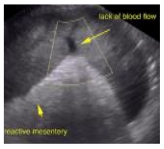
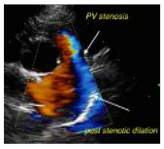
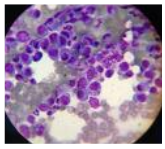
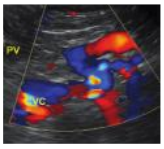
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Maximus Marchand

SPECIES

Canine

BREED

French Bulldog

SEX

Male

AGE

4 years

WEIGHT

30 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tudor Suciu

HOSPITAL NAME

Animal Clinic of Queens

REFERRING VET

Dr. Robert Thomas

INVOICE

16634

DATE

4/18/23

PRESENTING CLINICAL SIGNS

Referred for AUS for chronic vomiting for several years (since young adult), usually 4-5 hours after eating, more or less daily; no diarrhea. Owner was feeding him a home-made diet (chicken based), will start Hill's gastrointestinal Biome. He lost 3 lbs recently (BCS 4/9). Bloodwork and fecal are pending.

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 was noted.

The prostate was mildly enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. A solitary, small, intraparenchymal cyst was present. The prostate measured 2.5 cm diameter.

The left and right testicles were sonographically unremarkable.

The area of the aortic trifurcation was free of pathology.

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 4.4 cm in length. The right kidney measured 4.0 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 0.36 cm width at the caudal pole and 0.38 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 0.45 cm width at the caudal pole.

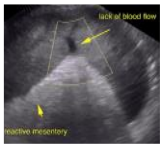
Spleen

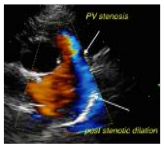
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

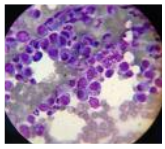
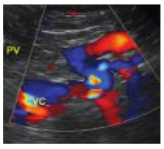
Liver/ Gallbladder

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 containing anechoic content with mild to moderate nonorganized, mild hyperechoic gallbladder debris. The common bile duct was normal. No evidence of inflammatory criteria was noted.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Maximus Marchand

SPECIES

Canine

BREED

French Bulldog

SEX

Male

AGE

4 years

WEIGHT

30 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tudor Suciu

HOSPITAL NAME

Animal Clinic of Queens

REFERRING VET

Dr. Robert Thomas

INVOICE

16634

DATE

4/18/23

Gastrointestinal

The stomach presented intact overtly normal visualized wall layering. The stomach exhibited moderate distention with nonshadowing mildly echogenic ingesta and fluid along with luminal gas. No evidence of mechanical pyloric outflow obstruction was noted. The pylorus wall width measured 0.42 cm. The ventral gastric body wall width measured 0.32 cm.

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 0.36 cm width. The jejunum wall measured 0.32 cm width.

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

Pancreas

The generalized pancreas exhibited mild prominent size with maintained symmetrical capsule contour and mild nonhomogeneous hypoechoic pancreatic parenchyma compared to adjacent omentum.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Moderate distended stomach with ingesta / gas
- Structurally unremarkable small bowel
- Suspect possible low-grade pancreatitis

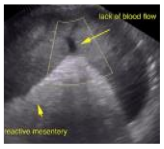
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

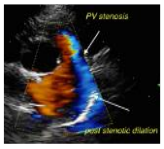
Assessment evidence of cranial abdominal or subxiphoid discomfort on palpation, which may allude to low-grade pancreatitis, is suggested.

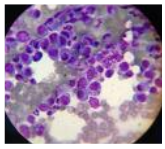
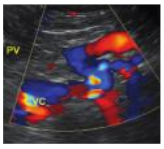
The presence of moderate gastric distention with ingesta and gas may indicate recent meal ingestion. Correlation with the most recent meal ingestion prior to the ultrasound is suggested. If documented NPO, some degree of metabolic / functional gastric hypomotility and/or nonobstructive delayed gastric emptying may be considered. A GI panel to include PLI/TLI/Cobalamin/Folate is suggested for further assessment of the pancreas, as well as occult intestinal disease as a contributing factor to the patient's recent mild weight loss.

Although considered unlikely a resting cortisol level to rule out occult Addison's Disease could be considered given chronic intermittent vomiting. Empirically, canned novel protein or hydrolyzed diet trial with initial avoidance of dry food, gastroprotectants such as Omeprazole 1.0 mg/kg PO SID over the next 3 weeks with an assessment of clinical response +/- coverage for helicobacter may prove beneficial. Sonographic reassessment of the stomach, if continued vomiting despite empirical therapy, and/or upper gastrointestinal endoscopy with potential for biopsies may be indicated.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Maximus Marchand

SPECIES

Canine

BREED

French Bulldog

SEX

Male

AGE

4 years

WEIGHT

30 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tudor Suciu

HOSPITAL NAME

Animal Clinic of Queens

REFERRING VET

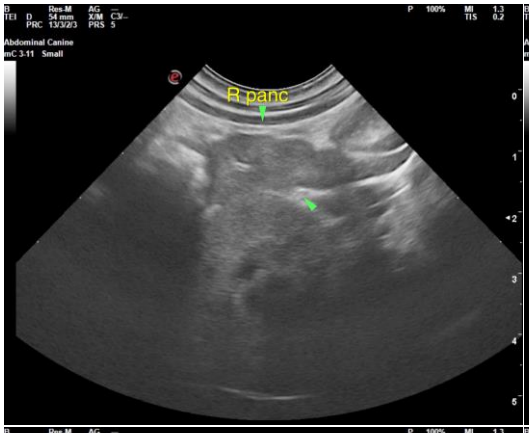
Dr. Robert Thomas

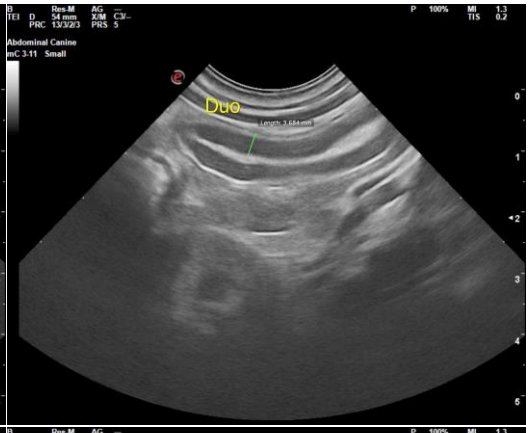
INVOICE

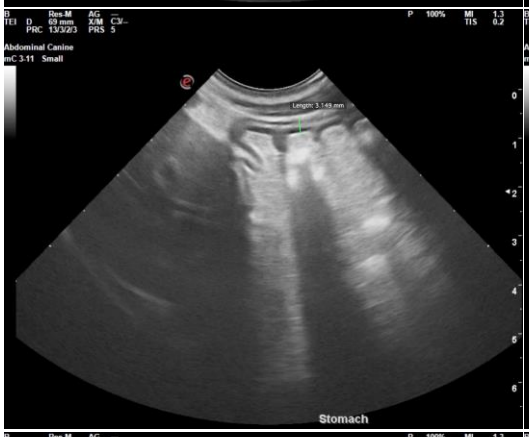
16634

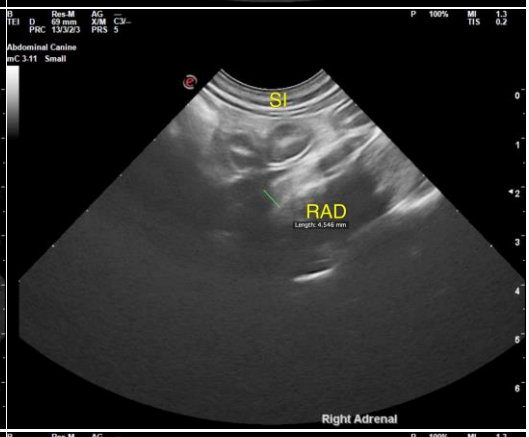
DATE

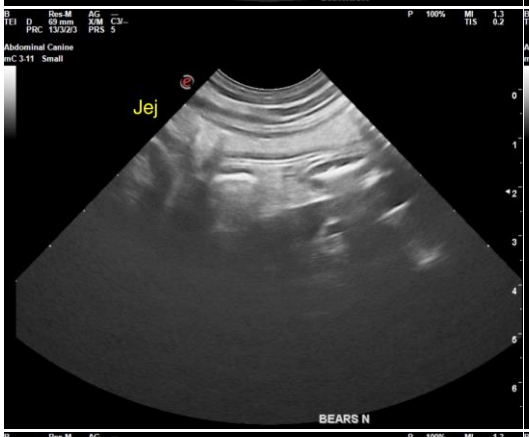
4/18/23

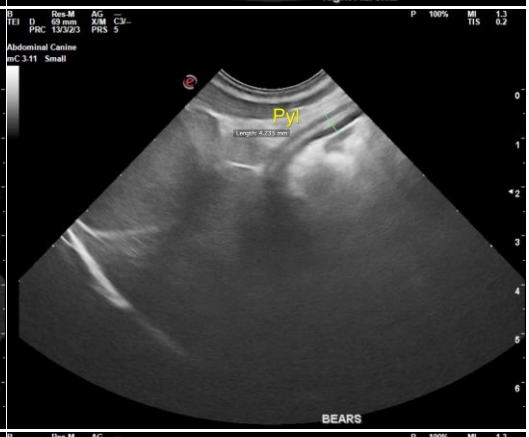


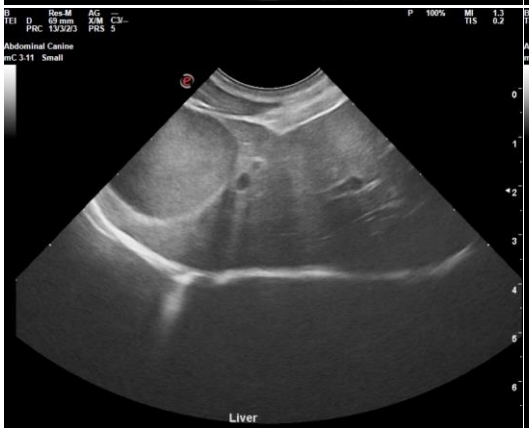


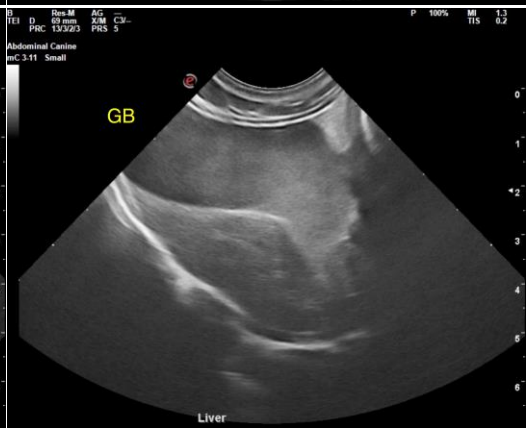




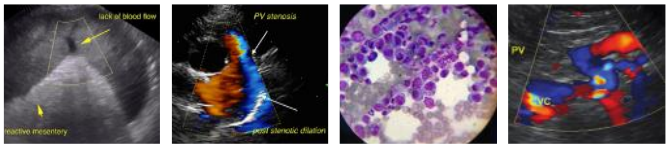








SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Maximus Marchand

SPECIES

Canine

BREED

French Bulldog

SEX

Male

AGE

4 years

WEIGHT

30 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tudor Suciu

HOSPITAL NAME

Animal Clinic of Queens

REFERRING VET

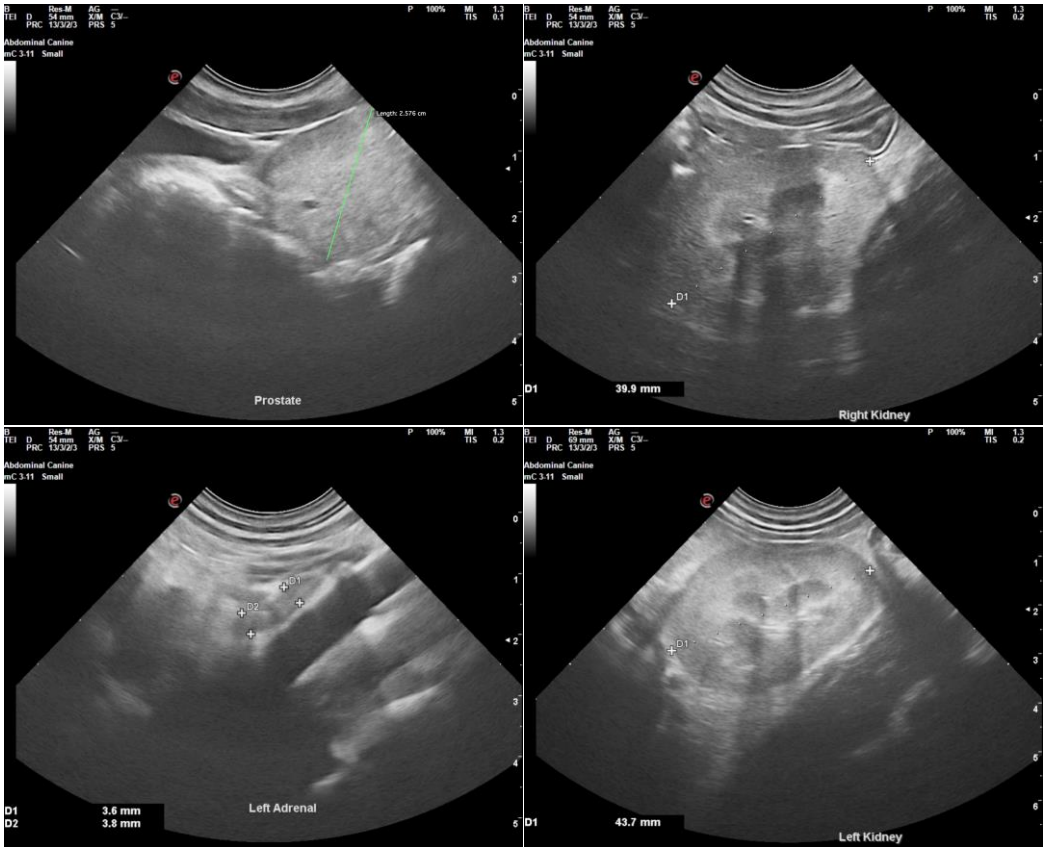
Dr. Robert Thomas

INVOICE

16634

DATE

4/18/23



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