



PATIENT

Daisy Schnepf

SPECIES

Canine

BREED

Lab Mix

SEX

FS

AGE

2yr

WEIGHT

40.8kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Bend Animal
Emergency and
Specialty Center

REFERRING VET

Dr. Stone

INVOICE

11239ag

DATE

07/29/2022

PRESENTING CLINICAL SIGNS

History: Patient presented to BAESC on 7/28/22 for following history: - vomited 3 times today. - Diarrhea all day, watery. may have had a bit of blood the last time. - Seemed normal yesterday. - drinking water still but vomiting it back up. - lethargic. - Has been here in the past for eating things and owners have brought her in time for us to make her vomit (foreign materials). Hospitalized Treatments & Progress: IVC- norm R @ 200 ml/hr with 400 ml bolus rx cerenia 37 mg IV SID @ 10 pm rx metronidazole 370 mg IV BID 8/29/22: 0700 dog did ok overnight. No additional vomiting noted (received cerenia). seemed quiet in clinic but much better energy outside/ on walk. Recommend continuing care with dvm today- consider aFASt or additional dx workup if fails to improve or nausea persists today. temp persistent in 103 range overnight-

Abnormal PE/Chem/CBC/UA Results: PE: Mild lethargy, ~ 6% dehydration, mild abdominal guarding, mild dental tartar. Pyrexia, 104 F Diagnostics (7/28/22): -RADIOGRAPHS: right lateral and VD abdomen- no clear obstructive pattern noted. Moderate amt fluid in stomach but did not appreciate clear FB. Suspect fluid distension in large bowel suggestive of diarrhea. Unable to rule out radiolucent FB CBC - WBC 25.04 (-16.76), Neu 21.96 (-11.64), bands noted on slide but not predominant eos 0.04 (0.06-) CHEM- WNL pcv 50% TS 6.8 g/dL

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 7.3 cm in length. The right kidney measured 6.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.62 cm width at the caudal pole and 2.8 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 0.79 cm width at the caudal pole and 2.5 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

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



PATIENT	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.
Daisy Schnepf	
	<i>Gastrointestinal</i>
SPECIES	The stomach presented intact yet mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach contained a mild amount of primarily anechoic fluid with no signs of pyloric outflow obstruction, ileus, obstruction or foreign material.
Canine	
BREED	The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.
Lab Mix	
SEX	The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Nonformed to liquid fecal matter was present in the colon lumen with lumen dilation consistent with diarrhea.
FS	
AGE	<i>Pancreas</i>
2yr	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.
WEIGHT	<i>Free Abdomen</i>
40.8kg	No peritoneal effusion was present.
INTERPRETED BY	Intermittent mildly prominent to enlarged mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 1.0 cm in diameter.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	ULTRASONOGRAPHIC FINDINGS
Patti Mayfield DVM	<ul style="list-style-type: none"> • Gastroenterocolitis pattern • Associated subjectively benign/reactive mesenteric lymph nodes
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Bend Animal Emergency and Specialty Center	No overt evidence of gastroenterocolic foreign body or mechanical GI obstructive pattern was noted. Dietary indiscretion/food allergy, infectious gastroenterocolitis, occult parasitism, dysbiosis, IBD are all potentials. Conservative therapy for gastroenterocolitis should prove beneficial in this case. If recurrent GI signs a GI panel to include PLI/TLI/Cobalamin/Folate is recommended +/- resting cortisol level to rule out occult Addison's disease.
REFERRING VET	Empirically, 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 (Provable or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be considered if GI signs continue or recur despite empirical therapy.
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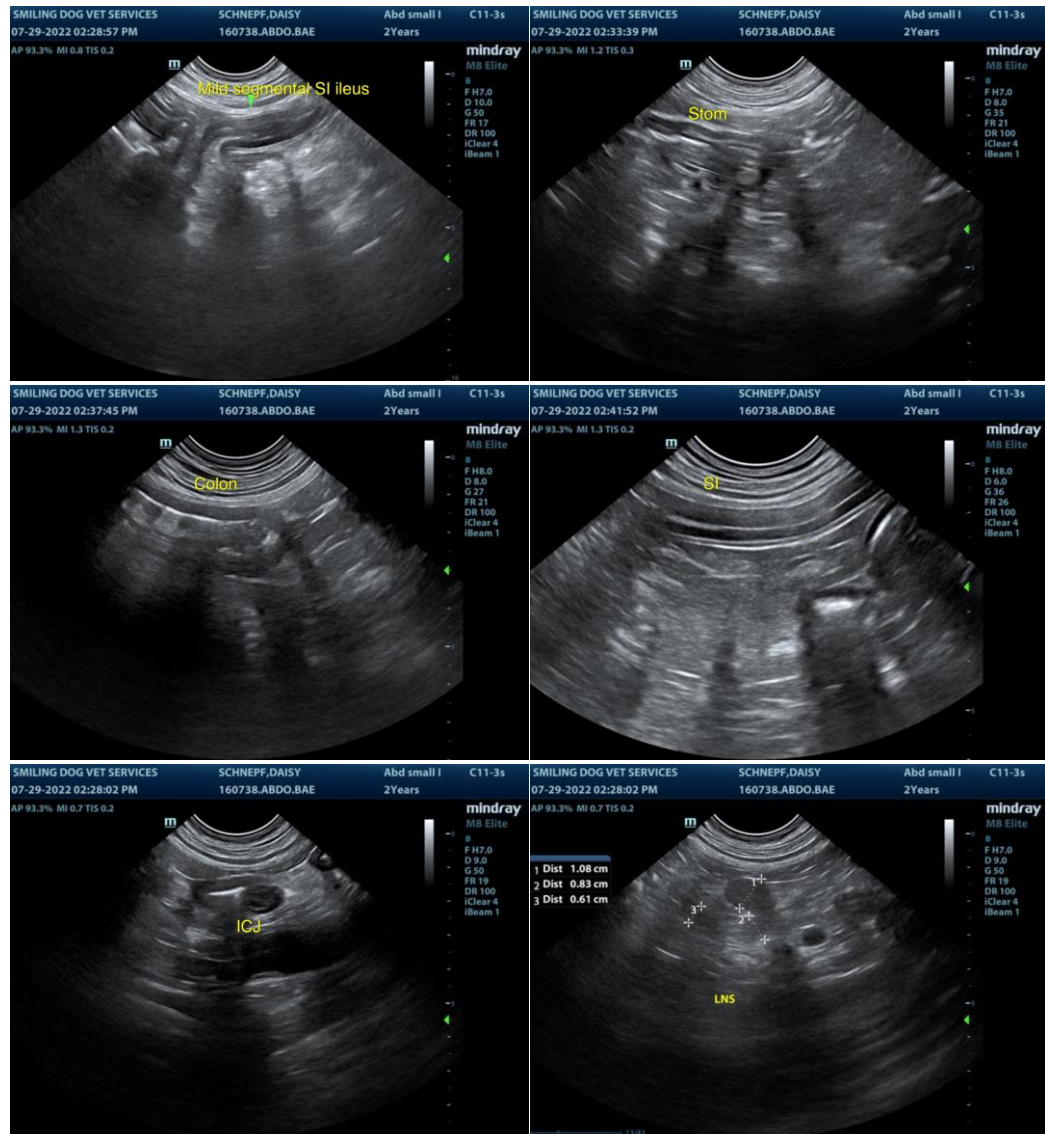
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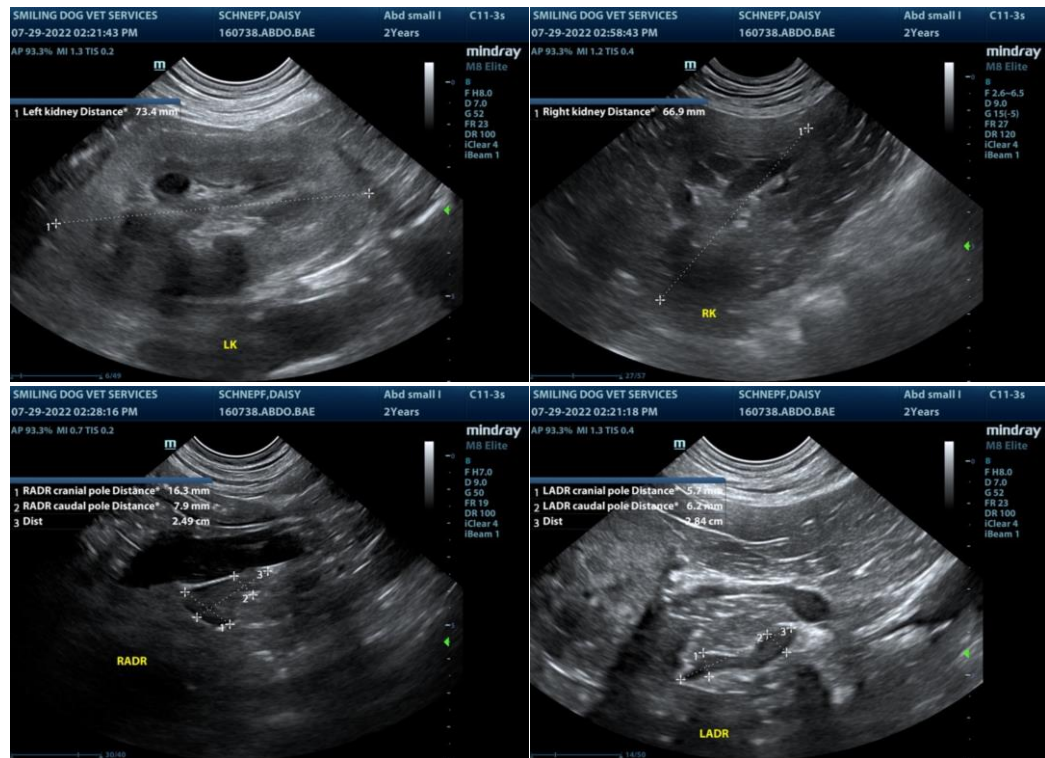
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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