



PATIENT

Kodie Journey

SPECIES

Canine

BREED

Pomeranian

SEX

Male

AGE

1y, 10m

WEIGHT

7.31 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Carly Pate

HOSPITAL NAME

VCA McKenzie AH

REFERRING VET

Dr. Fricke

INVOICE

17090

DATE

6/13/23

PRESENTING CLINICAL SIGNS

P presents for ongoing concern about reported daily tarry/dark stool, reluctance to eat or drink water (will eat when hand fed), lethargy and dull energy at home. C feeds P a large variety of foods with many added in supplements and minerals. Variable stools, some with mucus strands and blood, dark stools reported over the the last several months. (very dark green to black) Dark stools were still being seen last week, may be improved/lighter after one week of oral sucralfate. Vomited once within the last week. Recheck CBC/Chem, VDI Essential 1 vitamin and MSU Standard Thyroid Panel testing pending.

Abnormal PE/Chem/CBC/UA Results: September 2022 Animal Biome test shows 8 of the top 10 bacterial groups absent, overgrowth of Alloprevotella Elevated Clostridium and Clostridioides families were present. Jan 2023 CBC/Chem AMYLASE 280, PrecisionPSL 18, Neutrophils 48, Lymphocytes 43 April 2023 Nutriscan food sensitivity showed Lentils Potatoes Rabbit Turkey Fish April 2023 CBC/Chem/UA AMYLASE 266,BUN/CREAT RATIO 29, Neutrophils 46, Lymphocytes 39 May 2023 WNL ACTH Stim (CORTISOL SAMPLE 1 4.9 , CORTISOL SAMPLE 2 12.8) TMA showed Severely low Ca, Mg, elevated Na, High Na/K, Na/Mg, and low Ca/K ratios

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

The prostate gland was of expected size and presentation for a young, intact male canine without evidence of pathology measuring 1.3 cm in diameter.

No evidence of pathology in the area of the aortic trifurcation.

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 3.2 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 0.32 cm width at the caudal pole and 0.28 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 0.38 cm width at the caudal pole and 0.3 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



PATIENT	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.
Kodie Journey	
SPECIES	<i>Liver/ Gallbladder</i>
Canine	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. Normal vascular volume was noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
BREED	
Pomeranian	
SEX	<i>Gastrointestinal</i>
Male	The stomach presented intact mildly prominent wall layering in light of the patient body weight. The ventral gastric body wall width measured 0.34 cm. The stomach contained a mild amount of retained primarily pyloric anechoic fluid, along with mild hyperechoic chyme and luminal gas. No evidence of mechanical pyloric outflow obstruction was noted. The pylorus wall width measured 0.38 cm.
AGE	
1y, 10m	The duodenum presented intact mildly prominent wall layering with subtle duodenal corrugation with mild upper to mid duodenal ileus. No overt evidence of obstructive duodenal criteria or mural pathology. The duodenum wall measured 0.41 cm width. The jejunum and ileum to the level of the colon were sonographically unremarkable without evidence of jejunoileal mechanical / metabolic ileus. The jejunum wall width measured 0.25 cm.
WEIGHT	
7.31 lbs.	Normal visible colon wall layers were present with generalized semi-formed fecal matter, consistent with patient history.
INTERPRETED BY	<i>Pancreas</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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.
IMAGING PERFORMED BY	<i>Free Abdomen</i>
Carly Pate	No overt lymphadenopathy or peritoneal effusion was present.
HOSPITAL NAME	ULTRASONOGRAPHIC FINDINGS
VCA McKenzie AH	<ul style="list-style-type: none"> • Mild hypomotile gastroduodenitis pattern • Semi-formed feces in colon • Sonographically normal pancreas
REFERRING VET	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Dr. Fricke	Sonographically, the appearance of the upper gastrointestinal tract is consistent with inflammatory criteria. Dietary intolerance / food hypersensitivity, gastroduodenitis, occult parasitism, and low-grade pancreatitis which may present as sonographically normal (less likely), are all potentials. No evidence of a gastrointestinal obstructive pattern or definitive foreign material was noted.
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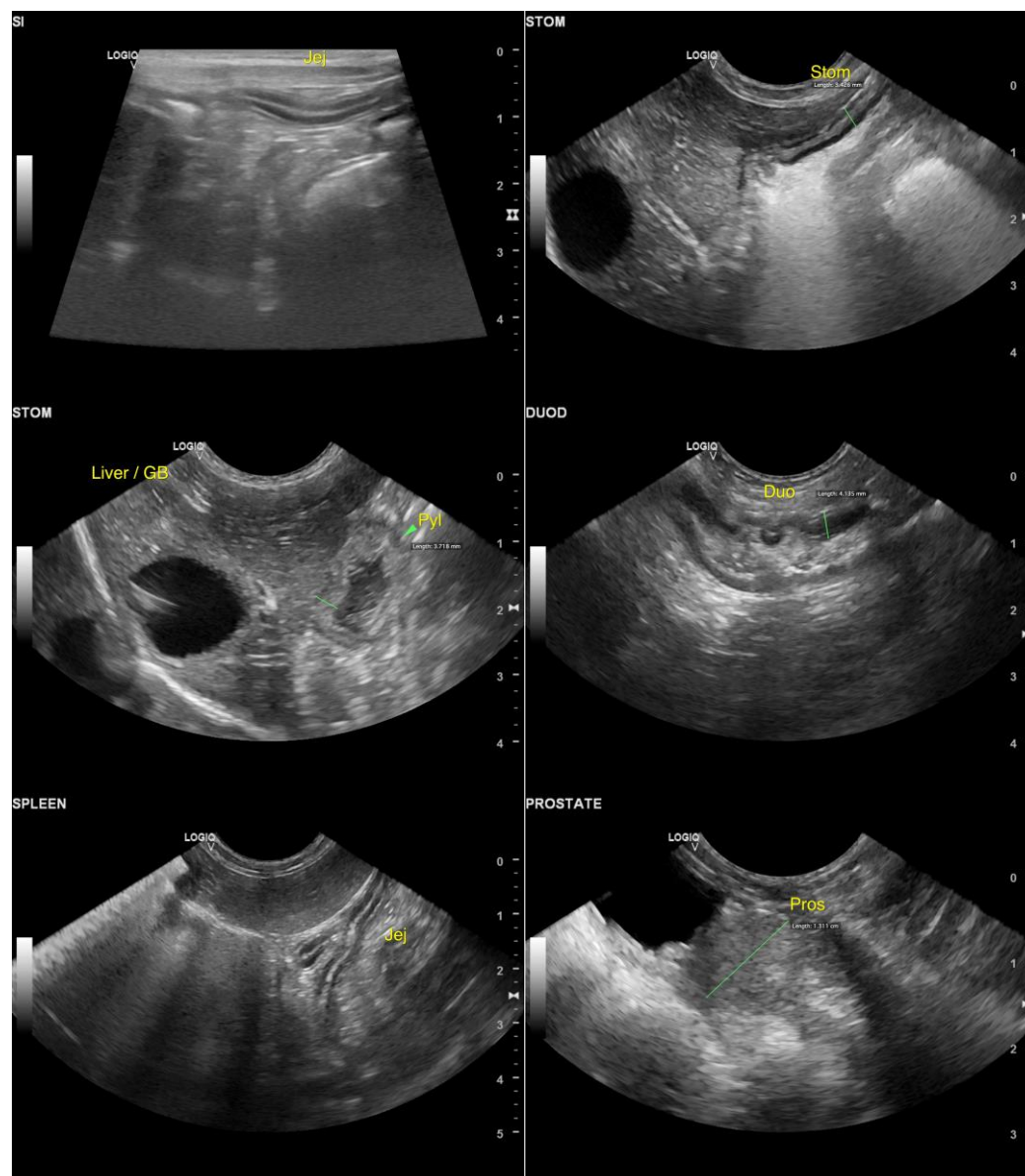
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Canned novel protein or hydrolyzed diet trial with potential initial slurry feeding or smaller more frequent feedings, and gastroprotectants Omeprazole 1.0 mg/kg PO SID over the next three weeks with avoidance of dry food and assessment of clinical response is suggested. Potential empirical therapy for helicobacter may be considered. Broad spectrum deworming i.e., Panacur 50 mg/kg PO SID for at least 5 consecutive days is suggested even if negative fecal testing.

A GI panel to include PLI/TLI/Cobalamin/Folate to assess for occult intestinal or pancreatic disease as a contributing factor may be considered in light of normal ACTH Stimulation test. Sonographic monitoring of the upper gastrointestinal tract is likely ideal based on clinical response to conservative therapy. Upper gastrointestinal endoscopy may be indicated if persistent gastrointestinal signs.





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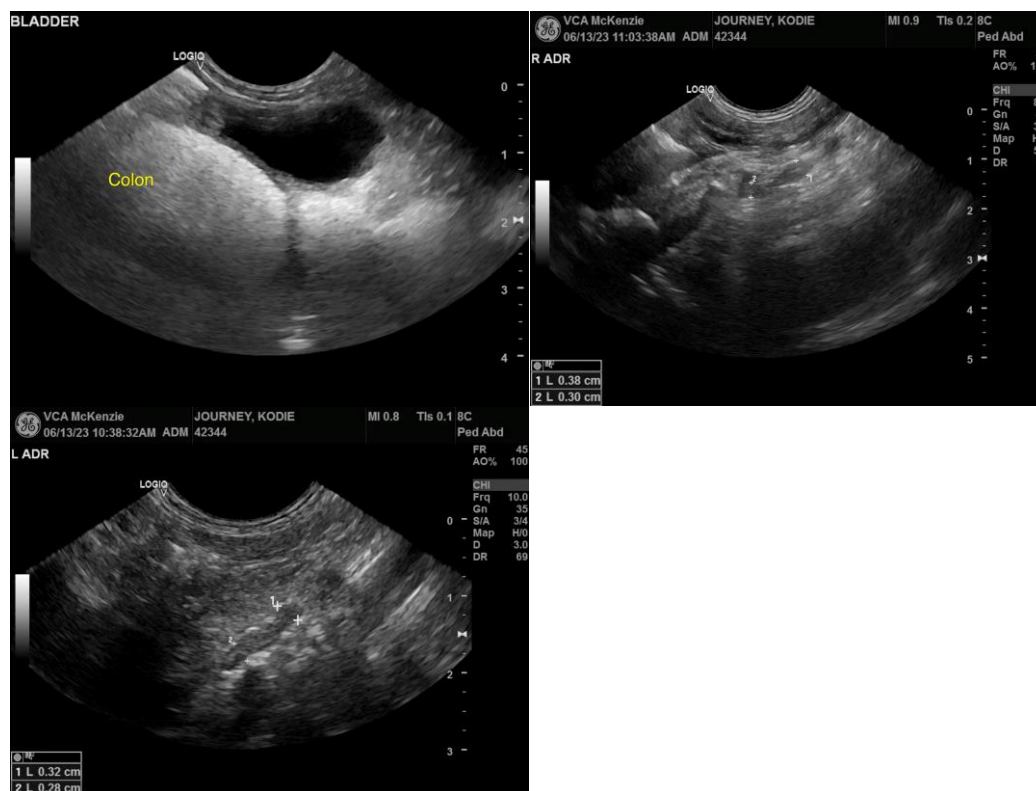
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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