE/Chem/CBC/UA Results: PE: vitals normal, pt is exuberant but splints to abd palpation, does play bow posture CBC: wnl Chem10: wnl Lytes: wnl 2 view (LL and VD) abdominal rads: stomach is mildly distended contains gas and some gritty material in pylorus, two populations of small intestine. Giardia SNAP: negative Fecal O&P to IDEXX Snap Cortisol is 0.6 (so unlikely hypoadrenocorticism)

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.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomodullary 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 7.2 cm in length. The right kidney measured 7.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

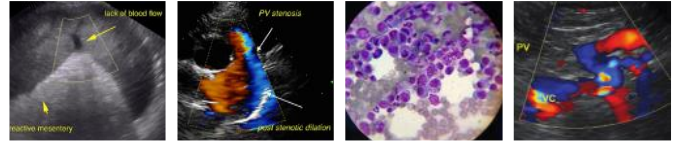
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width at the caudal pole and 0.35 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.4 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/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



PATIENT	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.
Olive Panuelas	
	Gastrointestinal
SPECIES	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate variably echogenic ingesta sonographically consistent with food with no signs of ileus, obstruction or foreign material.
Canine	
BREED	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.
Chihuahua	Normal visible colon wall layers were present with soft feces in lumen.
	Pancreas
SEX	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.
FS	
AGE	Free Abdomen
12mos	No omental masses or peritoneal effusion was present.
WEIGHT	Focal, mildly prominent to enlarged mid abdominal mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 5.1 cm x 1.3 cm.
29kg	
INTERPRETED BY	<ul style="list-style-type: none"> Structurally normal gastrointestinal tract / colon with non-shadowing gastric ingesta and soft feces in colon Benign / reactive mesenteric lymphadenopathy
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Dr. Callihan	No evidence of mechanical gastrointestinal obstructive pattern, foreign body, or intestinal mural pathology i.e. intussusception. Dietary intolerance / indiscretion, dysbiosis, IBD, parasitism, or other gastroenteropathy possible. Possible mild metabolic gastric stasis if >6 hours since last meal. Assessment of cobalamin / folate levels may be considered.
HOSPITAL NAME	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), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial.
Animal Emergency Care	
REFERRING VET	An ACTH stim test is suggested if resting cortisol is <2.0 in the face of GI signs.
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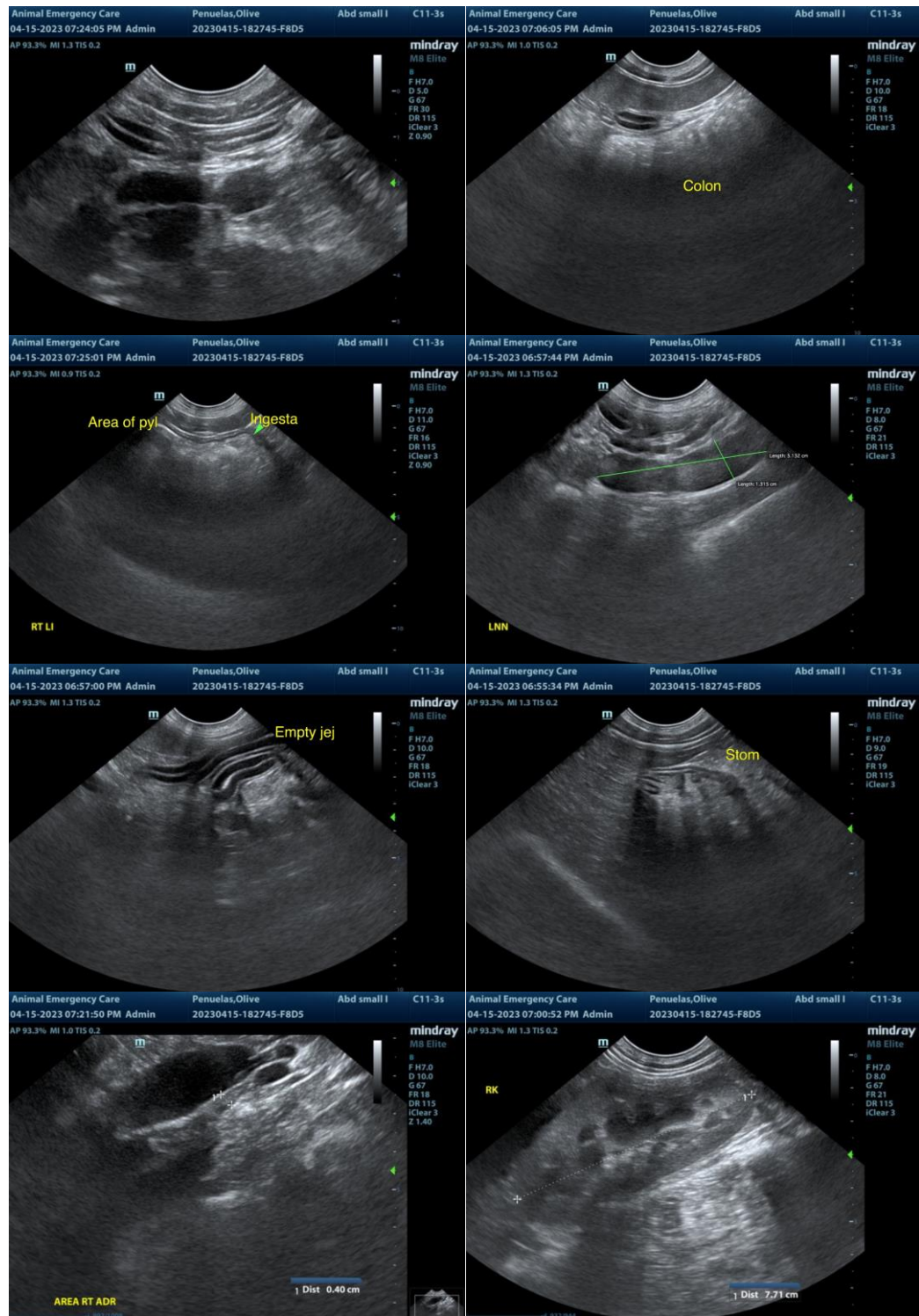
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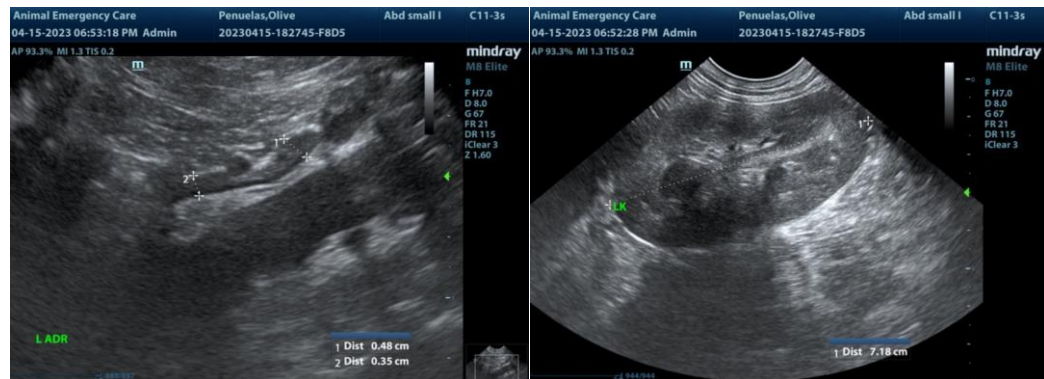
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

AGE

12mos

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.

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