



PATIENT

Milo Braak

SPECIES

Canine

BREED

Bichon Frise

SEX

Male Neuter

AGE

4 years

WEIGHT

6.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

McKnight 24 Hr AH

REFERRING VET

Dr. Alonso

INVOICE

13896

DATE

5/18/22

PRESENTING CLINICAL SIGNS

Ate a piece of carpet 1 week ago taken to emergency clinic and emesis was induced . Patient is very anxious and owner feels is not doing well. Still has vomiting and diarrhea. .Patient has a NG tube in place Previous ultrasound done at February 16 2022. by yourself

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 was noted.

The residual prostate was without pathology.

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 4.1 cm in length. The right kidney measured 3.7 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 0.41 cm width at the caudal pole and 0.35 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 0.53 cm width at the caudal pole and 0.39 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 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 previously noted moderate congealed yet nonorganized nonmineralized sludge. No evidence of peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact yet mild prominent wall layering with minor retained chyme present in the gastric lumen. No evidence of gastric foreign material was noted.

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 mechanical / metabolic small intestinal ileus or evidence of foreign material. The duodenum wall width measured 0.37 cm. The jejunum wall width measured 0.30 cm.

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

Pancreas

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

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild gastritis with mild retained chyme
- Overtly normal small bowel
- Minor pancreatic remodeling
- Static previously noted congealed gallbladder sludge - non-mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of retained gastrointestinal foreign material or mechanical obstruction was present.

In patients with persistent to chronic gastrointestinal signs, low-grade to chronic pancreatitis, dysbiosis, dietary intolerance / food hypersensitivity, and inflammatory bowel disease could be considered. A GI panel to include PLI/TLI/Cobalamin/Folate is warranted.

Although considered unlikely given the normal adrenal presentation, resting cortisol level to rule out occult Addison's Disease could be considered.

Empirically, a limited antigen or hydrolyzed diet trial with 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 may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.



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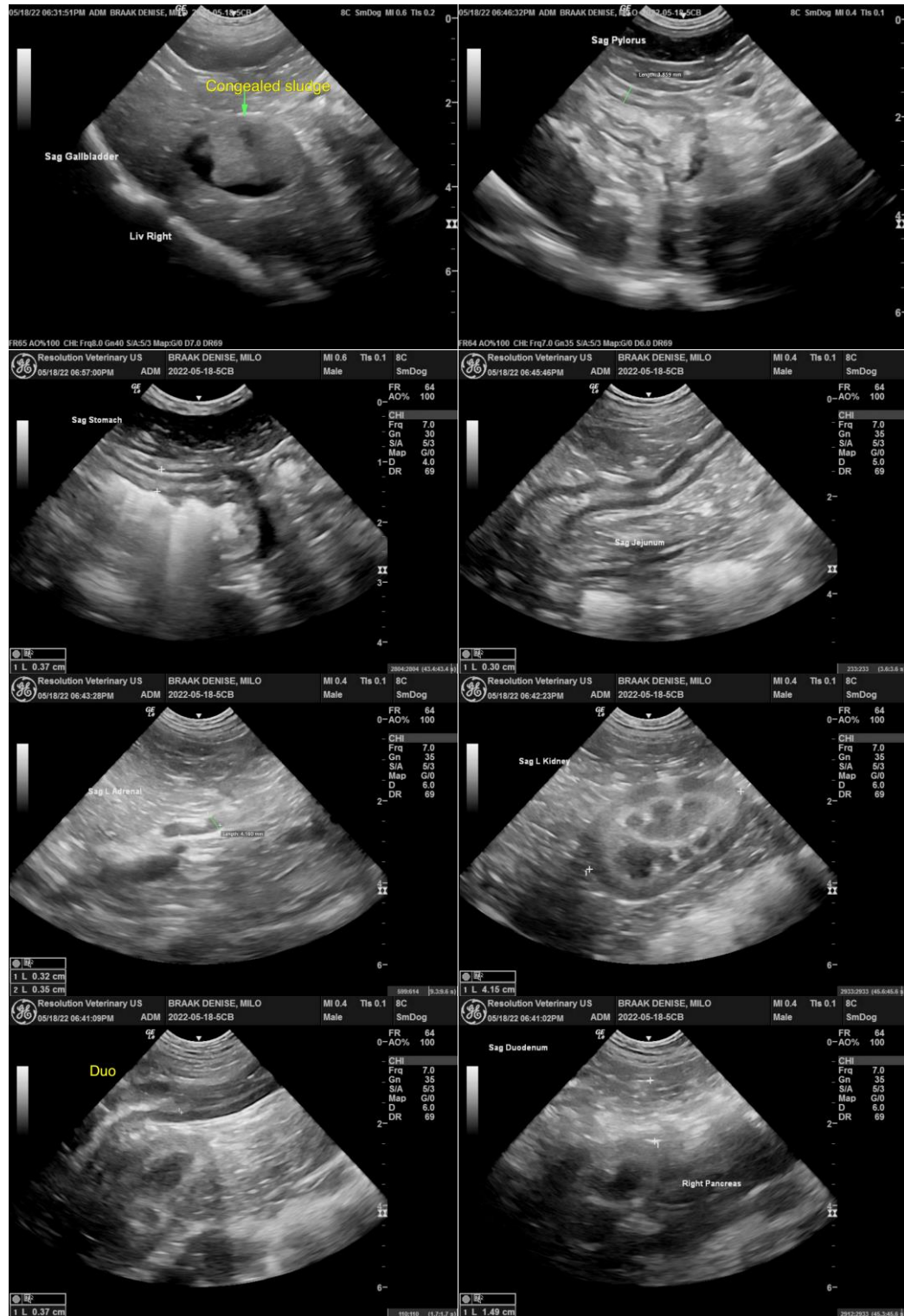
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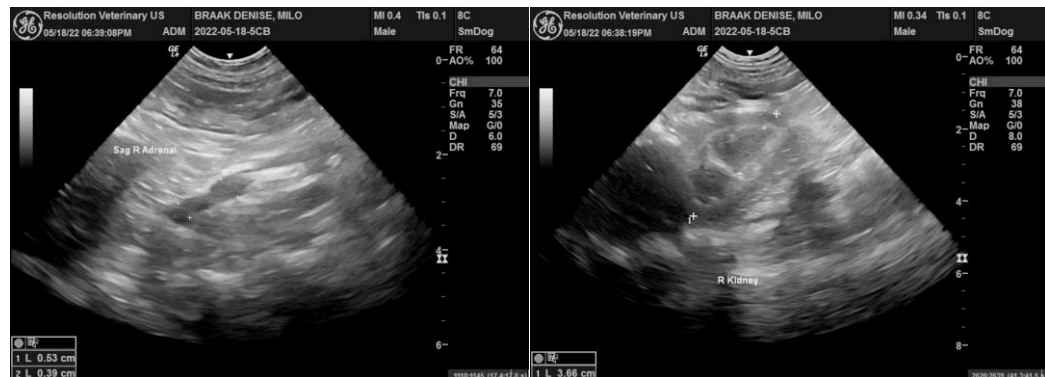
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com