



PATIENT

Bugsy Yurchuk

SPECIES

Canine

BREED

Poodle Mix

SEX

Neutered Male

AGE

9 Years

WEIGHT

8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

JSS

HOSPITAL NAME

King Hopkins PH

REFERRING VET

Dr. Latoya Brown

INVOICE

16073

DATE

6/13/22

PRESENTING CLINICAL SIGNS

History: Patient History: Bugsy is a 9 yr old Poodle mix dog that presented with the complaint of vomiting started on Mon/Tues, no diarrhea. Not eating. He went through the garbage since few days, which had rotten meat, may be packed in plastic. vomited once than stopped, then vomited after 1 day again. Pain on abdominal Palpation. Diet: cesar canned and kibble. PE findings: BAR - very friendly MM pink and moist Euhydrated EEN all clean and clear LMNs all palpate normal Healthy skin and haircoat, no evidence of ecto-parasites Thoracic auscultation revealed a healthy heart, no murmurs or arrhythmias noted Abdominal palpation was WNL, not painful T WNL **Vomited twice while in waiting room

Abnormal PE/Chem/CBC/UA Results: Chem/CBC/UA Results (if applicable): CBC RBC 5.3 5.4 - 8.7 x 10E12/L Anemia L Hematocrit 0.34 0.38 - 0.57 L/L L Hemoglobin 121 134 - 207 g/L H WBC 22.5 4.9 - 17.6 x 10E9/L Infection SEROLOGY SNAP 4DX: Heartworm Antigen - Negative Ehrlichia canis / ewingii - Negative Lyme (Borrelia burgdorferi) - Negative Anaplasma phagocytophilum / platys - Negative MOLECULAR DIAGNOSTICS - Anemia RealPCR Panel Babesia spp. Real PCR Negative Anaplasma spp. Real PCR Negative Ehrlichia spp. Real PCR Negative Rickettsia spp. Real PCR Negative Hepatozoon spp. Real PCR Negative Mycoplasma haemocanis Real PCR Negative Candidatus Mycoplasma haematoparvum RealPCR Negative Leptospira spp. RealPCR - Blood Negative Leptospira spp. RealPCR - Urine Negative CHEMISTRY TEST RESULT REF.RANGE/UNITS GLU 8.2 H 3 6 mmol/L - mild hyperglycemia K+ 3.3 L 3.7 5.8 mmol/L - hypokalemia Spec cPL <30 0 - 200 ug/L - normal RADCONS X-rays (full study with consult) No evidence of GI obstruction but cannot be ruled out - abdominal ultrasound recommended

**This study contained 23 still images and 3 videos for review.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 were noted. Aortic trifurcation was normal.

No overt pathology in the area of the residual prostate.

Normal size and margination was 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 3.8 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

The left adrenal gland was not definitively visualized.

The right adrenal gland was indistinctly visualized yet without overt pathology, subjectively measuring 0.32 cm in width.

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.



PATIENT

Liver

Bugsy Yurchuk

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.

SPECIES

Canine

The gallbladder was non distended in size with mildly congealed yet nonorganized hyperechoic gallbladder debris. No evidence of peripheral gallbladder inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.

BREED

Poodle Mix

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Severe gastric distension with retained fluid was present.

SEX

Neutered Male

The visualized segments of the small intestine exhibited subjective intact wall layering with maintained 1:3 muscularis/mucosa ratio. Suspect potential concurrent upper small intestinal ileus pattern was present.

AGE

9 Years

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

Pancreas

WEIGHT

8 kg

The pancreas was indistinctly visualized yet did not overtly exhibit sonographic evidence of significant or active inflammation. No obvious evidence of pancreatic neoplastic criteria.

Free Abdomen

INTERPRETED BY

No overt lymphadenopathy or peritoneal effusion was present.

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

ULTRASONOGRAPHIC FINDINGS

- Severe hypomotile stomach, potential for hypomotile gastritis- metabolic versus mechanical gastric stasis
- Suspect concurrent enteritis

IMAGING PERFORMED BY

JSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

King Hopkins PH

A definitive cause of mechanical pyloric or upper small intestinal outflow was not overtly evident yet the area of the pylorus and upper small intestine was indistinctly visualized. Potential for low-grade pancreatitis could be present and sonographically normal yet may be considered less likely given the reported spec CPL value. Dietary indiscretion/food intolerance or enterotoxaemia, given the patients history, may be possible.

REFERRING VET

Dr. Latoya Brown

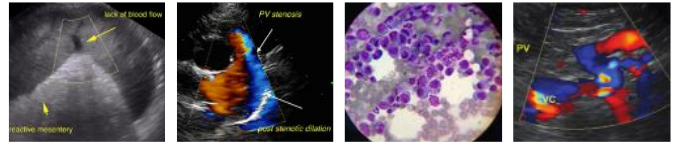
Given this presentation, hospitalization with 24–48-hour IV fluid and as needed gastrointestinal support with, ideally, close sonographic monitoring of the stomach and potential resubmission of sonogram, including multiple video clips in the area of the upper gastrointestinal tract, is recommended. Likewise, if persistent evidence of significant gastric fluid retention, exploratory laparotomy for gross inspection of the gastrointestinal tract and with gastrointestinal biopsies considered essential to assess for underlying gastrointestinal disease, may be indicated.

INVOICE

16073

DATE

6/13/22



PATIENT

Bugsy Yurchuk

SPECIES

Canine

BREED

Poodle Mix

SEX

Neutered Male

AGE

9 Years

WEIGHT

8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

JSS

HOSPITAL NAME

King Hopkins PH

REFERRING VET

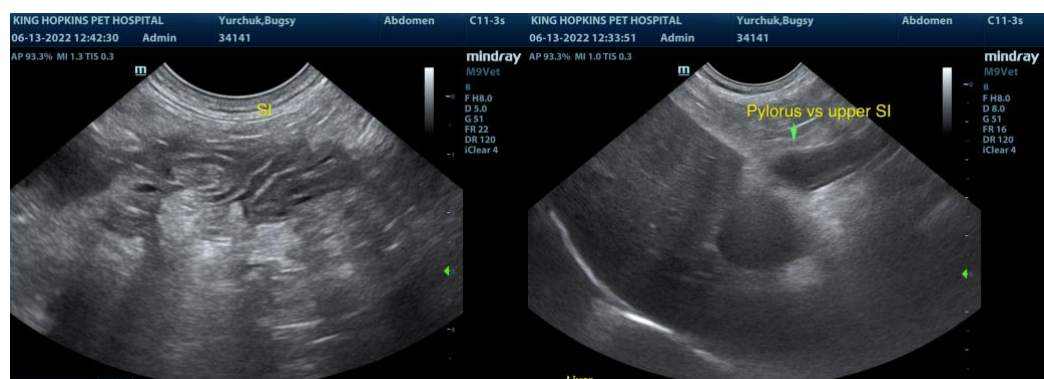
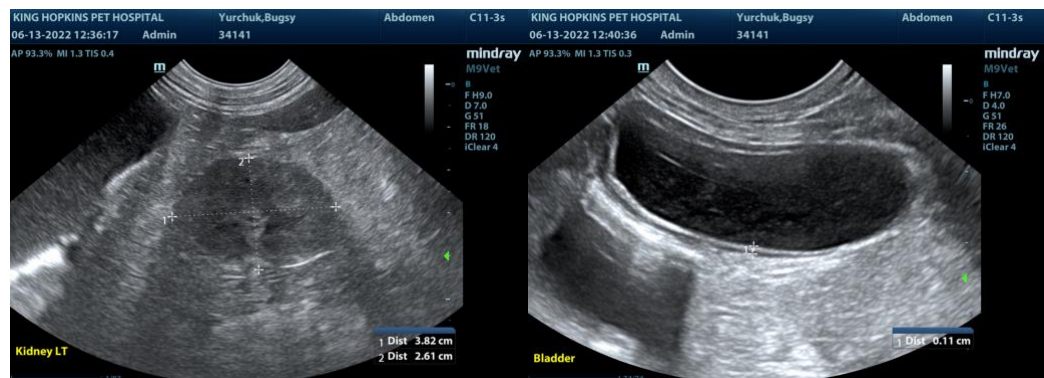
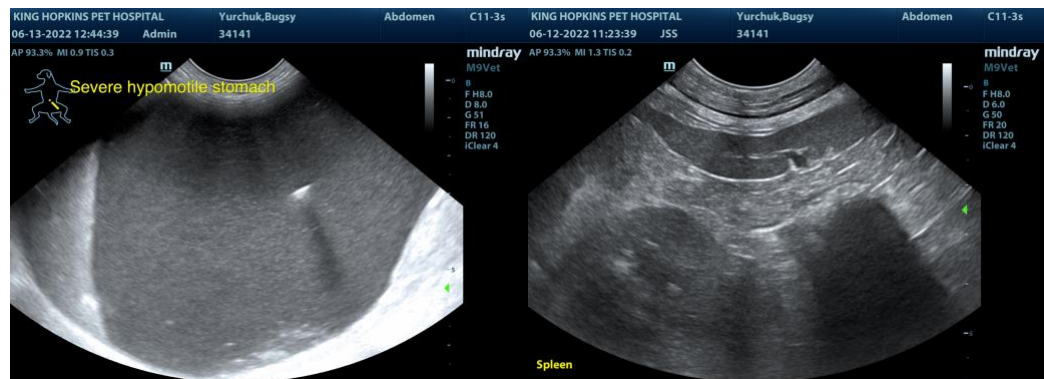
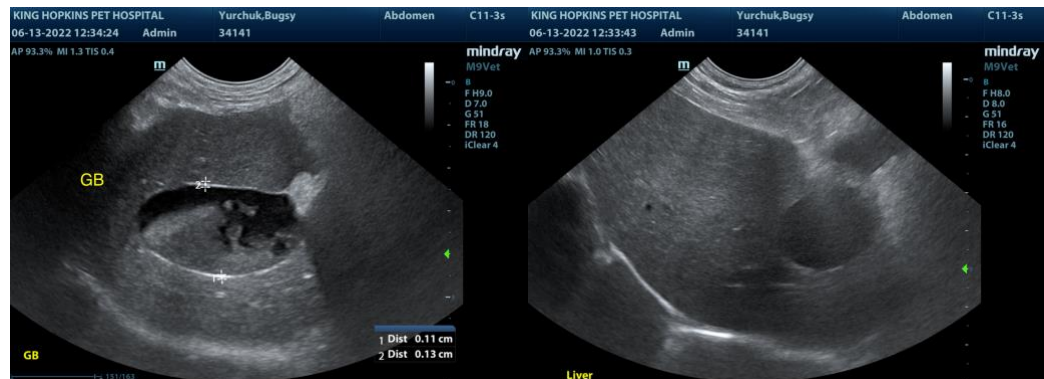
Dr. Latoya Brown

INVOICE

16073

DATE

6/13/22



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



PATIENT

Bugsy Yurchuk

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.

SPECIES

Canine

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

BREED

Poodle Mix

SEX

Neutered Male

AGE

9 Years

WEIGHT

8 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

JSS

HOSPITAL NAME

King Hopkins PH

REFERRING VET

Dr. Latoya Brown

INVOICE

16073

DATE

6/13/22