



PATIENT

Oscar Bazalyuk

SPECIES

Canine

BREED

Weimaraner

SEX

Male

AGE

2 years

WEIGHT

75.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Paul Kim

HOSPITAL NAME

Ridgefield Park AH

REFERRING VET

Dr. Paul Kim

INVOICE

14016

DATE

6/3/22

PRESENTING CLINICAL SIGNS

Patient was brought in on Tuesday because Patient ate a pork bone and was sprayed with bear repellent, and was exposed to a tick. Patient was presented Today with no appetite. Drinking only 25% of the water he used to. Had Diarrhea 2 nights ago. Defecated last night, Blood present. Showing signs of nausea. Appetite stimulant work a little. O only gave appetite stimulant once worried about stomach infection. O continues to give antibiotic. No C, S, V. Dog had high fever of 104.5. Blood work is being sent out alongside Urinalysis which has some blood present in urine. Abdominal ultrasound was done alongside Abdominal radiographs that show no signs of Obstruction. Abnormal PE/Chem/CBC/UA Results: Blood work sent out 6/3/2022. Waiting for results.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended in size yet overall normal tone. Moderate to marked nondependent particulate to hyperechoic sediment along with mild nondependent mineralized sand were present.

No overt pathology was noted in the area of the prostate gland, although indistinctly visualized.

The area of the aortic trifurcation was free of pathology.

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. Suspect pinpoint areas of medullary mineral were noted. The left kidney measured 8.7 cm in length. The right kidney measured 8.5 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 0.61 cm width at the caudal pole and 0.55 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 0.77 cm width at the caudal pole and 1.0 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 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.

Liver/ Gallbladder

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.



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Gastrointestinal

The stomach exhibited intact yet overtly normal to mildly prominent wall layering. The ventral gastric body wall width measured 0.58 cm. The stomach was primarily empty with the possibility of minor retained nonspecific shadowing ingesta and luminal gas. No overt evidence of mechanical pyloric outflow obstruction.

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 obstruction. The duodenum wall width measured 0.42 cm. No evidence of small intestinal mechanical / metabolic ileus or obvious foreign material.

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

Pancreas

The right pancreatic limb exhibited normal size and contour with subtle subjective hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

At least one visualized mesenteric lymph node was noted medial to the spleen. The lymph node was homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. The lymph node size was 1.7 cm x 1.0 cm. No evidence of peritoneal free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

- Moderate to marked urinary bladder nondependent sediment and dependent sand
- Subjective gastroenterocolitis - no overt evidence of gastrointestinal obstructive pattern or obvious foreign material
- Possible low-grade right limb pancreatitis
- Suspect focal mesenteric lymphadenitis - likely secondary to inflammatory bowel episode

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine C/S on a sterile urine sample is recommended to assess for underlying infection.

Technically, the possibility of a small amount of foreign material cannot be definitively excluded yet no obvious evidence of gastric distention with retained ingesta or fluid, as well as no evidence of small intestinal mechanical obstructive pattern or obvious foreign material was noted. Gastrointestinal supportive care including Zithromax / Metronidazole combination In light of suspected mesenteric lymphadenitis should prove beneficial.

Recheck sonogram is suggested to assess for evidence of progressive inflammatory gastroenterocolic or lymphatic changes if persistent / progressive gastrointestinal signs despite conservative therapy. Screening resting cortisol level could be considered to rule out occult Addison's Disease.



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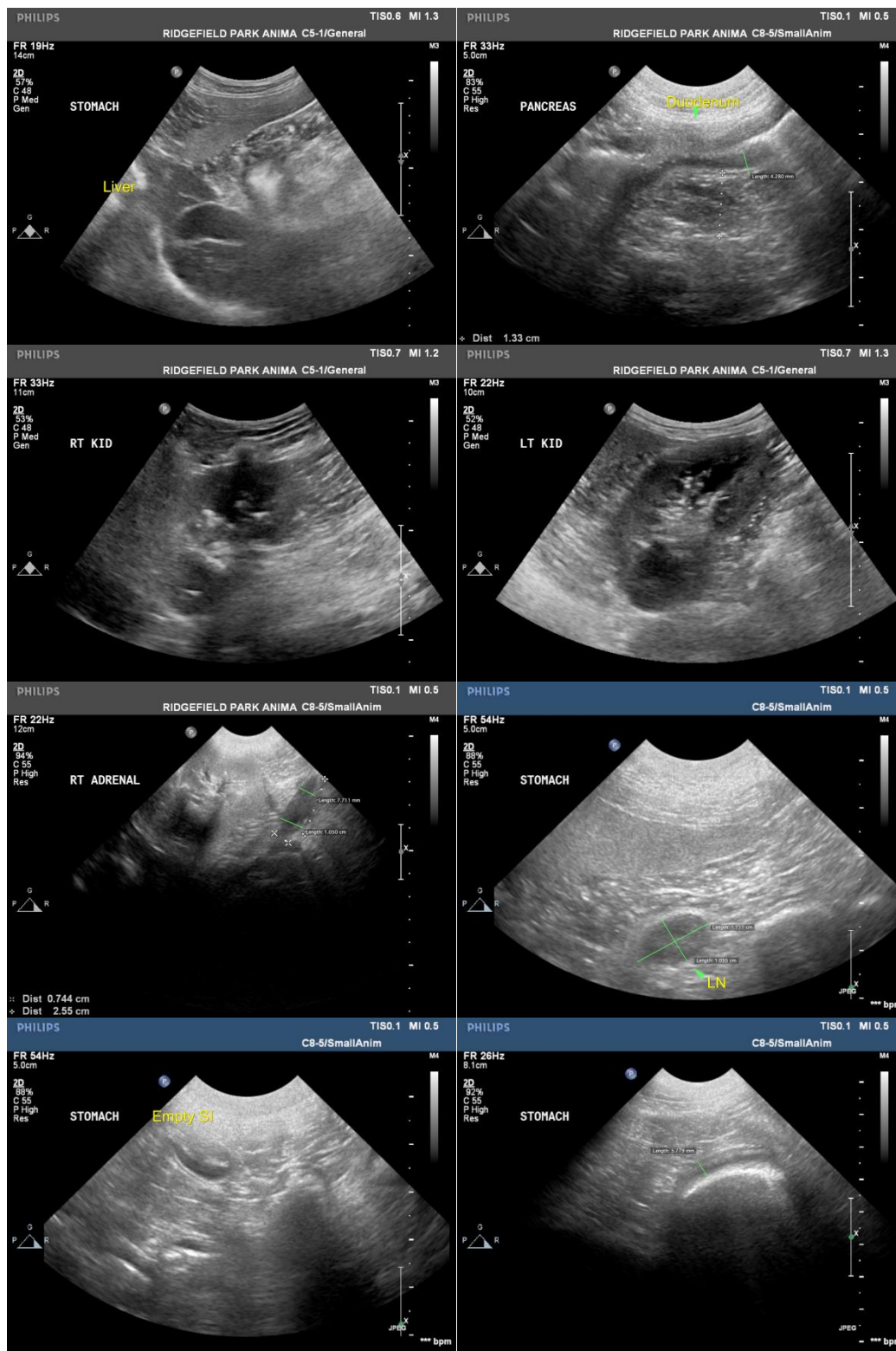
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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