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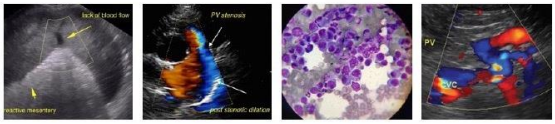

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Mablie Allerton

SPECIES

Canine

BREED

Corgi

SEX

FS

AGE

9 yr

WEIGHT

38 lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Maples Animal Hospital

REFERRING VET

Dr. Kazienko

INVOICE

10703ag

DATE

05/31/2022

PRESENTING CLINICAL SIGNS

History: vomiting, DVM palpates possibly large spleen

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder exhibited subnormal size which prohibited full evaluation of the bladder walls. Minimal anechoic urine was present in the lumen with dependent to adhered luminal mineral. Generalized mildly thickened ventral, apical and dorsal bladder walls with mild asymmetrical luminal surface contour were present, the urinary bladder wall measured 0.55 cm in width. Minor nonobstructive urethral luminal mineral was noted.

Normal size and margination was 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.7 cm in length. The right kidney measured 7.3 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.64 cm width at the caudal pole and 1.8 cm in length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.72 cm width at the caudal pole and 2.1 cm length.

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

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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate ingesta/chyme exhibiting subtle progressive distal acoustic shadowing with no signs of ileus, obstruction or foreign material. The ventral gastric body wall measured 0.36 cm in width.

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. The duodenum wall measured 0.40 cm in width. The jejunum wall measured 0.36 cm in width.

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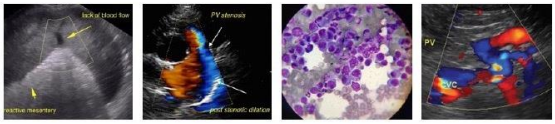

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Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

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 was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Cystitis pattern with concurrent dependent to adhered luminal mineral
- Mild age-related renal changes
- Overtly normal gastrointestinal tract with mild to moderate gastric ingesta/chyme
- Sonographically normal spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A C/S on sterile urine sample is recommended to assess for underlying UTI.

The presence of gastric ingesta is nonspecific yet may indicate recent meal ingestion, correlate with most meal ingestion recommended. If documented NPO, the presence of gastric ingesta may indicate some degree of non-obstructive delayed gastric emptying or stasis. Dietary indiscretion/food intolerance, occult parasitism, structurally insignificant gastroenteropathy or low grade to chronic pancreatitis could be possible. A Spec cPL could be considered. Empirically some or all of the following protocol could be considered with assessment of clinical response.

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.

Although considered unlikely, adrenal screening with resting cortisol could be considered to rule out occult Addison's disease, however the bilateral adrenal glands were subjectively normal.

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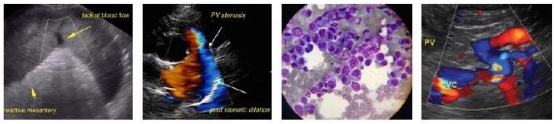

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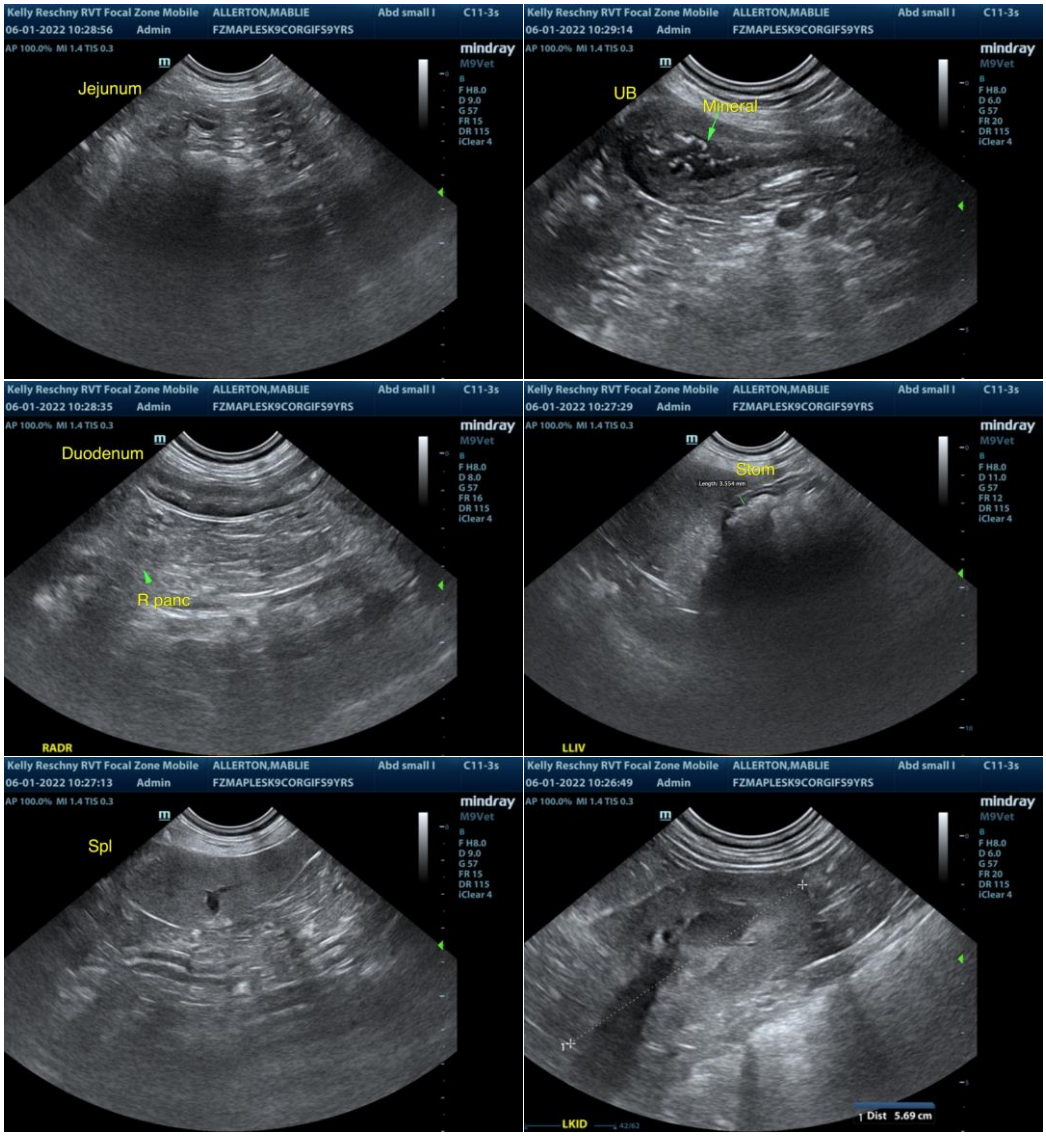

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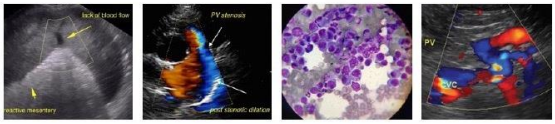

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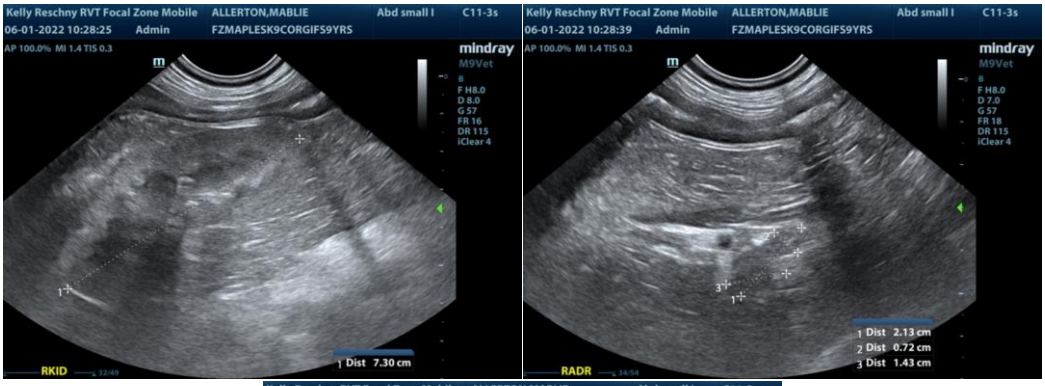

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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