



PATIENT

Kolya Guay

SPECIES

Canine

BREED

Bouviere Des
Flanders

SEX

Male Neuter

AGE

12

WEIGHT

33 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Belan

HOSPITAL NAME

South Pointe Vet
Clinic

REFERRING VET

Dr. Mizen

INVOICE

13719

DATE

4/22/22

PRESENTING CLINICAL SIGNS

Lethargic Inappetent drooling and vomiting. Non reg anemia

Abnormal PE/Chem/CBC/UA Results: Mild Non reg anemia and elevated SDMA

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 was noted.

No overt pathology was noted in the area of the residual prostate.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary border demarcation expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.2 cm in length. The right kidney measured 6.2 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.33 cm width at the caudal pole and 0.55 cm width at the cranial pole. The right adrenal gland measured 0.44 cm width at the caudal pole and 0.87 cm width at the cranial 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 mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild to moderate, dependent to nondependent yet nonorganized biliary sludge. The gallbladder was otherwise normal. The cystic duct and common bile ducts were normal without evidence of dilation.



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Gastrointestinal

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The stomach exhibited variably thickened to subjective hypoechoic wall layering primarily in the area of the antrum and pylorus. Minor retained anechoic fluid and liminal gas was present in the stomach. Intact wall layering was primarily maintained in the stomach with subtle indistinct wall layer detail in the area of the antrum and pylorus mural thickening.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild nonshadowing upper to mid duodenal ingesta / chyme was present. The duodenum wall width measured 0.48 cm. The jejunum wall width measured 0.30 cm. No signs of ileus, obstruction, or foreign material were noted.

SEX

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

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Pancreas

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The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

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Intermittent gastric, pancreaticoduodenal, and focal jejunal lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of a gastric lymph node size was 2.1 cm x 1.0 cm.

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ULTRASONOGRAPHIC FINDINGS

- Regionally thickened stomach primarily in the antrum and pylorus with mild gastric stasis
- Overtly normal small bowel with mild duodenal chyme
- Heterogeneous pancreas
- Intermittent nonspecific gastric, pancreaticoduodenal and focal jejunal lymphadenopathy
- Minor chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presentation of the stomach is suggestive of gastritis given the regionally thickened yet subjective intact wall layering and concurrent stasis. Potential for emerging infiltrative gastric mural neoplasia and/or micro ulceration cannot be definitively excluded. Concurrent low-grade to chronic pancreatitis may be present yet the pancreatic presentation may also indicate incidental age-related pancreatic remodeling. Further assessment with a Spec cPL could be considered.

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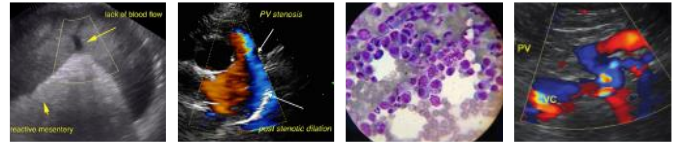
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Although considered unlikely, adrenal screening with resting cortisol, given the patient's clinical signs and presence of nonregenerative anemia, to rule out occult Addison's Disease is warranted. Empirically, gastroprotectant protocol, canned hydrolyzed diet trial, +/- coverage for helicobacter with assessment of clinical response, and, ideally, a sonographic recheck of the stomach in 3-4 weeks is recommended. Pending additional diagnostics and clinical response to conservative therapy, upper gastrointestinal endoscopy may be indicated if persistent / progressive clinical signs.

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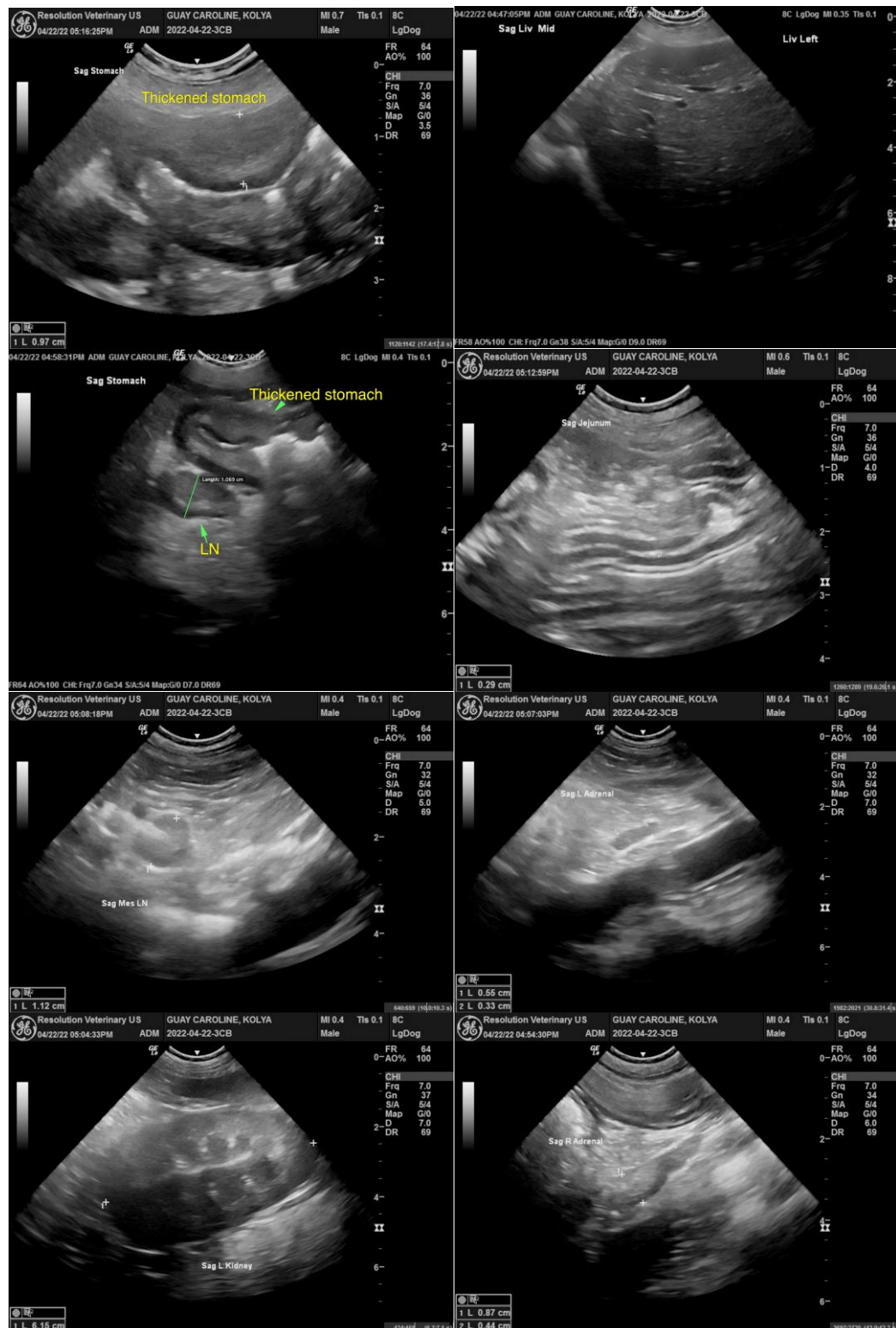
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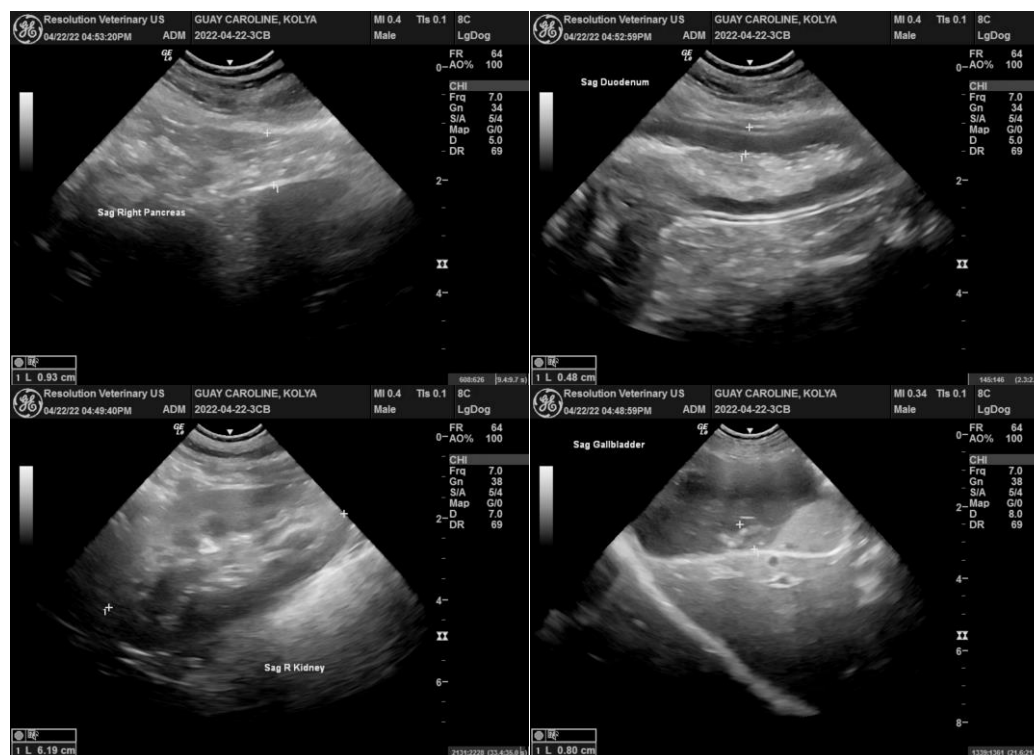
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com