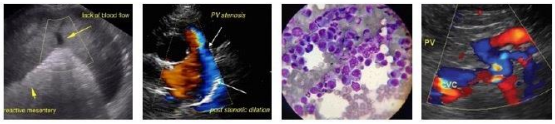


PATIENT

Benny Rochwerg

SPECIES

Canine

BREED

Doodle

SEX

MN

AGE

9yr

WEIGHT

18.3kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hamilton Region Veterinary Emergency Clinic

REFERRING VET

Rubino

INVOICE

14371ag

DATE

07/17/2023

PRESENTING CLINICAL SIGNS

Benny presented with a history of vomiting and bloody diarrhea on July 16th. Was seen as an outpatient on July 15th and did not respond to outpatient care diagnosed with Addison's disease a few years ago prednisone dose was increased this week by rDVM abdomen is tense on palpation nasogastric tube inserted overnight

Current Medications Intravenous fluids, cerenia, dexamethasone, fludrocortisone, methadone, prednisone Please comment on extent of nasogastric tube into the stomach

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

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 5.8 cm in length. The right kidney measured 6.4 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland was indistinctly visualized owing to isoechoic parenchyma compared to adjacent omentum. Subtle parenchyma heterogeneity. No masses. The left adrenal gland measured 0.47 cm width at the caudal pole and 2.0 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.49 cm width at the caudal pole and 1.9 cm length.

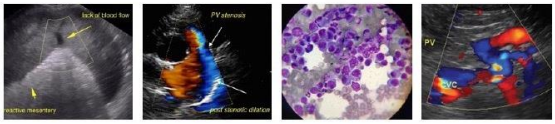
Spleen

The spleen exhibited overall normal size with 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. A solitary well demarcated mildly expansive hypoechoic small mass/nodule was present in the cranial spleen measuring 2.3 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver/Gallbladder

The liver presented 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. The gallbladder was non-distended in size with primarily anechoic luminal content and minor non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal



PATIENT

Benny Rochwerg

SPECIES

Canine

BREED

Doodle

SEX

MN

AGE

9yr

WEIGHT

18.3kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hamilton Region Veterinary Emergency Clinic

REFERRING VET

Rubino

INVOICE

14371ag

DATE

07/17/2023

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild luminal gas and no signs of ileus, obstruction or foreign material. The NG tube within the gastric lumen was not definitively visualized, potentially obscured by lumen gas.

The small intestine presented intact wall layering with segmental to generalized mildly prominent to echogenic submucosa layer. No evidence of loss of intestinal wall layering or intestinal masses. 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 segmental to generalized mild to moderate distention and non-formed feces in lumen.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Empty stomach with mild luminal gas-no evidence of retained ingesta, fluid or foreign material.
- Suspect non-specific enteritis/enteropathy, potential IBD.
- Segmental/generalized distended colon with non-formed feces.
- Heterogenous pancreas.
- Mild hepatomegaly with uniform parenchyma-consistent with benign criteria, suspect vacuolar hepatopathy.
- Solitary non-homogenous hypoechoic nodular/small mass lesion area of cranial spleen-consistent with probable splenic location/origin, hyperplasia, hematopoiesis, focal splenitis, small hematoma or similar suspected, potential for emerging neoplastic criteria possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

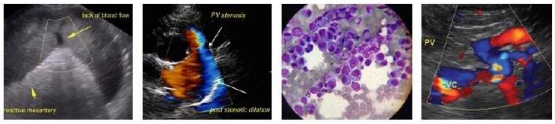
Although non-specific with potential for patient variant as well as suppression of potential mural changes owing to current corticosteroid protocol the small intestine exhibited mild mural changes which may suggest inflammatory criteria.

Assessment for evidence of cranial abdominal/subxiphoid discomfort on palpation which may allude to low grade pancreatitis is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

In addition to current GI support, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviable or Visbiome) and cobalamin supplementation pending assessment of B12 levels with assessment of clinical response may prove beneficial.

Correlation of the probable splenic nodule to small mass lesion with pending cytology is suggested. If pending cytology suggests neoplastic criteria and surgery is elected, intestinal biopsies should be considered at the time of surgery.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Benny Rochwerg

SPECIES

Canine

BREED

Doodle

SEX

MN

AGE

9yr

WEIGHT

18.3kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hamilton Region Veterinary Emergency Clinic

REFERRING VET

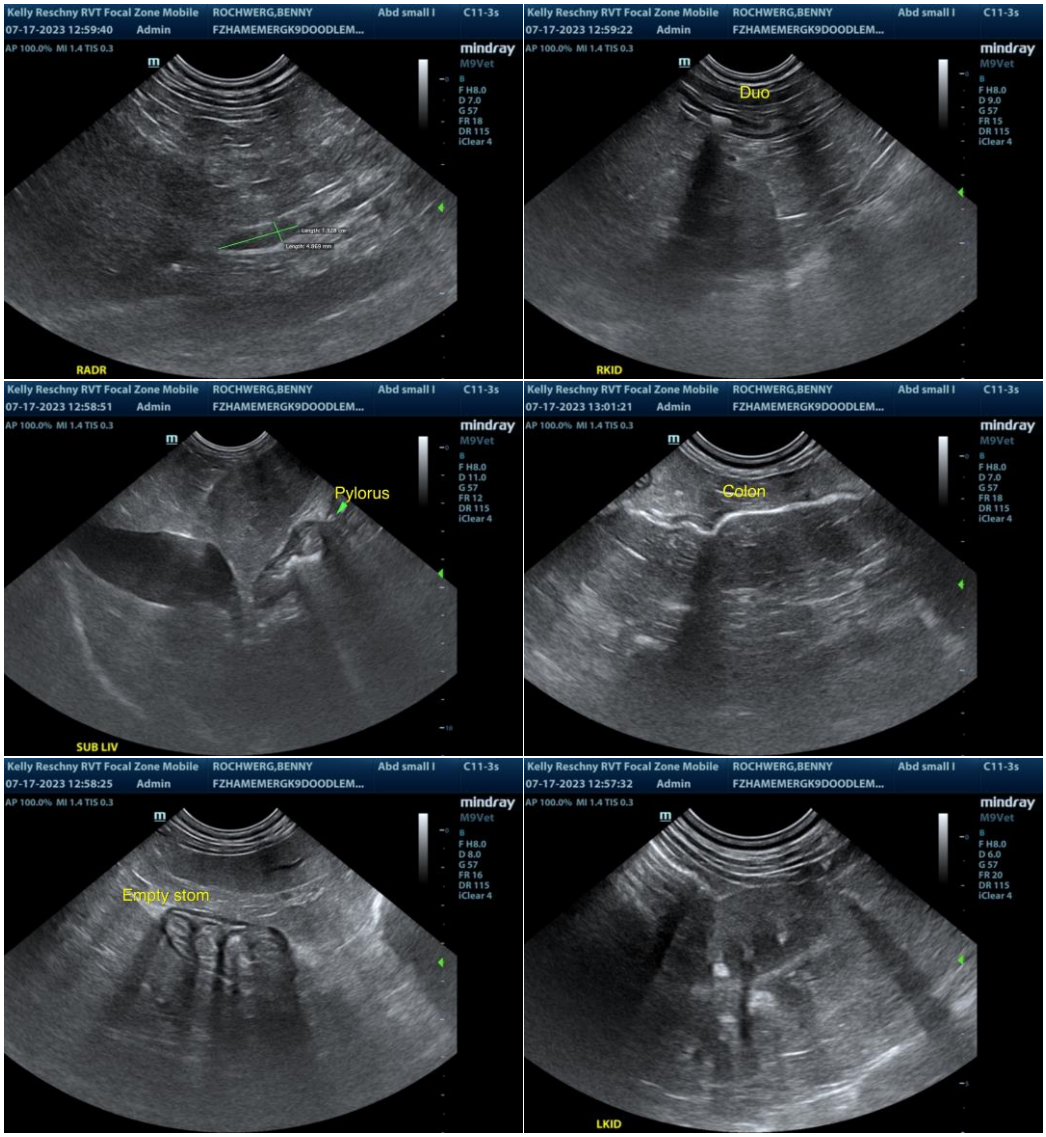
Rubino

INVOICE

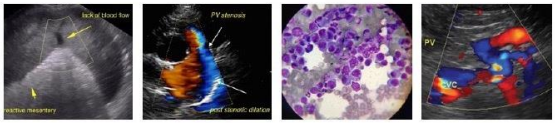
14371ag

DATE

07/17/2023



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Benny Rochwerg

SPECIES

Canine

BREED

Doodle

SEX

MN

AGE

9yr

WEIGHT

18.3kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hamilton Region Veterinary Emergency Clinic

REFERRING VET

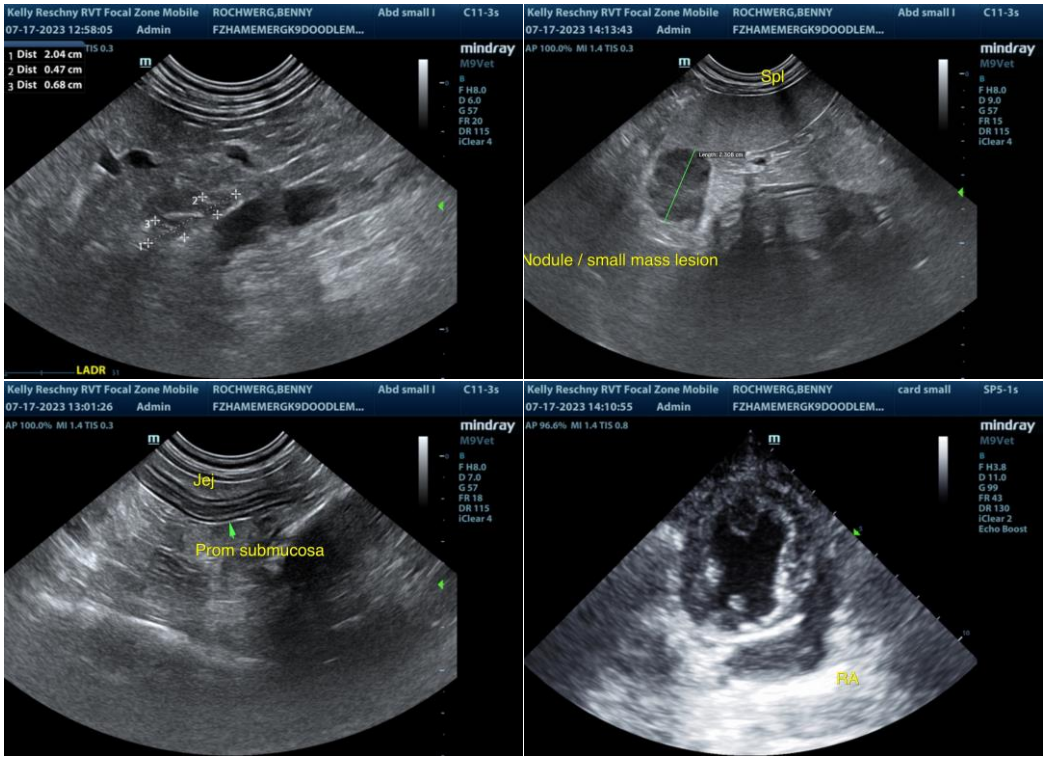
Rubino

INVOICE

14371ag

DATE

07/17/2023



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