



PATIENT

Acro Nevin

SPECIES

Canine

BREED

Shih Tzu

SEX

Intact Male

AGE

7 Months

WEIGHT

5.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield, DVM

HOSPITAL NAME

Bend Animal
Emergency &
Specialty Center

REFERRING VET

Naomi Kitagaki, DVM

INVOICE

36765

DATE

4/9/22

PRESENTING CLINICAL SIGNS

Pt has been vomiting intermittently since last Sunday and had no appetite. Pt is known to eat everything in sight, but O doesn't recall any missing toys or socks. -- Has been seen at rDVM multiple times throughout the week where radiographs were done and found to be unremarkable. -- Patient has received several doses of Cerenia, but continues to vomit. -- No diarrhea has been noted. -- Patient vocalizes and appears painful when eating. Patient was evaluated on 4/4/22 at RDVM for vomiting following eating a rawhide and a pencil and treated as an out-patient with SQF and Cerenia. Patient was re-evaluated at RDVM on 4/6/22 CBC/chem with noted documentation: "Called O and informed of findings. At this time I do not feel that surgery is warranted at this time. Bloodwork and radiographic findings indicate a possible FB penetrating in the neck region. Recommended medical management and if P does not improve in 2 days, then P will need to go to VRCCO for a possible CT of the cervical area. O approved this plan" ddx: FB abscess vs puppy strangles PLAN SECTION Sent home with - Clavamox 125mg #20: 1 tab Po BID - enrofloxacin 68mg #5: 1 tab PO SID - gabapentin 50mg/ml #20ml: 1 ml by mouth BID - TID 4/9/22: Patient was sedated for oral exam at BAESC, with unremarkable physical exam findings. No noted caudal oral lesions.

Abnormal PE/Chem/CBC/UA Results: PE: Unremarkable Parvo: NEG Blood work 4/6/22 - lymphocytosis - monocytosis - neutropenia with suspect bands - mild hypercholesterolemia Radiographs - no FB obstruction pattern - when comparing to previous radiographs suspect ventral cervical soft tissue opacity

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 were noted.

The prostate was of expected size and presentation for a young intact male canine.

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 4.3 cm. The right kidney measured 4.7 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.5 cm x 0.36 cm at the caudal pole. The right adrenal gland measured 1.6 cm x 0.36 cm 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

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



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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.

Gastrointestinal

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The stomach presented intact yet prominent wall layering with a normal wall layer ratio. Potential mild amount of non-shadowing chyme present in the stomach lumen. No evidence of gastric foreign material or shadowing echo. No evidence of pyloric outflow obstruction. Ventral gastric body wall measured 0.48 cm. Pylorus wall measured 0.41 cm.

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The duodenum presented intact yet subjectively mildly prominent wall layering with 1:3 muscularis/mucosa ratio. Duodenum wall measured 0.57 cm. The jejunum and ileum to the level of the colon were sonographically normal. No evidence of mechanical/metabolic small intestinal ileus or small intestinal foreign material. Jejunum wall measured 0.36 cm.

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

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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.

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Intermittent, mildly prominent to enlarged mesenteric nodes were present. Example measured 1.1 cm x 0.46 cm. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

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

- Hypomotile gastritis – subjectively mild.
- Probable concurrent mild duodenitis
- Intermittent benign mesenteric lymphadenopathy – mild hyperplasia or immunologic immaturity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Patti Mayfield, DVM

No evidence of gastrointestinal foreign body. Initial conservative therapy for gastroduodenitis would be reasonable. Some or all of the following protocol or at least gastroprotectants and diet portion of the following protocol could be considered with as needed antiemetics. Upper gastrointestinal endoscopy with biopsies should be considered if clinical signs continue, and dependent upon sonographic reassessment. Although considered unlikely, resting cortisol level to rule out occult Addison's disease could be considered.

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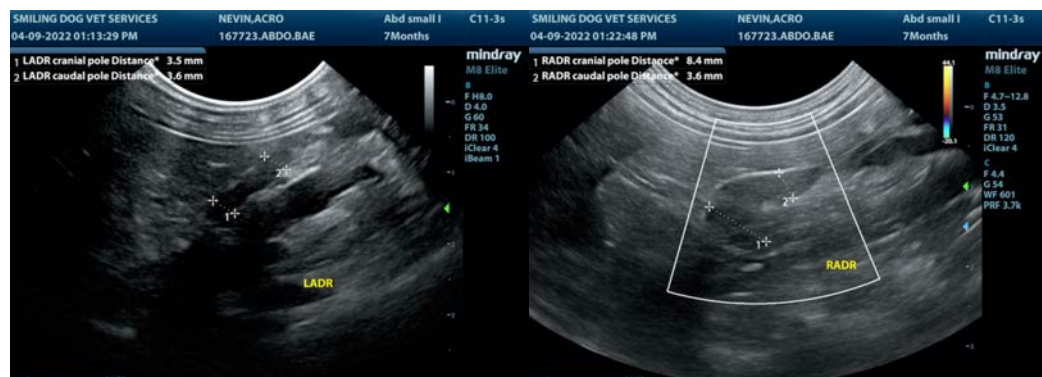
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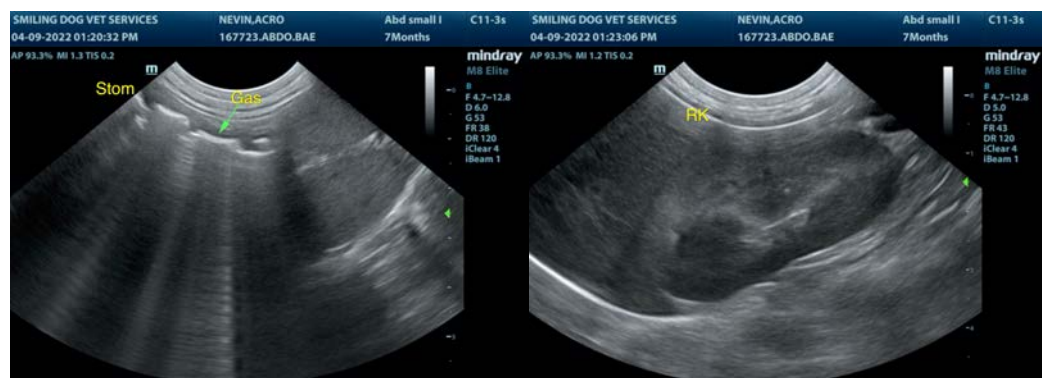
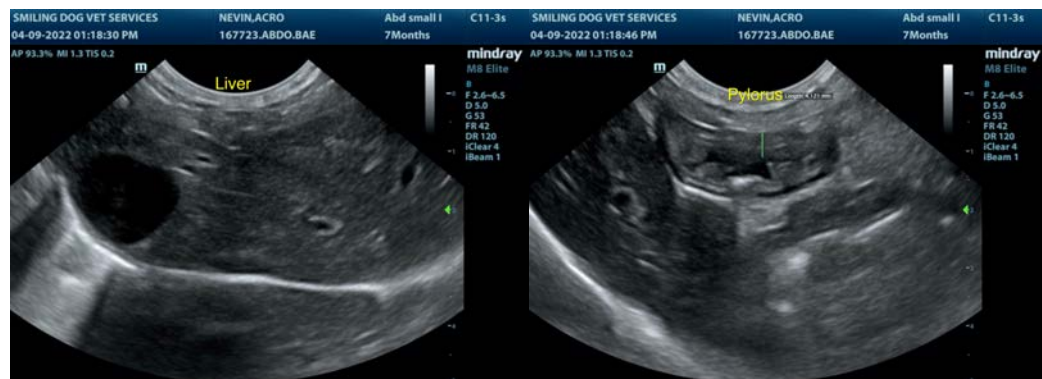
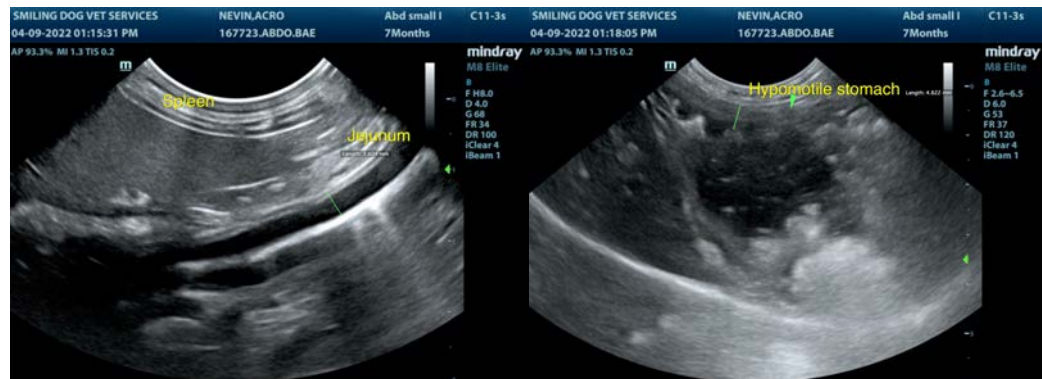
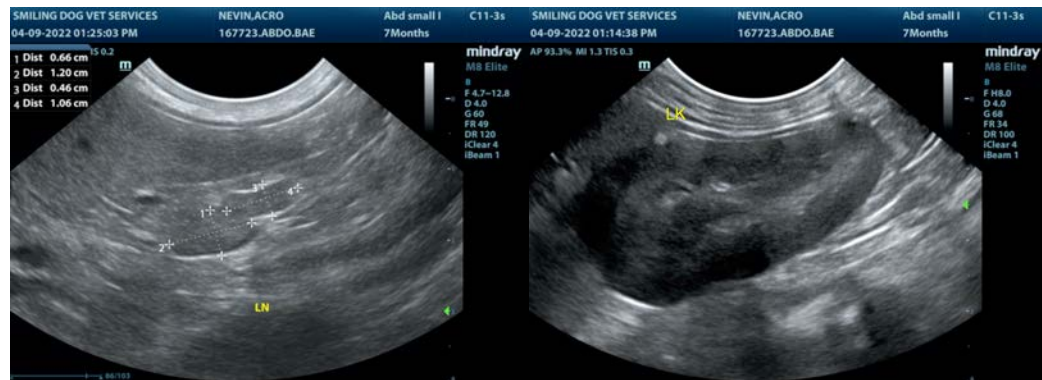
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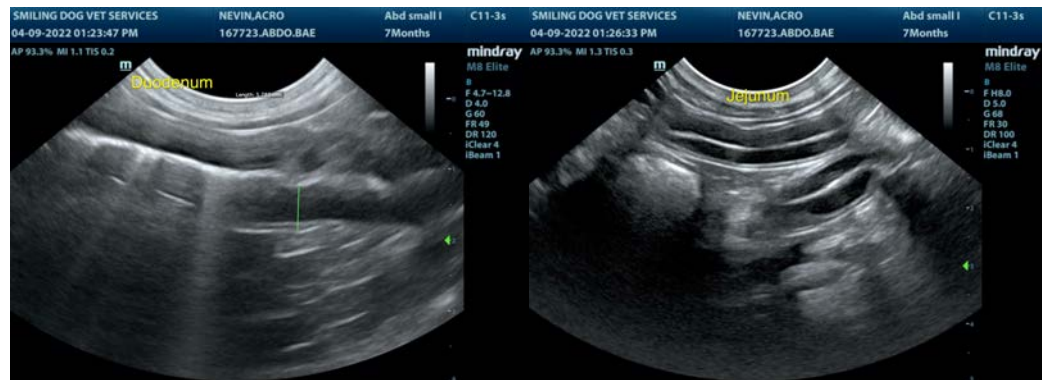
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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