



PATIENT	PRESENTING CLINICAL SIGNS
Tucker Prosser	_P not eating, clear liquid vomit, lost weight, lethargic, sleeping a lot, hacking (no trouble breathing). All symptoms have been occurring for the last month, have gotten progressively worse
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1 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.
Brussels Griffon	
SEX	Normal size and margination was 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. The left kidney measured 3.5 cm in length. The right kidney measured 3.4 cm in length.
MN	
AGE	The area of the aortic trifurcation was free of pathology.
13y	No overt pathology in the area of the residual prostate.
WEIGHT	Adrenal Glands
3.18kg	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.58 cm width at the caudal pole and 0.58 cm width at the cranial pole. The right adrenal gland was not definitively visualized.
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The spleen exhibited mild decreased size possibly consistent with volume contraction and primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.
IMAGING PERFORMED BY	
Dr. Gardner	
HOSPITAL NAME	Liver
Wilvet Salem	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 with mild luminal debris. The cystic and common bile ducts were normal.
REFERRING VET	Gastrointestinal
Dr. Gardner	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. The gastric body wall measured 0.22 cm in width.
INVOICE	
10971ag	
DATE	
06/26/2022	



PATIENT

Tucker Prosser

The small intestine presented intact to mildly prominent wall layering with 1:3 muscularis/mucosa ratio. Mild segmental mucosal speckling was present. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The jejunum wall measured 0.34 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

Brussels Griffon

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

MN

ULTRASONOGRAPHIC FINDINGS

AGE

13y

- Sonographically unremarkable stomach
- Intact yet segmentally prominent small bowel wall layering with mild nonspecific mucosal speckling
- Mild age related kidneys
- Mild gallbladder debris - incidental

WEIGHT

3.18kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited mild mural changes which are suggestive of inflammatory enteropathy i.e. IBD. No signs of GI obstruction, foreign body or overt pancreatitis were observed. Dietary intolerance / food allergy, GERD, low grade / chronic pancreatitis which may present sonographically normal or less likely infiltrative neoplasia may be alternative possible etiologies. A GI panel to include PLI/TLI/B12/folate and three view thoracic radiographs, if not done to rule out thoracic pathology as a contributing factor, could be considered. Endoscopic biopsies could be considered for further assessment and if persistent / progressive GI signs.

INTERPRETED BY

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

Empirically a gastroprotectant protocol and hydrolyzed diet trial +/- some or all of the following protocol could be considered with assessment of clinical response.

IMAGING PERFORMED BY

Dr. Gardner

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.

HOSPITAL NAME

Wilvet Salem

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SPECIES

Canine

BREED

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13y

WEIGHT

3.18kg

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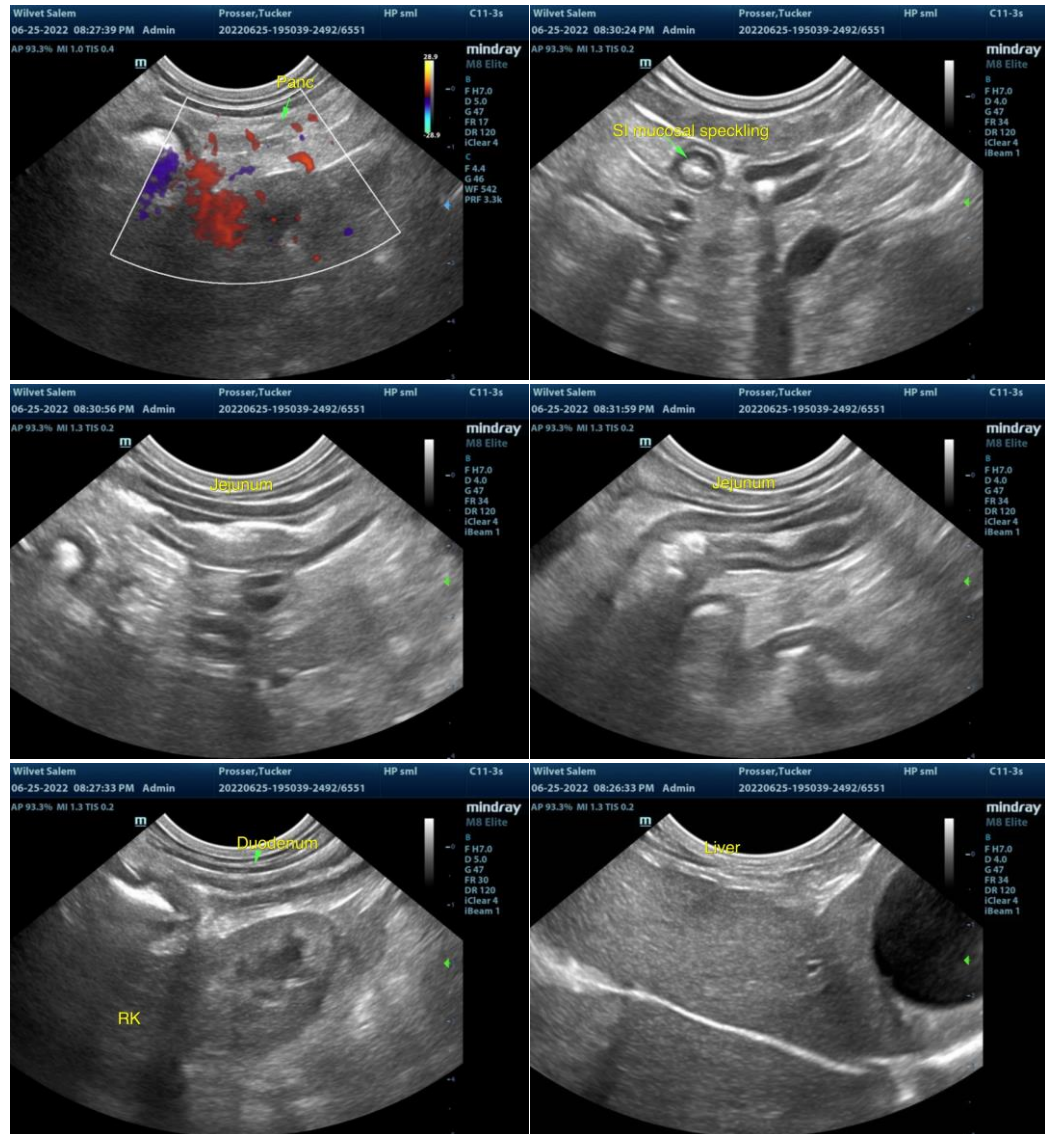
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Tucker Prosser

SPECIES

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Brussels Griffon

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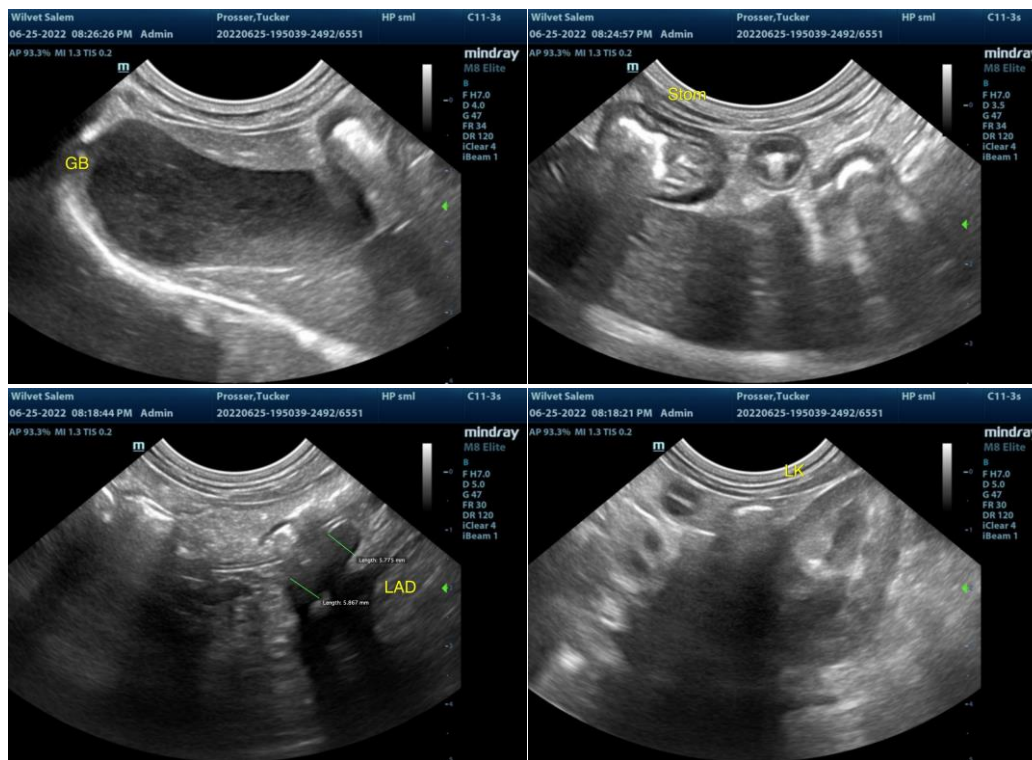
MN

AGE

13y

WEIGHT

3.18kg



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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