



PATIENT PRESENTING CLINICAL SIGNS

Boba Saggu Occasional vomiting Cerenia, Pepcid

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine 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.

BREED

Havanese

SEX

FS

AGE

2020

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and minor loss of corticomedullary border demarcation expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.7 cm in length. The right kidney measured 3.7 cm in length.

WEIGHT

12.4

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.5 cm length x 0.54 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 1.7 cm length x 0.48 cm width at the caudal pole.

INTERPRETED BY

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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.

IMAGING PERFORMED BY

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Liver/ Gallbladder

HOSPITAL NAME

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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.

REFERRING VET

Dr. Nankman

Gastrointestinal

The stomach exhibited intact yet mildly prominent wall layering primarily in the area of the antrum and pylorus. Minor retained anechoic pyloric fluid was present, as well as pockets of luminal gas. The ventral gastric body wall width measured 0.41 cm. The pylorus wall width measured 0.63 cm.

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The small intestine presented intact yet subjective mild prominent wall layering primarily in the upper small bowel without evidence of loss of wall layering or evidence of intestinal masses. The small intestine was empty without evidence of mechanical / metabolic ileus pattern. The duodenum wall width measured 0.52 cm. The jejunum wall width measured 0.30 cm.

SPECIES

Canine

Normal visible colon wall layers were present with formed to semi-formed feces present in the colon.

Pancreas

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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 were evident.

Free Abdomen

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Intermittent, midabdominal mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of the lymph nodes measured 1.6 cm x 0.55 cm. No effusion was noted.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild gastritis pattern with minor retained pyloric fluid
- Intact yet subjective prominent small bowel wall layering primarily in duodenum
- Intermittent, subjectively benign / reactive mesenteric lymph nodes - lymphoid hyperplasia or minor reactive lymphadenitis likely, neoplastic criteria is considered unlikely
- Overtly normal pancreas

Secondary Findings

- Mild age-related kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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 DVM, DABVP
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The gastrointestinal presentation may be a normal variant in this patient, yet could be consistent with an underlying inflammatory process, i.e., IBD with mild changes primarily noted in the upper gastrointestinal tract. However, with only Intermittent chronic vomiting reported without concurrent gastrointestinal signs such as diarrhea or reported weight loss, this finding is nonspecific.

IMAGING

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Dietary indiscretion / food intolerance, parasitism, infectious disease, i.e., helicobacter, mild to chronic pancreatitis which may present as sonographically normal, IBD, or early gastrointestinal infiltrative neoplasia (less likely), could be considered.

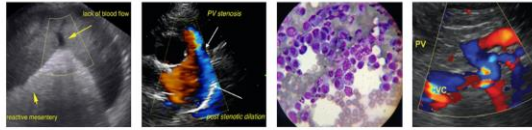
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Empirically, gastroprotectant protocol, bland novel protein or hydrolyzed diet trial with initial canned feeding, prophylactic deworming, and as-needed supportive care, i.e., antiemetics +/- empirical

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coverage for helicobacter could be considered with assessment of clinical response. Ultimately, upper gastrointestinal endoscopy with potential for biopsies could be considered if chronic intermittent vomiting persists / progresses.

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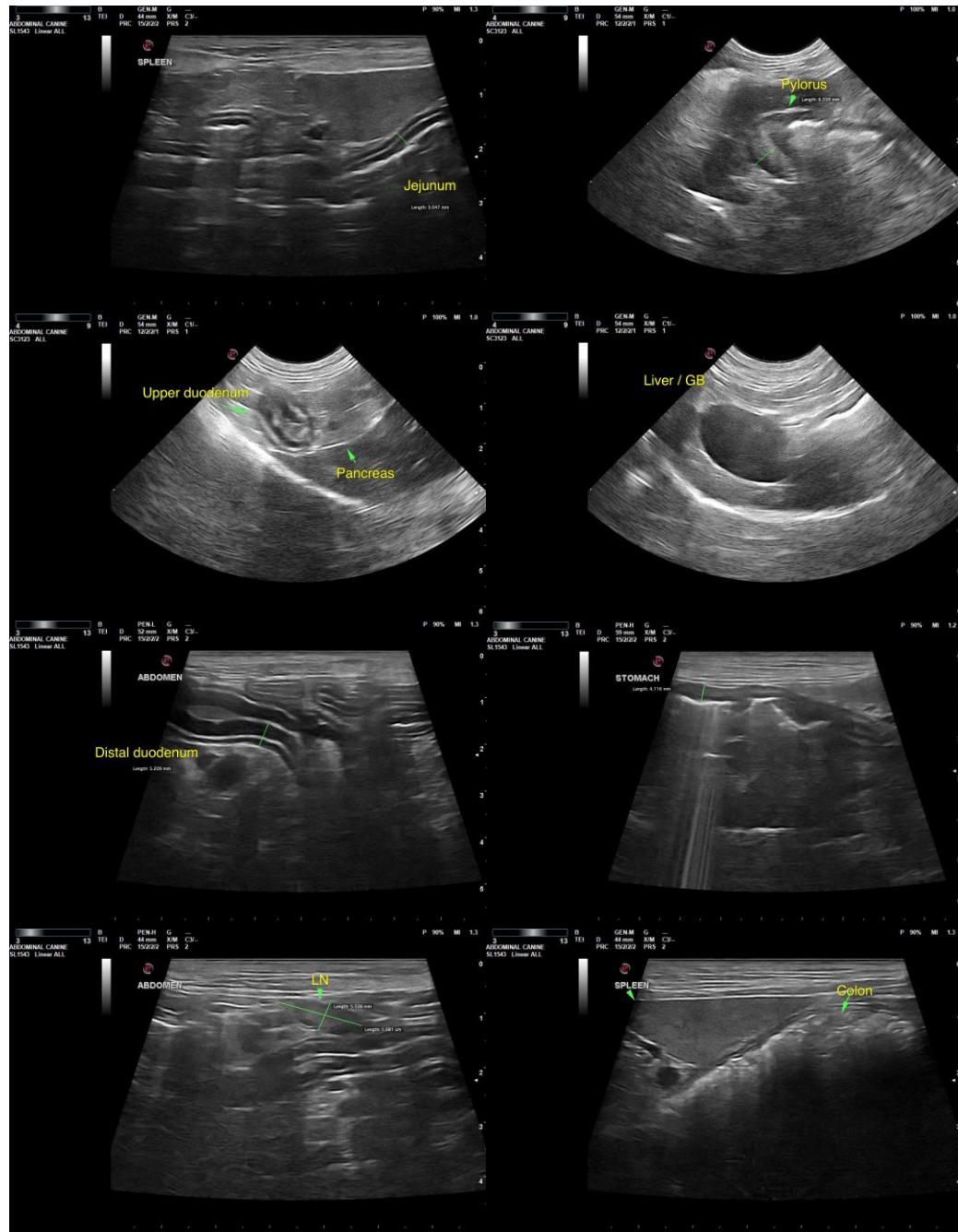
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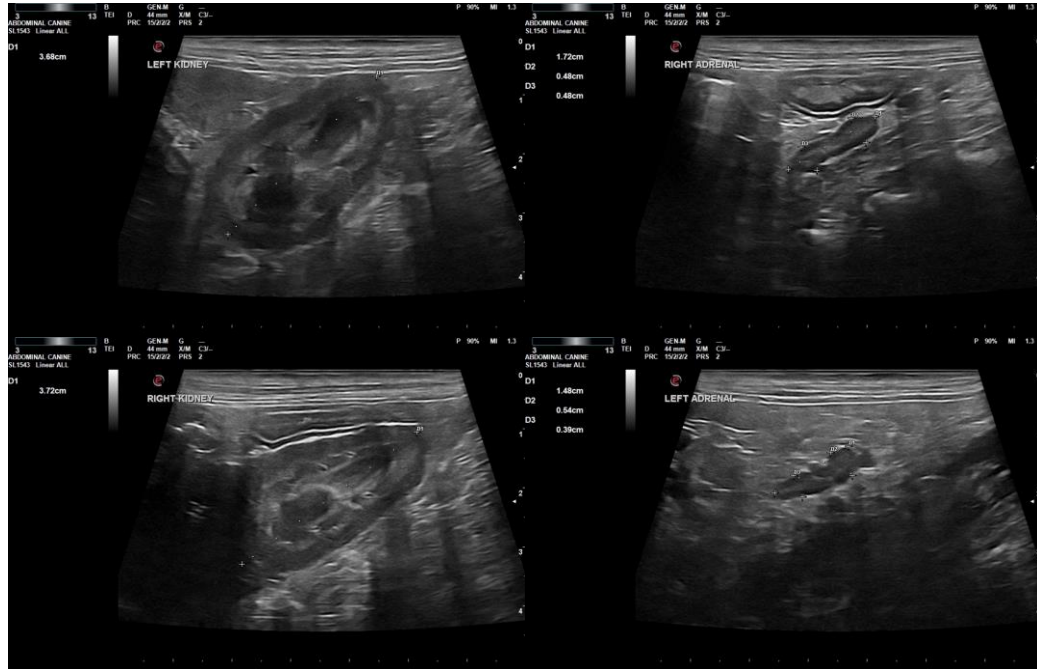
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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