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|--|---|
| PATIENT | PRESENTING CLINICAL SIGNS |
| Bogey LaLonde | 6/17/23: -- Presents for the following: -- ADR. -- O states that P was here yesterday and saw Dr. Westbrook and started probiotics and a diet. -- O states that since yesterday, P just is not doing any better, and this morning, P did not really want to eat any food. --O states that P has been whining all night and would not really want to lay down, just seemed uncomfortable and/or in pain. -- O states that P has been panting a lot. O states that P is still drinking okay, and has not had any vomit. E/D: Not eating well, drinking okay. V/D: No vomit, had some diarrhea earlier this week (wed or thurs 6/14 or 6/15) TREATMENTS: -- Clipped and thoroughly cleaned/bathed perianal and tail region w/DermaLyte shampoo and diluted chlorhex sln. Removed many small maggots from wound near tail. Applied light layer of SSD to wounds. -- O to warm compress bottom area as needed to keep clean -- RX SSD cream- light layer to affected area around tail and bottom BID x 7d -- RX cefpodoxime 100 mg- 1/2 PO SID x 7d w/food -- RX metronidazole 250 mg- 1/2 PO BID x 7d -- O to continue Proviavle over food SID Working diagnosis: -- Suspect gall bladder dz/mass -- Obesity -- Hot spots/wounds at tail base w/maggot infestation -- Inverted tail- possibly secondary to obesity -- Diarrhea- internal parasite vs dietary indiscretion vs secondary to liver dz vs open -- Mod dental calculus |
| SPECIES | |
| Canine | |
| BREED | |
| Mini Aus Shepherd | |
| SEX | |
| MN | |
| AGE | Abnormal PE/Chem/CBC/UA Results: PE: -- Oral Cavity - Grd 2/4 dental calculus and gingivitis -- Eyes - lenticular sclerosis OU, No ocular discharge -- Integ - P very tender around tail; many baby maggots in skin fold to R of p's small tail. Severe ulceration present around tail and in tail dimple (tail inverted). -- Msk - No muscle atrophy, lameness, other abnormalities noted, BCS 8/9- p is obese -- GI - P quite tender on palpation of cranial abdomen- whimpers on palpation DIAGNOSTICS: -- Abd rads: Hepatomegaly. Very round, mottled soft tissue structure in cranial abd- at dorsal stomach area on lateral view and L cranial abd on v/d view- stomach w/ingesta? -- Brief abd US- Very large gall bladder w/either severe sludge or mass. Kidneys, spleen and some loops of bowel seen appear normal. -- CBC- WNL -- Chem/lytes- increased ALT (433) and Alkphos (637), hyperChol (437), mild hypoK (3.4) -- U/A (free catch)- USG = 1.040; + WBCs, mild proteinuria and suspect some cocci present -- Fecal and giardia to Idexx |
| 12yr | |
| WEIGHT | |
| 13.7kg | |
| INTERPRETED BY | ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN |
| R. McKenzie Daniel, DVM, DABVP (Canine and Feline) | Urinary System |
| IMAGING PERFORMED BY | The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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. |
| Patti Mayfield DVM | |
| HOSPITAL NAME | 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Minor areas of medullary mineralization were present. The left kidney measured 5.0 cm in length. The right kidney measured 4.8 cm in length. |
| Tumalo Animal Hospital | |
| REFERRING VET | The area of the aortic trifurcation was free of pathology. |
| Megan Kinnear DVM | The area of the residual prostate appeared normal and free of pathology. |
| INVOICE | Adrenal Glands |
| 14165ag | The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width at the caudal pole and 1.4 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.59 cm width at the caudal pole and 1.9 cm length. |
| DATE | |
| 06/20/2023 | |



PATIENT

Spleen

Bogey LaLonde

The spleen exhibited overall normal size with mildly rounded yet symmetrical medial capsule contour. Generalized parenchymal heterogeneity was present with several/multiple hyperechoic nodules consistent with benign myelolipomas. A non-specific solitary hypoechoic nodule was present in the mid to cranial spleen measuring 0.90 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

SPECIES

Canine

Liver/Gallbladder

BREED

Mini Aus Shepherd

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

SEX

MN

The gallbladder was distended in size with echogenic, nonmineralized, non-dependent biliary sludge. The biliary sludge was non organized with a hypoechoic to anechoic, irregular to interrupted rim visible between the nondependent sludge and inner wall. No signs of peripheral inflammation.

AGE

12yr

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

WEIGHT

13.7kg

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.

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

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Patti Mayfield DVM

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

HOSPITAL NAME

Tumalo Animal
Hospital

ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes.
- Non-specific hypoechoic splenic nodule with concurrent benign myelolipomas-non-specific nodule may indicate suspected hyperplasia, hematopoiesis, splenitis or similar. Emerging neoplastic criteria thought less likely.
- Hepatopathy with mild non-uniform parenchyma-subjectively benign.
- Gallbladder mucocele.
- Sonographically unremarkable GI tract/colon with semi formed feces.

REFERRING VET

Megan Kinnear DVM

INVOICE

14165ag

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25g needle, a splenic nodule FNA for screening cytology is warranted for further assessment. Given lack of overt peripheral gallbladder inflammatory criteria the mucocele is of unclear clinical significance at this time.

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PATIENT

Bogey LaLonde

Hepatosupportive medications such as Denamarin and Ursodiol +/- antibiotic trial to cover for cholecystitis with close sonographic monitoring of the gallbladder or for progressive cholestasis would be reasonable. However, given reported cranial abdominal discomfort (+ Murphy sign), prophylactic/therapeutic cholecystectomy with hepatic biopsies may be strongly considered.

SPECIES

Canine

Pending additional fecal testing, a bland or hydrolyzed diet trial with potential long term dietary therapy and a high colony count probiotic (Provable or Visbiome) may prove beneficial if persistent diarrhea.

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IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Tumalo Animal
Hospital

REFERRING VET

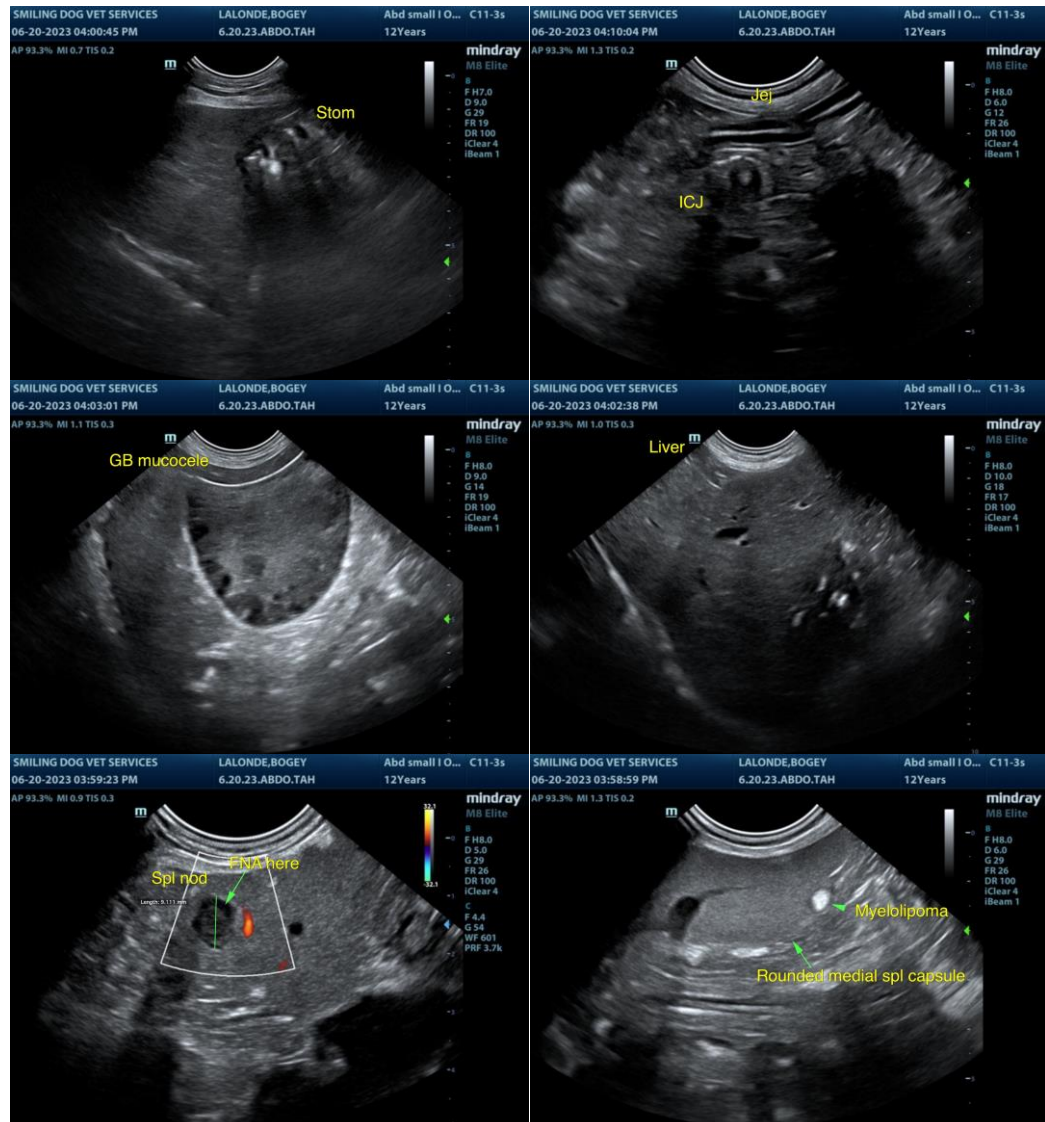
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Canine

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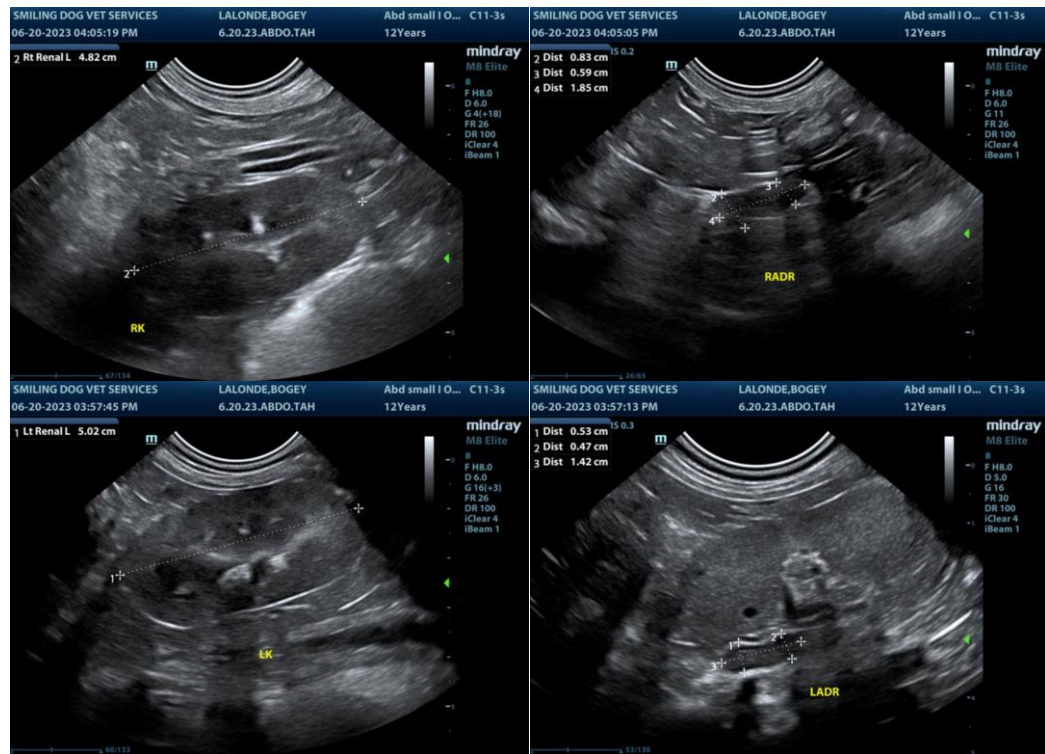
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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