



PATIENT PRESENTING CLINICAL SIGNS

Duke Dutcher-Pugh History: Duke presented to BAESC for referral AUS due to Hx of ~ 3 months of chronic, intermittent vomiting. Treatments: SQ LRS Cerenia Hill's I/D diet Rx Famotidine BID

SPECIES Abnormal PE/Chem/CBC/UA Results: PE: Mild gingivitis (1/4). Slightly overweight, otherwise unremarkable physical exam Blood work (4/20/22): -- CBC/CHEM/T4: All WNL -- 4Dx: NEG x 4
Canine 5/17/22: -- Thoracic Rads: NSF -- Abdominal Rads: NSF -- Fecal O&P/Giardia: NEG for all

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Beagle *Urinary System*

SEX The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5 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.

MN

AGE 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 4.8 cm in length. The right kidney measured 5.4 cm in length.

WEIGHT The area of the aortic trifurcation was free of pathology.

13.3 kg The area of the residual prostate was free of pathology.

Adrenal Glands

INTERPRETED BY Both adrenal glands exhibited overall normal position and shape with potential for mild subjective subnormal size although not definitive. The left adrenal gland measured 0.43 cm width at the caudal pole and 0.39 cm width at the cranial pole. The right adrenal gland measured 0.49 cm width at the caudal pole.

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

Spleen

IMAGING PERFORMED BY 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.

Patti Mayfield DVM

HOSPITAL NAME

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Clinic

Liver

REFERRING VET

Dr. Terra McSwain

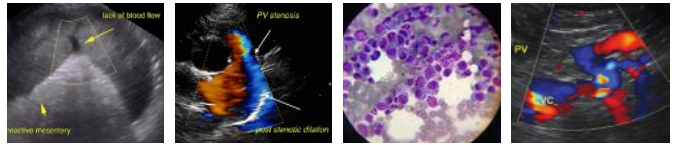
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

INVOICE *Gastrointestinal*

10887ag 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.

DATE The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Subjective mild prominent wall layering in the area in the area of the pylorus with minor retained anechoic pyloric fluid.

06/21/2022



PATIENT

Duke Dutcher-Pugh

The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The jejunum wall measured 0.33 cm in width. The duodenum wall measured 0.36 cm in width. The pylorus wall measured 0.57 cm in width.

SPECIES

Canine

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.

BREED

Beagle

Free Abdomen

SEX

MN

A solitary mildly prominent to nonhomogeneous colic lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 1.6 cm diameter.

AGE

1.5 years

ULTRASONOGRAPHIC FINDINGS

- Solitary nonspecific yet subjectively benign, mild colic lymphadenopathy - hyperplasia or minor reactive lymphadenitis likely.
- Mild gastritis pattern, sonographically unremarkable small bowel
- Otherwise a sonographically unremarkable abdomen

WEIGHT

13.3 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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(Canine and Feline)

Overall no overt evidence of significant abdominal visceral pathology was observed. Some or all of the following protocol may be considered. A resting cortisol level to rule out Addison's disease is recommended. Three view chest radiographs suggested if not done to rule out occult thoracic or esophageal pathology. Upper GI endoscopy may be indicated if persistent vomiting despite supportive care.

IMAGING

PERFORMED BY
Patti Mayfield DVM

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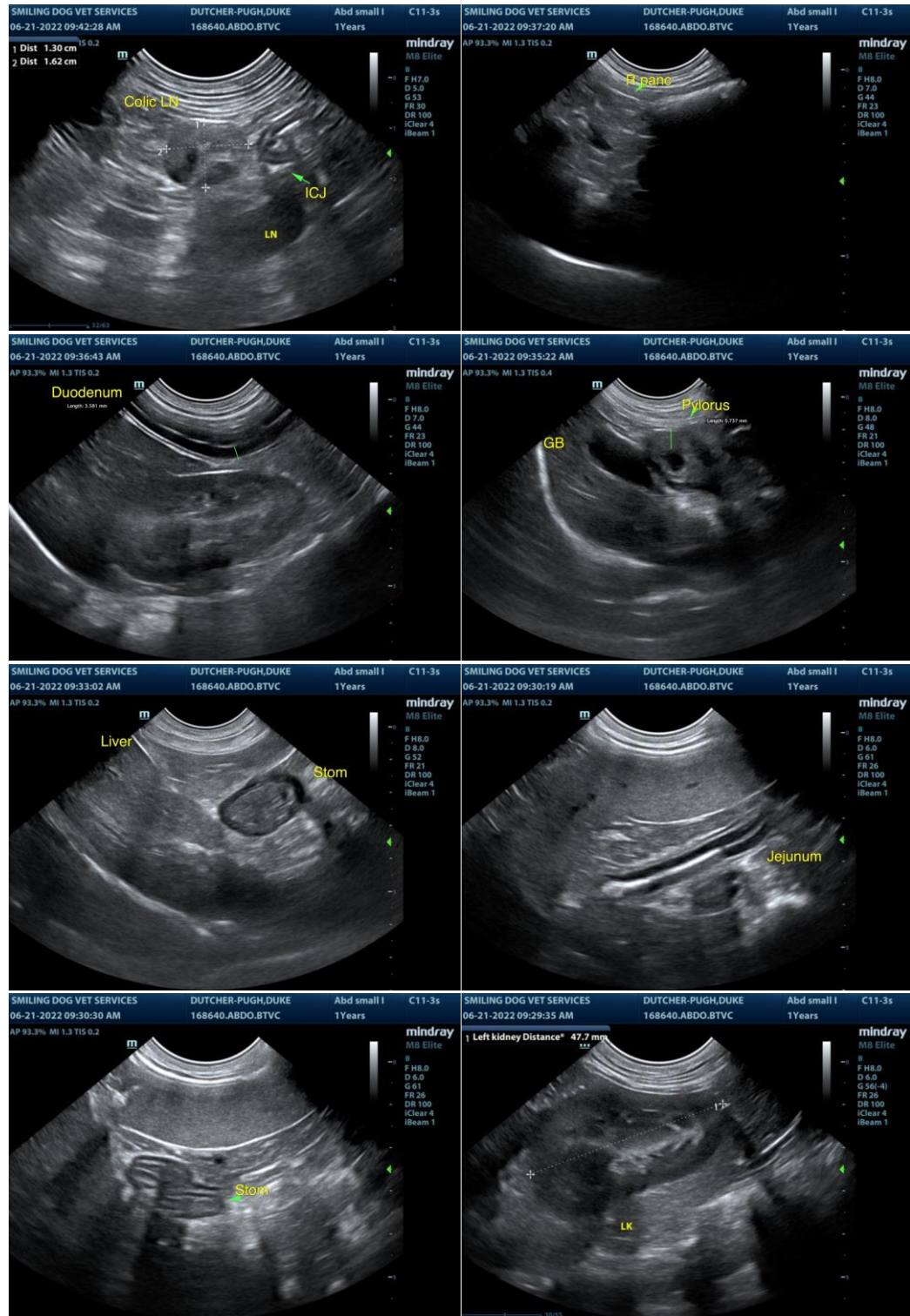
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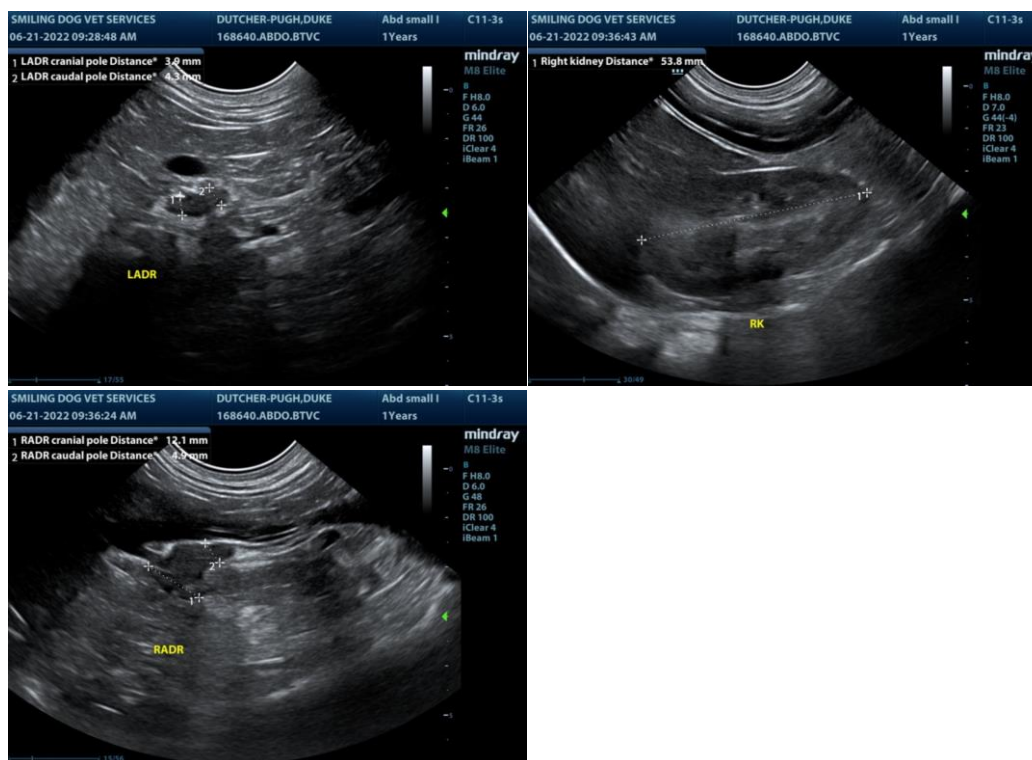
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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