



PATIENT

Oddie Neumiller

SPECIES

Canine

BREED

Havanese

SEX

Male neuter

AGE

13 months

WEIGHT

5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

McKnight AH

REFERRING VET

Dr. Gruffydd

INVOICE

14069

DATE

6/10/22

PRESENTING CLINICAL SIGNS

Vomiting last 48 hrs better on cerenia but started vomiting again when taken off. Attending concerned about FB pancreatitis Patient given gabapentin and butorphanol IV for scan
Abnormal PE/Chem/CBC/UA Results: Non diagnostic blood work

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.55 cm in diameter.

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 3.6 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.26 cm width at the caudal pole and 0.3 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 0.35 cm width at the caudal pole and 0.4 cm width at the cranial pole.

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 containing primarily anechoic content with very minor gallbladder debris likely secondary to fasting. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.



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Gastrointestinal

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The stomach presented intact yet mildly indistinct gastric wall layering and generalized mildly thickened gastric walls. The stomach contained minor retained anechoic fluid and luminal gas with no evidence of gastric distention with retained ingesta or overt foreign material. The pylorus wall width measured 0.51 cm.

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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. No evidence of small intestinal mechanical / metabolic ileus was noted. The jejunum wall width measured 0.28 cm. The duodenum wall width measured 0.28 cm.

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

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Pancreas

The pancreas was normal in size and contour with heterogeneous to mildly hyperechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

Intermittent 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 lymph node measured 2.6 cm x 0.68 cm. No effusion was noted.

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ULTRASONOGRAPHIC FINDINGS

- Gastritis pattern with potential for concurrent low-grade pancreatitis
- Overtly normal small bowel - no overt evidence of inflammatory mural changes or foreign material

IMAGING PERFORMED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Medical therapy for mild hypomotile gastritis and low-grade pancreatitis is warranted. Some or all of the following protocol could be considered empirically.

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Recheck sonogram is recommended in the next 3-5 days if persistent/ progressive vomiting nonresponsive to conservative gastrointestinal support is seen.

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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 **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.

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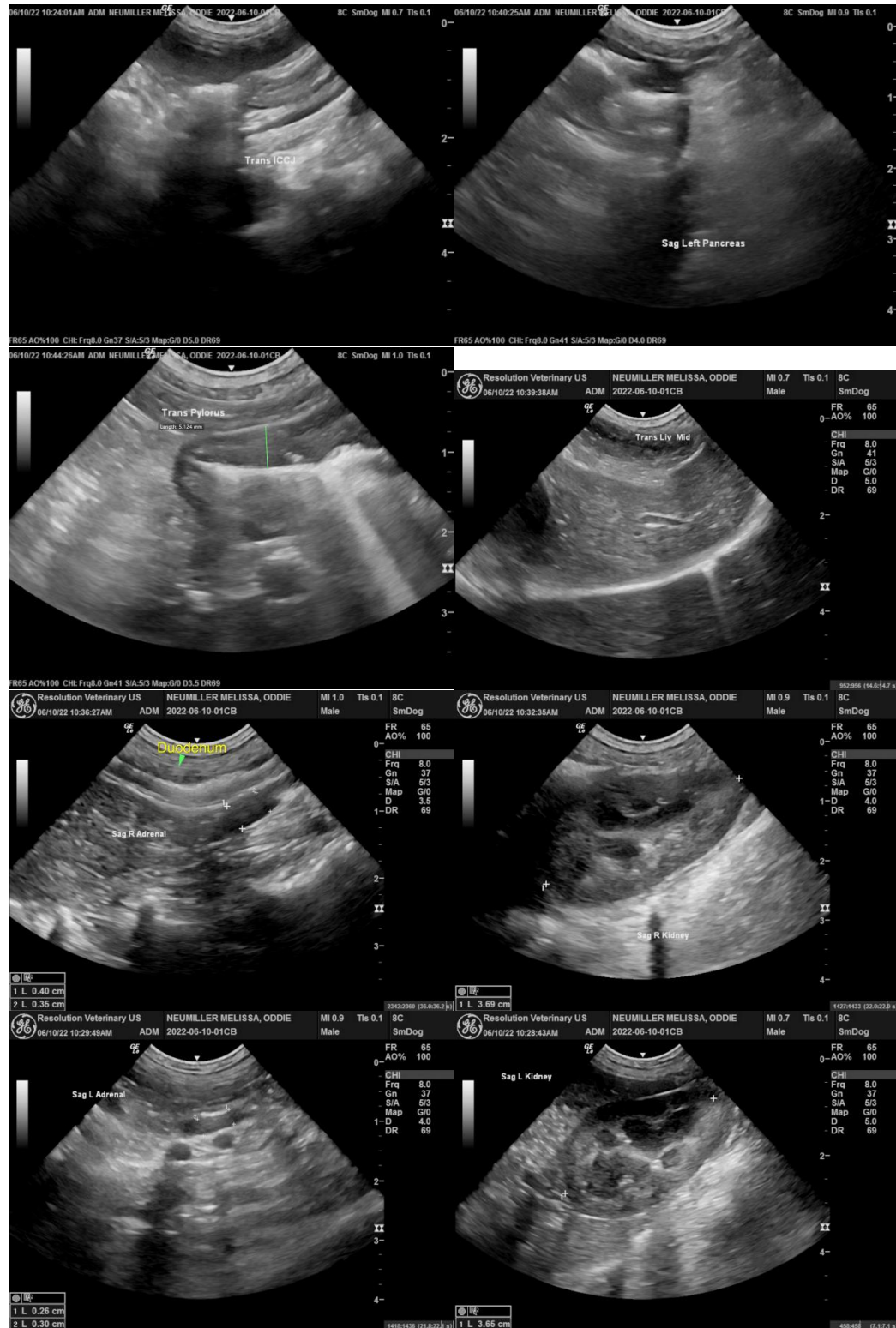
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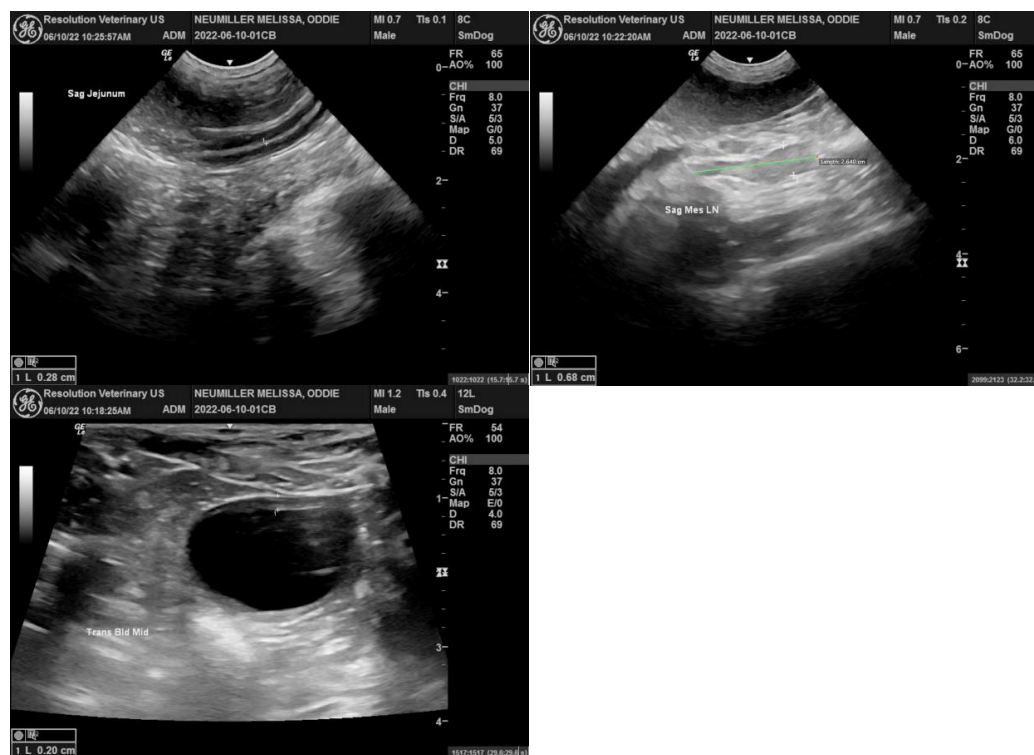
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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