



**PATIENT**

Cash Tadoo

**SPECIES**

Canine

**BREED**

Schnauzer

**SEX**

MN

**AGE**

5 years

**WEIGHT**

16 k

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Gardner

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

Dr. Gardner

**INVOICE**

13918

**DATE**

5/20/22

**PRESENTING CLINICAL SIGNS**

Patient became lethargic last night and vomited about 5 times overnight. Owner offered him food and broth this morning and he was not interested. 3 view radiographs were taken and submitted. Findings show the liver is mildly small with smooth margins that do not extend to the costal arch. The gastric axis is minimally displaced cranially. The spleen is of normal size and shape. In the right cranial abdomen, there is a mild loss of serosal detail. The stomach contains a mild amount of fluid and gas and is distended but not dilated. The small intestines are evenly distributed throughout the mid abdomen and contain mild volumes of fluid and gas without dilation. The colon contains formed fecal material and gas. Both kidneys are smoothly ovoid without mineralization. The retroperitoneal space and bladder are unremarkable. The prostate is not enlarged or mineralized. The visible thoracic viscera and musculoskeletal structures are unremarkable.

**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 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 5.8 cm in length. The right kidney measured 6.3 cm in length.

**Adrenal Glands**

The left adrenal gland was indistinctly visualized owing to regional periadrenal omental artifact, subjectively measuring 0.43 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

**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 with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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***Gastrointestinal***

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The stomach exhibited moderate generalized wall thickening exhibiting decreased mural echogenicity and indiscernible to loss of gastric wall layering. A mild to moderate amount of retained primarily anechoic fluid was present in the gastric lumen. The ventral gastric body wall width measured 1.0 cm width.

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The visualized segments of small intestine were overtly normal exhibiting intact wall layering and subjective maintained 1:3 muscularis/mucosa ratio. The small intestinal wall width measured 0.45 cm. No overt evidence of mechanical / metabolic small intestinal ileus or overt foreign material was noted.

**SEX**

Normal visible colon wall layers were present with subjective semi-formed feces in lumen.

**MN**

***Pancreas***

**AGE**

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The pancreas was indistinctly visualized with subjective mildly enlarged to hypoechoic left pancreas caudal to the thickened stomach.

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***Free Abdomen***

No overt lymphadenopathy or definitive omental masses were present. Generalized hyperechoic mesentery with moderate volume peritoneal free fluid was present. Areas of indistinct omental edema suspected.

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***Thorax***

Transdiaphragmatic view of the caudal thorax revealed possible concurrent caudal pleural free fluid, although not definitive.

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**ULTRASONOGRAPHIC FINDINGS**

- Moderately thickened stomach exhibiting decreased mural echogenicity, indiscernible to loss of wall layering, and retained fluid - moderate acute hypomotile gastritis, potential for occult gastric infiltrative neoplasia is possible
- Overtly normal small bowel
- Indistinctly visualized yet subjective mildly enlarged to hypoechoic left pancreas - suspect pancreatitis
- Peritonitis
- Overtly normal liver and gallbladder

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Abdominocentesis for peritoneal effusion analysis, cytology, +/- culture and sensitivity is suggested. No overt evidence of hepatic congestion, which may suggest cardiogenic component to the peritoneal effusion. Correlation with full lab work including CBC/Chemistry panel to assess albumin levels, as well as full urinalysis is warranted. Three view chest radiographs are suggested to assess for evidence of concurrent pleural effusion or occult thoracic pathology. Pending additional diagnostics, moderate gastritis / pancreatitis therapy protocol +/- some or all of the following are recommended empirically with sonographic monitoring of the abdominal cavity.



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## Colloids/Hetastarch

10 to 20 mL per kilogram per hour and dogs

10 to 15 mL per kilogram per hour cats

(Can bolus first 1/3 of dose over 15 minutes)

**Plasma** 10 mL / kilogram IV over 4 hours

**Buprenorphine** 0.02 mg/kg IV IM SC q4-6 hours **Or CRI Lidocaine** 30-50 ug/kg/min

**Dolasetron** for nausea: 0.6-1 mg/kg/day Iv or PO

**Famotidine** 1 mg/kg IV IM p.o. dc s.i.d. /b.i.d.

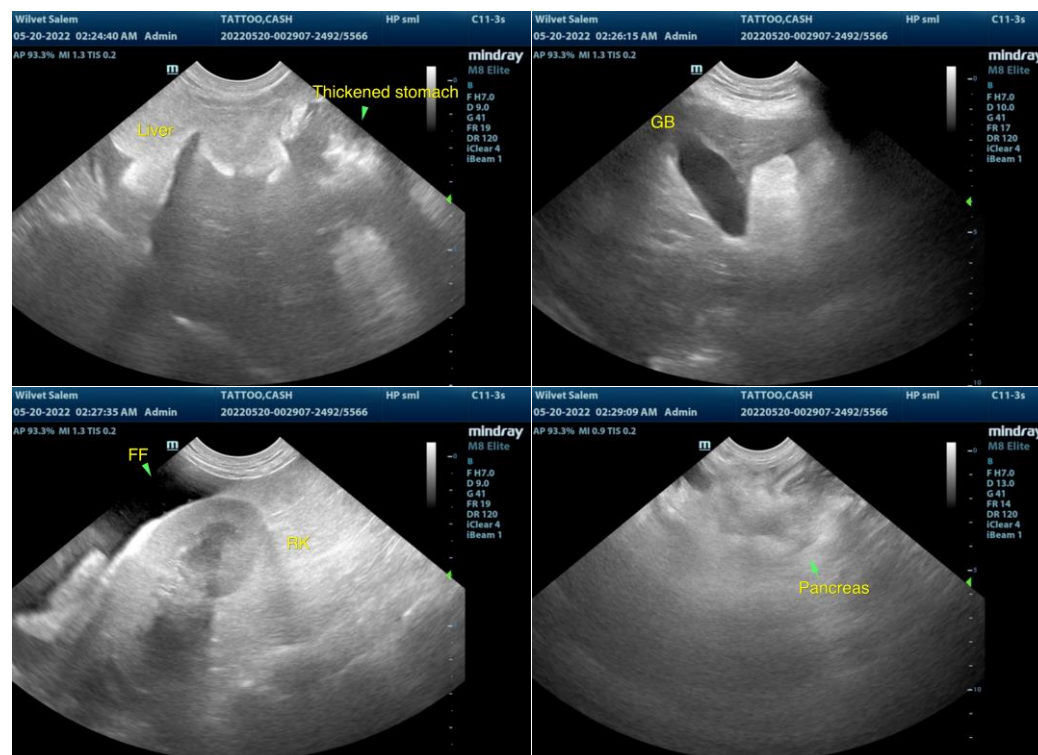
**Sucralfate** 0.5-1 g p.o. t.i.d. dogs, 0.5 g bid cats in slurry **Or Misoprostol** 1-5 ug/kg po tid

**Clindamycin** 10mg/kg IV p.o. bid

**Enrofloxacin** 10-15 mg/kg IV p.o. s.i.d. dogs, 5 mg/kg Iv po Sid cats

**Metronidazole** 10-20 mg/kg IV p.o. b.i.d.

**Dexamethasone** physiological 1 mg/kg to treat adrenal burnout if long standing sickness, shock dose 4-10 mg/kg.





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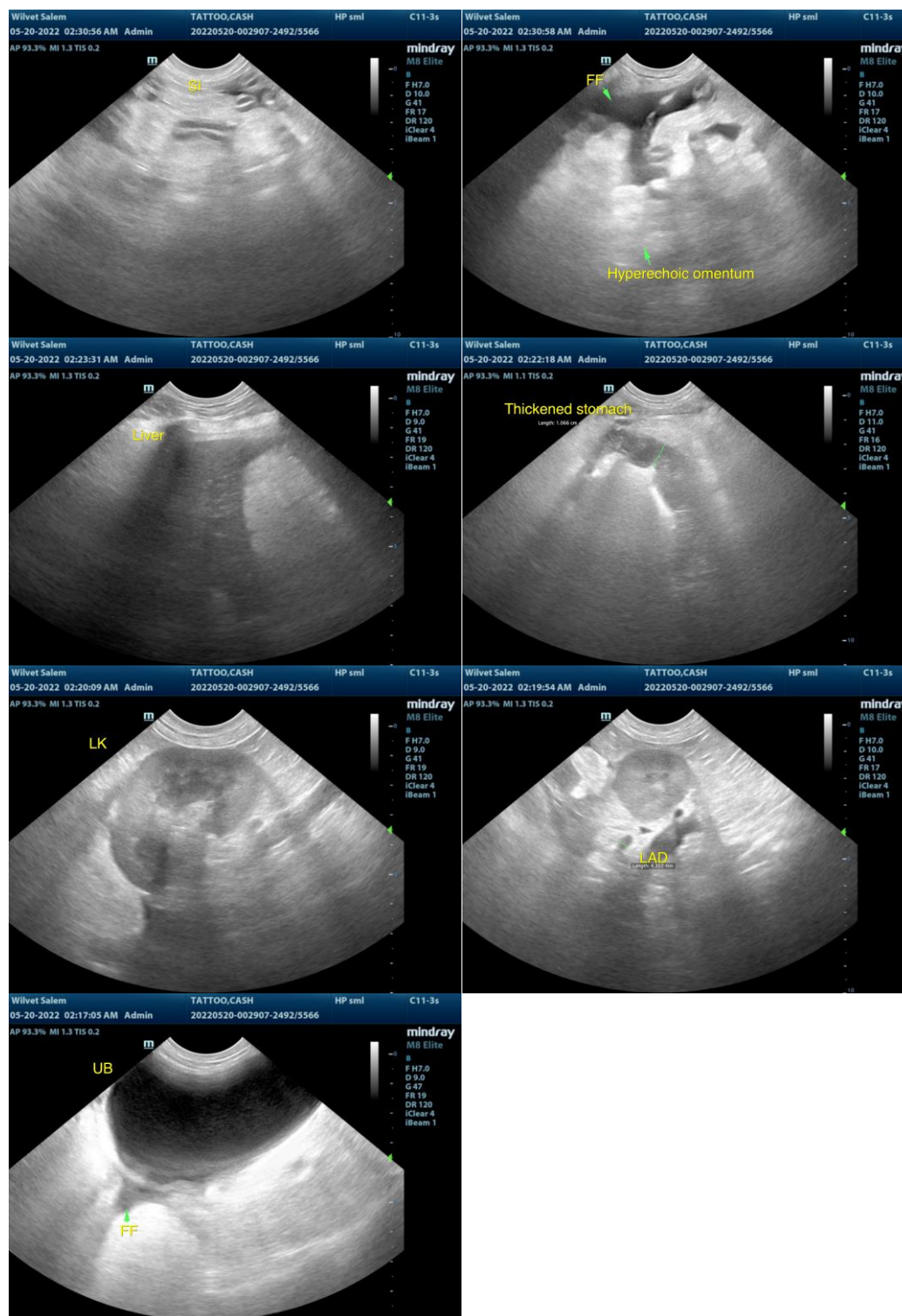
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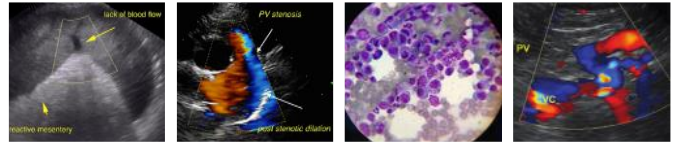
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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