



**PATIENT**

Milo Pallares

**SPECIES**

Canine

**BREED**

French Bulldog

**SEX**

Male

**AGE**

1 yr

**WEIGHT**

21.9

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway Animal  
Hospital

**REFERRING VET**

Dr. Ascot

**INVOICE**

10902ag

**DATE**

06/23/2022

**PRESENTING CLINICAL SIGNS**

History: Scan the other day showed a 1cm shadowing material dog has been NPO for 24 hours

**ULTRASONOGRAPHIC LIMITED EXAMINATION OF THE ABDOMEN-The submitted study contained 8 videos primarily of the stomach**

**Spleen**

The visualized spleen appears to be normal.

**Liver**

The visualized liver appears to be normal.

**Gastrointestinal**

The stomach presented intact mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach contained a mild amount of retained echogenic fluid and chyme along with minor luminal gas. No overt evidence of previously noted small shadowing material or echo. No signs of mechanical pyloric outflow obstruction, pyloric mural disease, ileus, obstruction or foreign material.

The visualized segments of perigastric small intestine were overtly normal exhibiting intact wall layering with 1:3 muscularis/mucosa ratio and without overt evidence of regional obstructive pattern.

**Pancreas**

No overt evidence of pancreatitis.

**ULTRASONOGRAPHIC FINDINGS**

- Mild gastritis pattern with suspect mild persistent gastric hypomotility-no evidence of previously noted possible foreign material

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Continued supportive care for gastritis is recommended.

Some or all of the following protocol may prove beneficial with assessment of clinical response even though the previously noted shadowing echo was not visualized. If persistent vomiting and anorexia are noted, upper GI endoscopy primarily for biopsies could be considered.

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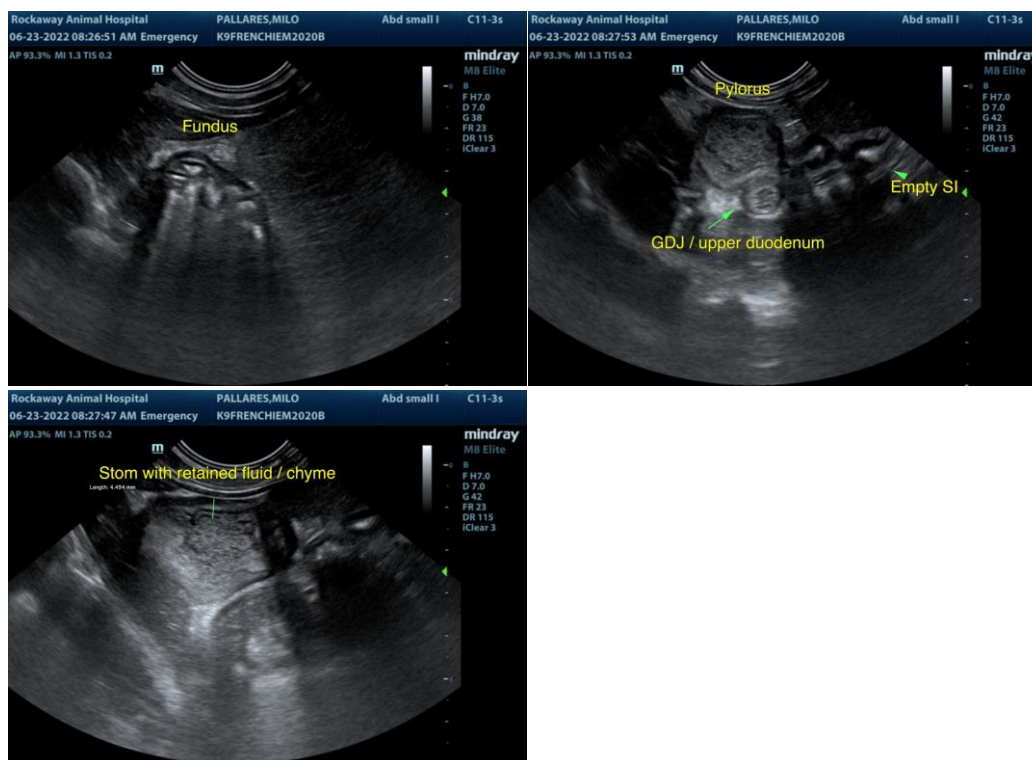
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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