

**PATIENT PRESENTING CLINICAL SIGNS**

Pollo Repasch Chronic intermittent vomiting for 2 years, mildly responsive to medical management Metoclopramide, Amoxicillin

**SPECIES** SDMA 17, Urine specific gravity 1.016, negative protein and glucose, Na:K 33, Unremarkable CBC

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

Lab Mix 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.

**SEX**

MN

The residual prostate was free of pathology.

**AGE**

2017

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 6.3 cm in length. The right kidney measured 6.8 cm in length.

**WEIGHT**

39.1 kg

**INTERPRETED BY** *Adrenal Glands*

R. McKenzie Daniel, DVM, DABVP (Canine and Feline) The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 3.1 cm length x 0.59 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 2.6 cm length x 0.43 cm width at the caudal pole.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

*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.

**HOSPITAL NAME**

Abby Road VH

**REFERRING VET** *Liver/ Gallbladder*

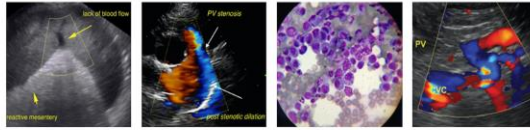
Dr. Gerenser The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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**PATIENT** *Gastrointestinal*

**Pollo Repasch** The stomach exhibited intact and sonographically unremarkable visualized wall layering with subjective moderate gas distention. The ventral gastric body wall width measured 0.39 cm.

**SPECIES** The small intestine presented intact wall layering with subjective propensity for segmental to generalized mildly prominent duodenojejunal mucosa and potential submucosa layer. No evidence of mechanical / metabolic small Intestinal ileus, loss of Intestinal wall layering, or intestinal masses. The duodenum wall width measured 0.62 cm. The jejunum wall width measured up to 0.52 cm.

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

Lab Mix

**Pancreas**

**SEX** 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.

MN

**AGE** *Free Abdomen*

2017 No omental lymphadenopathy, masses, or peritoneal free fluid were present.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

39.1 kg

- Overtly normal yet mild to moderate gas distended stomach
- Intact yet segmental to generalized mildly prominent small bowel wall layering

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, no evidence of significant abdominal visceral pathology was present.

**IMAGING**

**PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

The subjective prominent yet intact small bowel wall layering is nonspecific and may be a normal patient variant, yet could suggest underlying inflammatory process, i.e., IBD. In patients with chronic to recurring gastrointestinal signs with evidence of weight loss, low-grade to mild pancreatitis, which may present sonographically normal, dietary intolerance / food hypersensitivity, infectious disease i.e., helicobacter IBD or less likely intestinal neoplasia are possible. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate.

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Given the pattern of vomiting, some degree of metabolic gastric stasis or nonobstructive delayed gastric emptying may be possible yet evidence of mechanical pyloric outflow obstruction was not overtly evident.

**REFERRING VET**

Dr. Gerenser

Some or all of the following protocol in conjunction with current supportive care could be considered with assessment of clinical response. Ultimately, upper gastrointestinal endoscopy may be indicated for further assessment. Three view chest radiographs are suggested If not done to rule out occult thoracic or esophageal pathology as contributing factors to the patient's clinical signs and weight loss.

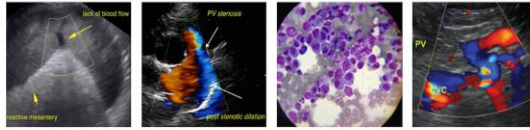
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A clinical trial of **Zithromax (Dogs: 5-10 mg/kg p.o. q24h. May increase dosing interval to q48h after 3-5 days of treatment), Metronidazole (10-20 mg/kg p.o. b.i.d.), Pepcid (0.5-1 mg/kg s.i.d.) and Sucralfate (0.5-2 g/dog PO) or Omeprazole (1 mg/kg p.o. s.i.d.)** over the next 3 weeks along with a

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Pollo Repasch

**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.

**SPECIES**

Canine

**BREED**

Lab Mix

**SEX**

MN

**AGE**

2017

**WEIGHT**

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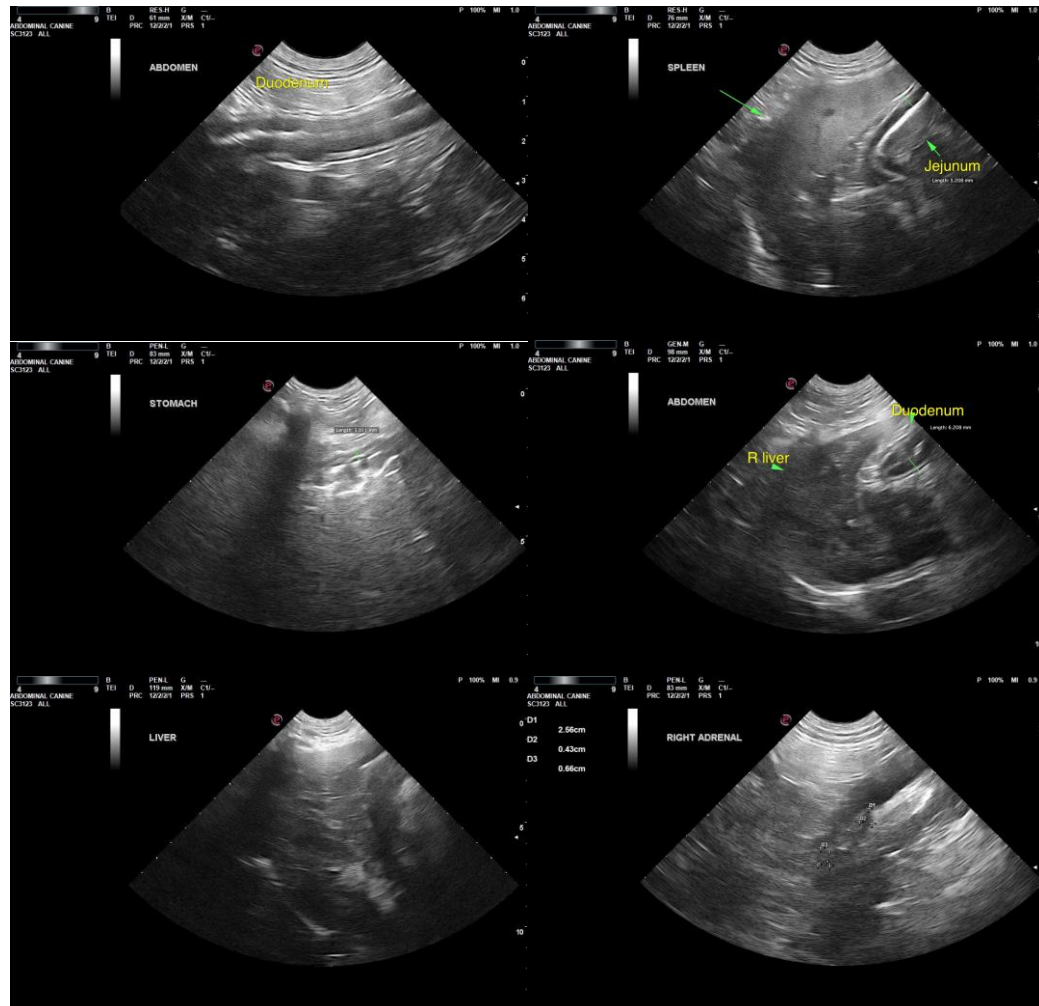
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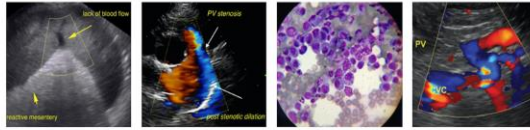
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**PATIENT**

Pollo Repasch

**SPECIES**

Canine

**BREED**

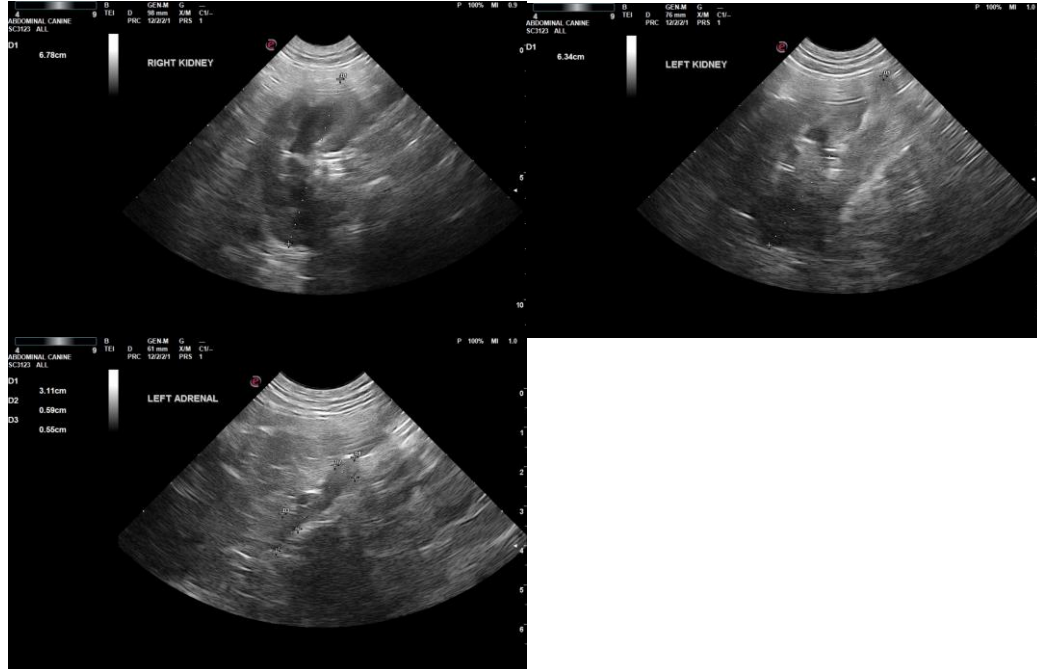
Lab Mix

**SEX**

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**AGE**

2017



**WEIGHT**

39.1 kg

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.

**INTERPRETED BY**

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

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.

**IMAGING**

**PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

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

[mac.daniel@sonopath.com](mailto:mac.daniel@sonopath.com)

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**REFERRING VET**

Dr. Gerenser

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