

PATIENT

Tristan Montis

PRESENTING CLINICAL SIGNS

History: Date: 7/23/2022 History: P is coming because he has been having diarrhea and vomiting (5 times) since yesterday. O is concern because he is crunching his abdomen like he is in pain. No neww food or treats. Recently dripping urine when urinating

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Hydration: 4-6% dehydrated Mentation: BAR (is lethargic at home per mrs) EENT: N Oral Cavity: mm pink tacky Lymph Nodes: N Skin: N CV/Respiratory: N Abd/GI: tense, mild generalized thickening of intestines. Bladder feels small and soft. Unable to feel prostate on ab palp. Rectal exam - would not tolerate, unable to do Uro/Perineum: left testicle in scrotum, right testicle in groin, both are normal in size. Musculoskeletal: back arched, no pain on light palpation of back. Good ROM of neck using treats but little more reluctant to look down. Diagnostic Testing Needed: Fecal - QNS - owner will drop off CBC/Chem/CPL: Monos 1520 - r/o inflammation Alk Phos 231 - non-specific enzyme CPL abnormal - r/o GI not pancreatitis given lack of abdominal pain and normal amylase/lipase Ab Rads - 1) Suspect prostatomegaly of non-neutered male - r/o BPH, Prostatitis, Neoplasia 2) Empty GI tract/maldigestion pattern 3) Multifocal chronic IVDD

BREED

Yorkie

SEX

MI

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

11yr

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

WEIGHT

5lb

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 3.8 cm in length. The right kidney measured 3.7 cm in length.

INTERPRETED BY

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

The area of the aortic trifurcation was free of pathology.

IMAGING PERFORMED BY

Michaleen

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 1.2 cm in diameter.

HOSPITAL NAME

DPC Veterinary
Hospital

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm width at the caudal pole and 1.7 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 cm width at the caudal pole and 1.7 cm.

REFERRING VET

Dr. Feldt

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.

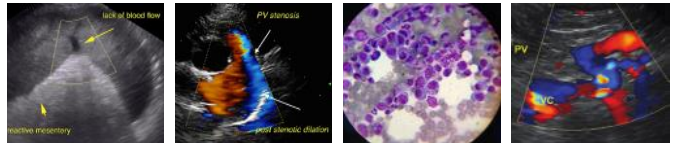
INVOICE

11180ag

DATE

07/26/2022

Liver



PATIENT

Tristan Montis

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 mild hyperechoic luminal debris. The cystic and common bile ducts were normal.

SPECIES

Canine

Gastrointestinal

BREED

Yorkie

The stomach presented intact yet mild prominent 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 0.28 cm in width.

SEX

MI

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Intermittent mild duodenojejunal mucosal speckling was present. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum measured 0.32 cm in width. The jejunum wall measured 0.22 cm in width.

AGE

11yr

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

Pancreas

WEIGHT

5lb

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.

Free Abdomen

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

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

- Gastroenterocolitis pattern-possible inflammatory bowel episode
- Mild reactive/vacuolar hepatopathy pattern-benign
- Mild gallbladder debris (non-mucocele)
- Overtly normal pancreas
- Mild benign prostatic hyperplasia

IMAGING PERFORMED BY

Michaleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Nonspecific gastroenteritis with potential for emerging inflammatory bowel if recurrent GI signs, dietary intolerance, occult parasitism or low grade to chronic pancreatitis which may appear sonographically normal are all potential considerations.

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Dr. Feldt

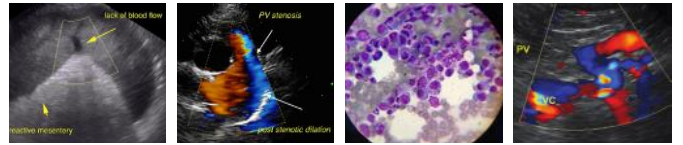
Conservative therapy with a novel protein diet trial, prophylactic deworming even with a negative fecal test, high colony count probiotic +/- antibiotic trial and as needed GI support should prove beneficial. A GI panel to include PLI/TLI/Cobalamin/Folate +/- a resting cortisol level to rule out the unlikely potential for occult Addison's disease could be considered.

INVOICE

11180ag

DATE

07/26/2022



PATIENT

Tristan Montis

SPECIES

Canine

BREED

Yorkie

SEX

MI

AGE

11yr

WEIGHT

5lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Michaleen

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

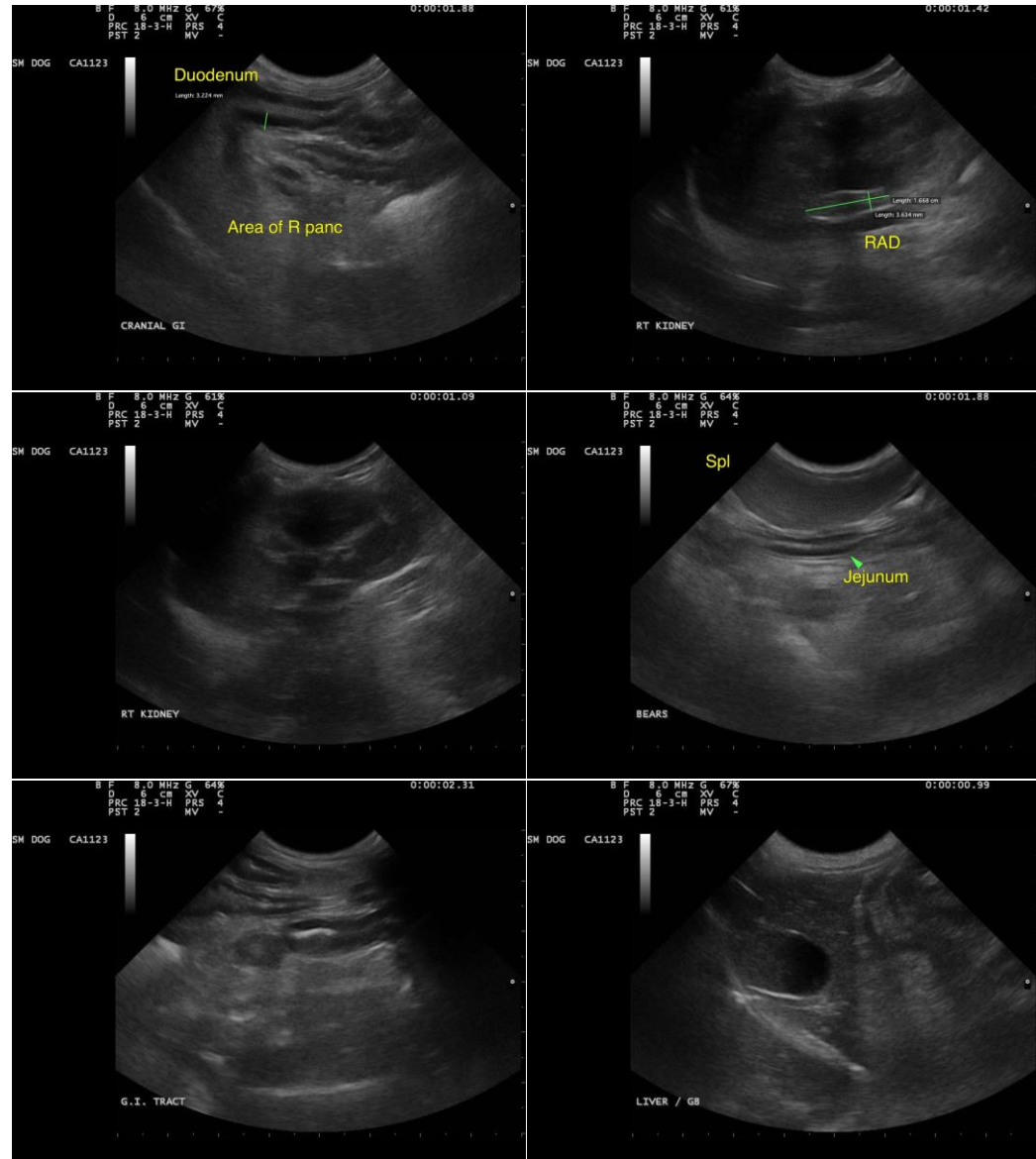
Dr. Feldt

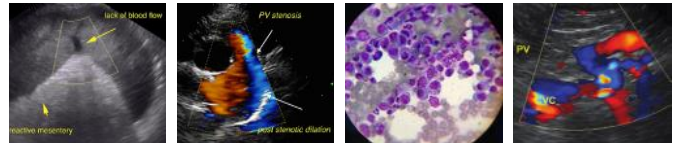
INVOICE

11180ag

DATE

07/26/2022





PATIENT

Tristan Montis

SPECIES

Canine

BREED

Yorkie

SEX

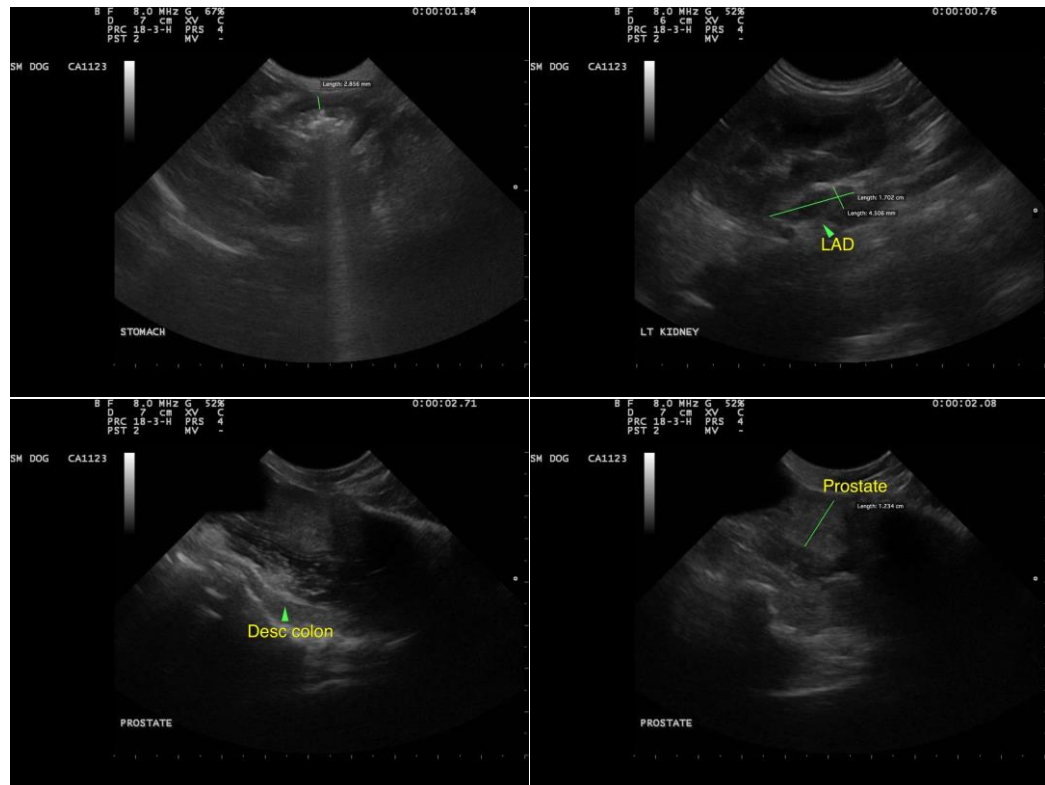
MI

AGE

11yr

WEIGHT

5lb



INTERPRETED BY

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

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)

IMAGING PERFORMED BY

Michaleen

info@SonoPath.com

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Dr. Feldt

INVOICE

11180ag

DATE

07/26/2022