



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Mia Allegría Burgoa

SPECIES Canine

BREED Shih Tzu Mix

SEX Female

AGE 10 months

WEIGHT 9.62 pounds

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

IMAGING PERFORMED BY Mlchaleen

HOSPITAL NAME DPC Veterinary Hospital

REFERRING VET Dr. White

INVOICE 10284ag

DATE 04/02/2022

History: Reason for Visit: VOMITING AND DIARRHEA History: PET IS HERE FOR HAVING VOMITING AND DIARRHEA, OWNER STATES PET HAS NOT VOMITED IN A COUPLE DAYS BUT IS STILL HAVING DIARRHEA. (MUCUS/WATERY) NO BLOOD NOTED. PET HAS A DECREASED APPETITE AND DRINKING LITTLE WATER C/S/V/D: NO C/S/ NOIT CURRENTLY VOMITING E/D/U/D: DECREASED APPETITE/DRINKING U/D WNL Diet: USUALLY PUPPY CHIA (OWNER HAVING A HARD TIME FINDING) DID GIVE DRUM STICKS LAST NIGHT AND ATE (NO BONES GIVEN)

Abnormal PE/Chem/CBC/UA Results: Hydration: 7-9% dehydrated Mentation: BAR EENT: No nasal discharge; clear no discharge OU; clean no exudate AU; No cough on tracheal palpation. Oral Cavity: No dental tartar present Lymph Nodes: Symmetrical, no changes in size, shape, consistency Skin: Good hair coat, no signs of ectoparasites. No lesions noted. CV/Respiratory: No murmur or crackles/wheezing auscultated. Normal bronchovesicular sounds. Abd/GI: Tense non reactive on abdominal palpation Uro/Perineum: N Musculoskeletal: Ambulatory x4, no lameness noted. No pain on palpation of limbs. Grade 3 MPL RH. BCS 5/9 Neurological: Appropriate Fecal: see labs Diagnostic Testing Needed: fecal, GIT quickscan US Assessment: vomiting - resolved; diarrhea r/o intestinal parasites, dietary indiscretion, GI disease, pancreatitis, other; luxated patellas; in heat

ULTRASONOGRAPHIC EXAMINATION OF THE GASTROINTESTINAL TRACT

Gastrointestinal

The stomach presented intact yet subjective mild prominent wall layering with minor retained ingesta/chyme in the antrum/pylorus. The ventral pyloric wall measured 0.30 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio with segmental propensity for mildly prominent small intestinal mucosa. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The small intestine wall measured 0.26 cm in width.

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. The colon was primarily empty with minor segmental semi formed to non-formed feces consistent with diarrhea. The descending colon wall measured 0.26 cm in width.

Free Abdomen

No overt evidence of lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific gastroenterocolitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the GI and colonic presentation may include acute inflammatory gastroenterocolic episode, dietary indiscretion/food hypersensitivity, occult parasitism, dysbiosis with potential for emerging IBD. No overt evidence of structural pathology such as intussusception or mechanical obstruction was present. Fresh fecal analysis to assess for ova/giardia, a GI panel to include PLI/TLI/Cobalamin/Folate +/- resting cortisol to assess for occult Addison's disease specifically if recurrent/persistent GI signs is warranted. Empirically, a limited antigen or hydrolyzed diet trial with



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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 would be reasonable. Endoscopic upper and lower intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

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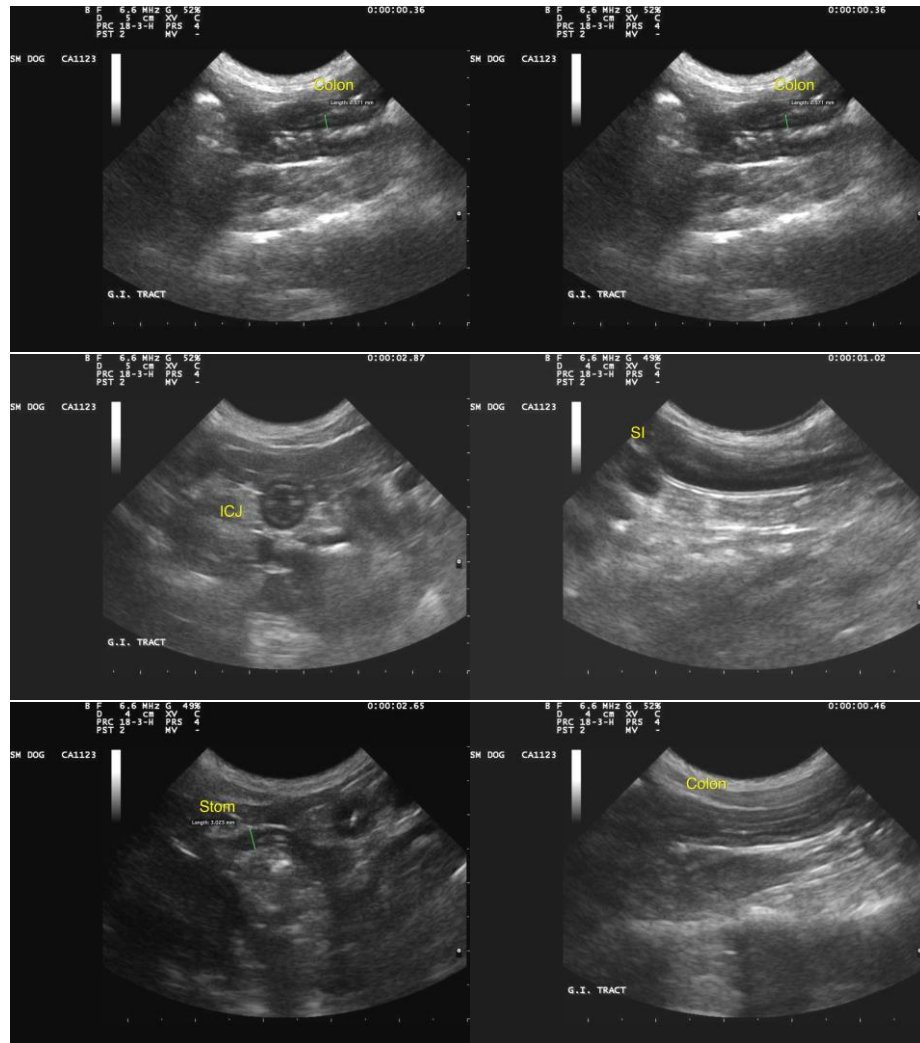
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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