



PATIENT PRESENTING CLINICAL SIGNS

Bruno Kiziuk Month duration extreme muscle loss, no response to prednisone, delayed gastric emptying and decreased serosal detail on radiographs.

SPECIES Normal CBC/Chemistry panel, Na/K ratio 31

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

BREED *Urinary System*

German Shepherd The urinary bladder, trigone, and cystourethral junction 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 was noted.

SEX MN The residual prostate was free of pathology.

AGE The area of the aortic trifurcation was free of pathology.

2016 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 7.1 cm in length. The right kidney measured 7.0 cm in length.

WEIGHT 103

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 3.6 cm length x 0.75 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 3.3 cm length x 0.68 cm width at the caudal pole.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

Brodheads ville VC

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.

REFERRING VET

Dr. McAleer

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The gallbladder was non-distended in size containing primarily anechoic content with minor hyperechoic gallbladder sediment. No evidence of inflammatory criteria was noted. The cystic and common bile ducts were normal.

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PATIENT *Gastrointestinal*

Bruno Kiziuk The gastric fundus and body exhibited normal wall layering. The ventral gastric fundus wall measured 0.43 cm. Mildly thickened pylorus wall exhibiting indistinct wall layer detail was present. The mildly thickened pylorus measured 0.72 cm. The pylorus contained a mild amount of retained anechoic fluid and lumen gas. Overt evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology was not obvious.

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German Shepherd

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 small intestinal mechanical / metabolic ileus, obstruction, or foreign material.

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

AGE

2016

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 were evident.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mildly thickened pylorus with mild retained pyloric fluid / gas
- Sonographically unremarkable small bowel / pancreas
- Minor gallbladder sediment

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary finding in this study of mild thickened pylorus with potential for mild pyloric hypomotility may indicate inflammatory disease, infectious gastropathy i.e., helicobacter, or mild nonobstructive pyloric hyperplasia, while the possibility of early infiltrative pyloric neoplasia, possibly masked by recent Prednisone use, cannot be excluded. There is no evidence of structural small bowel mural pathology, although, given the patient's weight loss, a more generalized gastroenteropathy is possible.

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Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate, as well as a thorough muscular/skeletal and neurological examination. Gastric endoscopy with potential for biopsies would be required for a definitive diagnosis.

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Empirically, some or all of the following protocol or similar with as-needed gastrointestinal support and potential for prokinetic agents, given the lack of obstruction, may be considered.

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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

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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.

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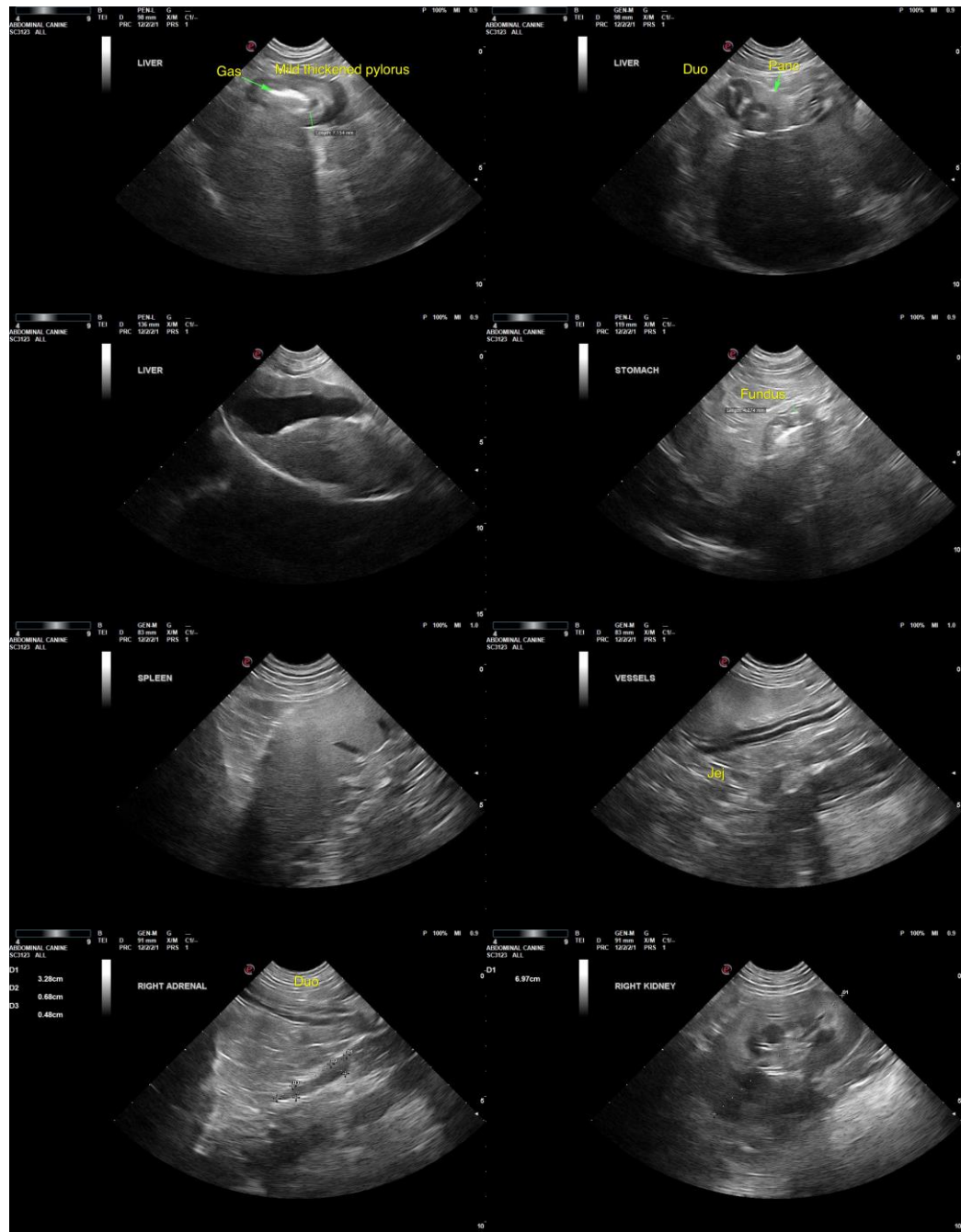
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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