



PATIENT	PRESENTING CLINICAL SIGNS
Renata ESP Mayoyga	Chronic intermittent vomiting. Blood work non diagnostic. Ab x rays no uroliths seen
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	The urinary bladder presented normal size and tone containing anechoic urine primarily with moderate, dependent to nondependent, potentially adhered pinpoint to focal mineral. The urethra exhibited normal structure and tone to a depth of 2.0 cm.
Spaniel X	
SEX	The area of the aortic trifurcation was free of pathology.
Female Spay	
AGE	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. Pinpoint to focal areas of mild medullary mineral were present. The left kidney measured 5.3 cm in length. The right kidney measured 5.7 cm in length.
6	
WEIGHT	Adrenal Glands
18 kg	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width at the caudal pole and 0.38 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 0.55 cm width at the caudal pole.
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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	Liver/ Gallbladder
Dr. Belan	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. Mild, dependent to nondependent yet nonorganized gallbladder debris was present. The gallbladder was otherwise normal. The common bile duct was normal.
HOSPITAL NAME	
Healthy Paws Forward	
REFERRING VET	
Dr. Remeriez	
INVOICE	Gastrointestinal
13949	The stomach presented intact yet prominent wall layering with minor retained anechoic pyloric fluid. The ventral gastric body wall width measured 0.50 cm.
DATE	
5/25/22	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. Mild retained concurrent duodenal fluid was noted. The duodenum wall width measured 0.35 cm. The jejunum wall width measured 0.25 cm.



PATIENT

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

Renata ESP Mayoyga

Pancreas

SPECIES

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.

Canine

BREED

Free Abdomen

Spaniel X

No overt lymphadenopathy or peritoneal effusion was present.

SEX

ULTRASONOGRAPHIC FINDINGS

Female Spay

- Gastroduodenitis with mild gastroduodenal hypomotility
- Mild gallbladder debris (non-mucocele)
- Pinpoint to focal renal medullary mineral
- Moderate primarily dependent to mildly nondependent, possibly adhered urinary bladder mineral / sand

AGE

6

WEIGHT

18 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Urine culture and sensitivity on a sterile urine sample is recommended. Potentially this patient may be passing small amounts of mineral from the kidneys into the urinary bladder yet assessment for underlying infection is advised.

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

Dietary intolerance / food hypersensitivity, nonspecific gastro-duodenal inflammation, and infectious disease i.e., helicobacter, are possible without overt evidence of upper gastrointestinal mural neoplastic criteria. Some or all of the following protocol may be considered empirically. Spec cPL could be considered to assess for occult low-grade to chronic pancreatitis which may present as sonographically normal.

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Healthy Paws
Forward

Although considered less likely given the overtly normal adrenal presentation, a resting cortisol level to rule out occult Addison's Disease is suggested.

REFERRING VET

Dr. Remeriez

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.

INVOICE

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Renata ESP Mayoyga

SPECIES

Canine

BREED

Spaniel X

SEX

Female Spay

AGE

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WEIGHT

18 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

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REFERRING VET

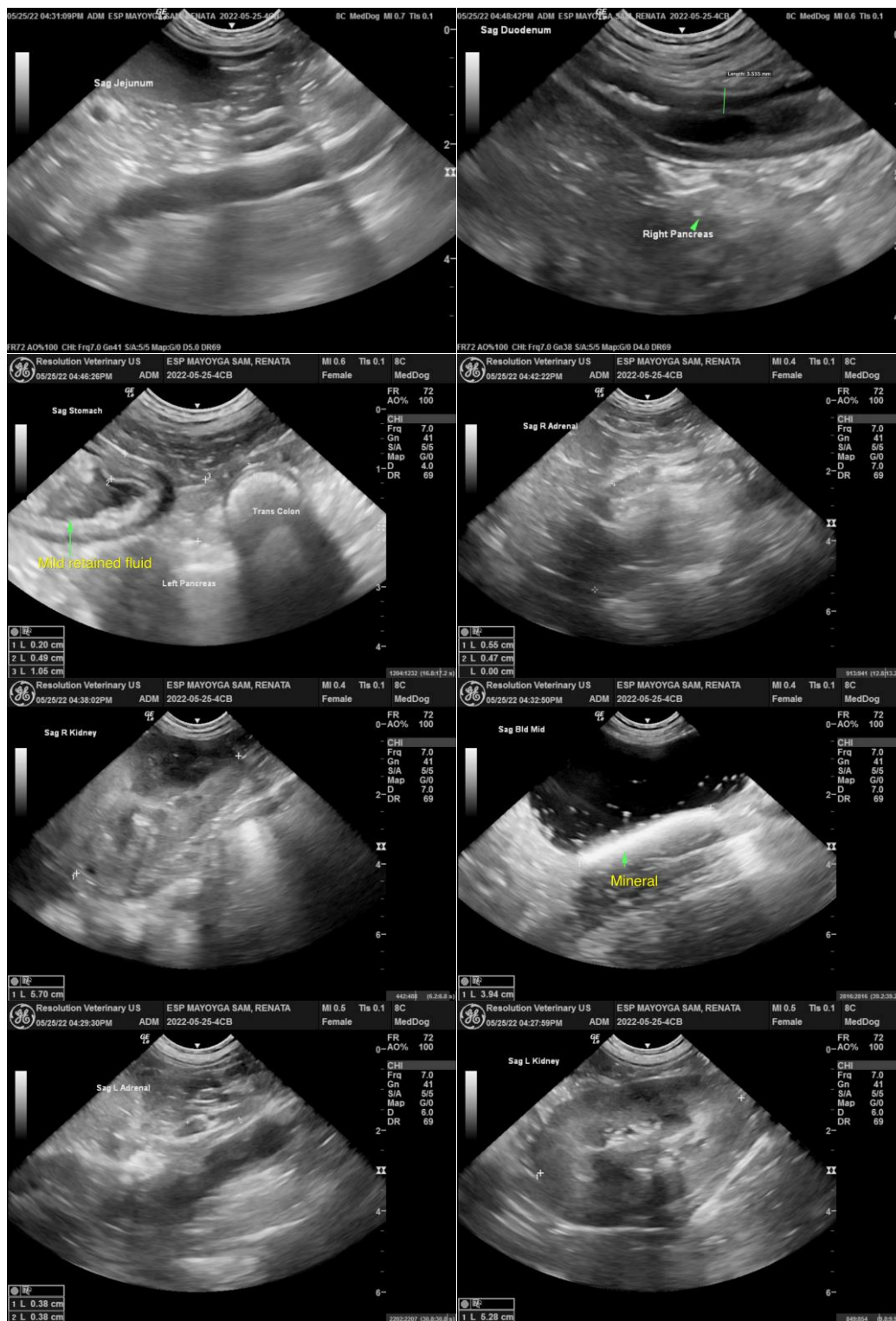
Dr. Remeriez

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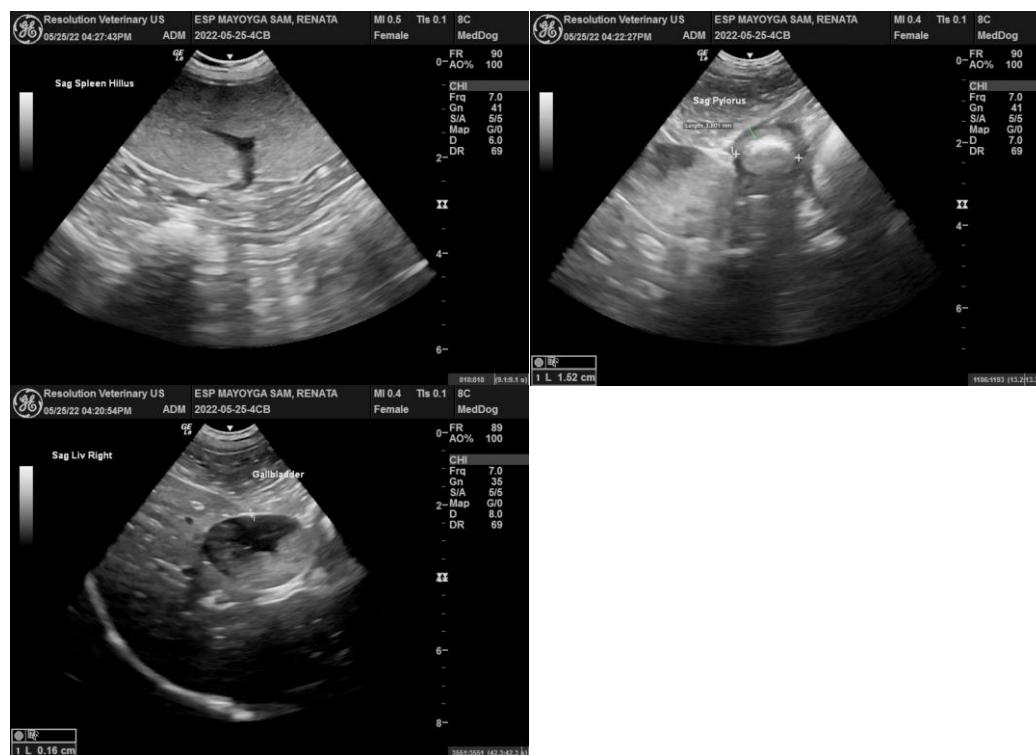
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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