



PATIENT PRESENTING CLINICAL SIGNS

Oliver Hetu Vomiting with blood tinged stool Cerenia, Flagyl, Pepcid, Antibiotic?
 Unremarkable CBC/chemistry panel, abnormal cPL

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

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

MN The area of the aortic trifurcation was free of pathology.

AGE 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 minor loss of corticomedullary border demarcation expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.6 cm in length. The right kidney measured 7.6 cm in length.

WEIGHT 122 **Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.7 cm length x 1.1 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 3.7 cm length x 0.88 cm width at the caudal pole.

INTERPRETED BY

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

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.

IMAGING

PERFORMED BY
 Rebekah Jakum, CVT
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HOSPITAL NAME

Easton AH

Liver/ Gallbladder

REFERRING VET

Dr. Yaswinski

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.

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Gastrointestinal

The stomach presented mildly prominent gastric walls secondary to mild subjective prominent gastric mucosa. Intact wall layering was maintained and distinct. The stomach was primarily empty with subjective mild gas distention in the area of the fundus and gastric body. No evidence of retained

DATE
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PATIENT fluid, ingesta, or foreign material was noted. The ventral gastric body wall width measured 0.62 cm. The ventral pylorus wall width measured 0.56 cm.

Oliver Hetu

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 jejunum wall width measured 0.38 cm.

SPECIES

Canine

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

BREED

Pancreas

Pitbull

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 were evident.

SEX

Free Abdomen

MN

No overt lymphadenopathy or peritoneal effusion was present.

AGE

ULTRASONOGRAPHIC FINDINGS

2012

Primary Findings

- Mild gastritis pattern with suspect mild colitis, sonographically unremarkable small bowel

WEIGHT

Secondary Findings

122

- Mild age-related kidneys

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Overall, sonographically unremarkable to mild age-related abdominal changes without evidence of significant visceral, specifically gastrointestinal or pancreatic, pathology.

IMAGING

The abnormal cPL in this patient may be secondary to low-grade to chronic pancreatitis which may present sonographically normal, but may also potentially be secondary or reactive to mild gastritis. Dietary intolerance / food hypersensitivity could also be playing a role in this patient.

PERFORMED BY

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 ARDMS/RVT

HOSPITAL NAME

Empirical therapy for gastritis and colitis would be reasonable with an assessment of clinical response. Further assessment may include three view chest radiographs to rule out occult thoracic or esophageal pathology, as well as resting cortisol to rule out occult Addison's disease.

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Some or all of the following protocol may be considered empirically.

Dr. Yaswinski

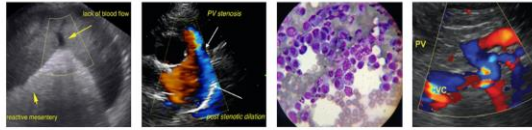
A clinical trial of **Zithromax (Dogs: 5-10 mg/kg p.o. q24h. May increase dosing interval to q48h after 3-5 days of treatment), Metronidazole (10-20 mg/kg p.o. b.i.d.), Pepcid (0.5-1 mg/kg s.i.d.) and Sucralfate (0.5-2 g/dog PO) or Omeprazole (1 mg/kg p.o. s.i.d.)** over the next 3 weeks along with a **novel-protein or hydrolyzed diet** with slurry feeding b.i.d./t.i.d. over the next 2-4 days and then increase to canned diet bid. Dry food should be avoided over the next 4 weeks. A recheck sonogram to assess GI improvement or progression would be ideal in 4 weeks.

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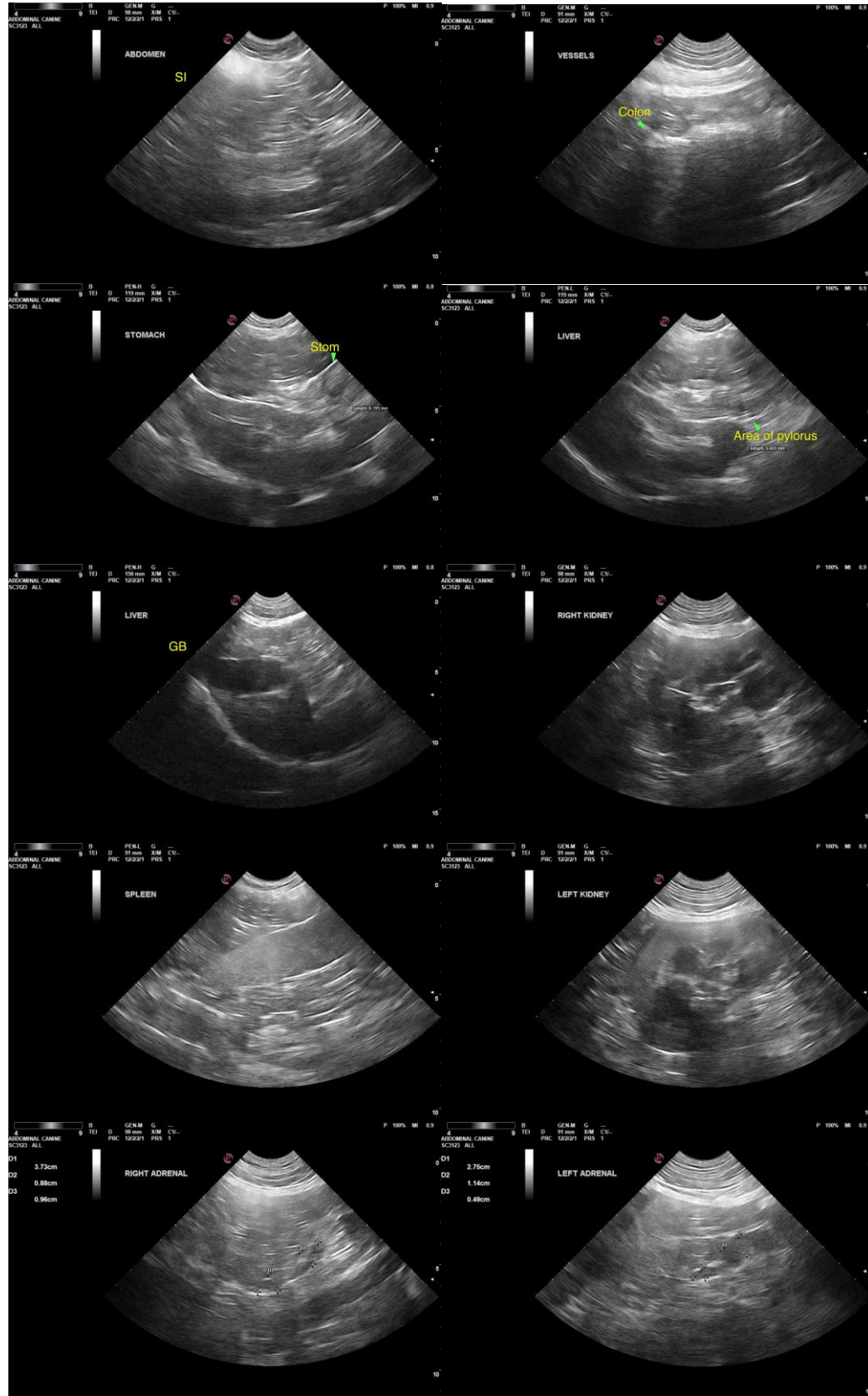
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PATIENT

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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.

SPECIES

Canine

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.

BREED

Pitbull

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