

PATIENT PRESENTING CLINICAL SIGNS

Heart Mamutuk History: Lifetime duration of intermittent diarrhea, vomiting, inappetence, undersized, vomits with larger meal volumes

SPECIES Medication: RC GI, Tylan, Psyllium

Canine Unremarkable CBC

BREED Chemistry Panel- SDMA 16, otherwise unremarkable, GI Panel pending

Great Pyreneese

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 was noted.

Female

AGE

3 years

The visualized uterine body and cervix were sonographically unremarkable. No evidence of pathology associated with the left or right uterine horn or bilateral ovaries.

WEIGHT

77 Pounds

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. The left kidney measured 6.2 cm in length. The right kidney measured 6.3 cm in length.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width at the caudal pole and 0.47 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 0.66 cm width at the caudal pole and 1.3 cm width at the cranial pole.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Dr. Sam's VHC

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.

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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

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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.

Gastrointestinal

SPECIES

Canine

The stomach presented intact 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 width measured 0.52 cm.

BREED

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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 ileus, obstruction, or foreign material. The duodenum wall width measured 0.42 cm. The jejunum wall width measured 0.39 cm.

SEX

Female

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

Pancreas

AGE

3 years

The pancreas base and right pancreatic limb exhibited mildly prominent size with symmetrical contour and subtle uniform hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

WEIGHT

77 Pounds

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Sonographically unremarkable gastrointestinal tract and colon
- Mildly prominent to hypoechoic pancreas base and right pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mildly prominent to mildly hypoechoic pancreas base and right pancreatic limb were nonspecific with considerations including patient variant with potential for mild chronic active inflammation. If evidence of cranial abdominal or subxiphoid pain on palpation and pending GI panel.

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 ARDMS/RVT

Dietary intolerance / food hypersensitivity, occult parasitism, or underlying gastrointestinal disease without evidence of mural changes are all possible. Pending GI panel results, fresh fecal analysis to assess for parasitic ova / Giardia +/- resting cortisol to rule out occult Addison's Disease are warranted. However, the bilateral adrenal glands appeared to be sonographically unremarkable.

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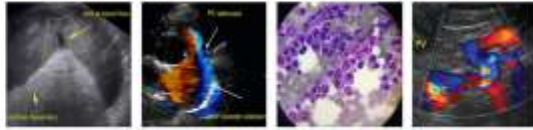
Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviale or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy. Smaller more frequent meals may prove beneficial given the patient's history of vomiting after larger meals.

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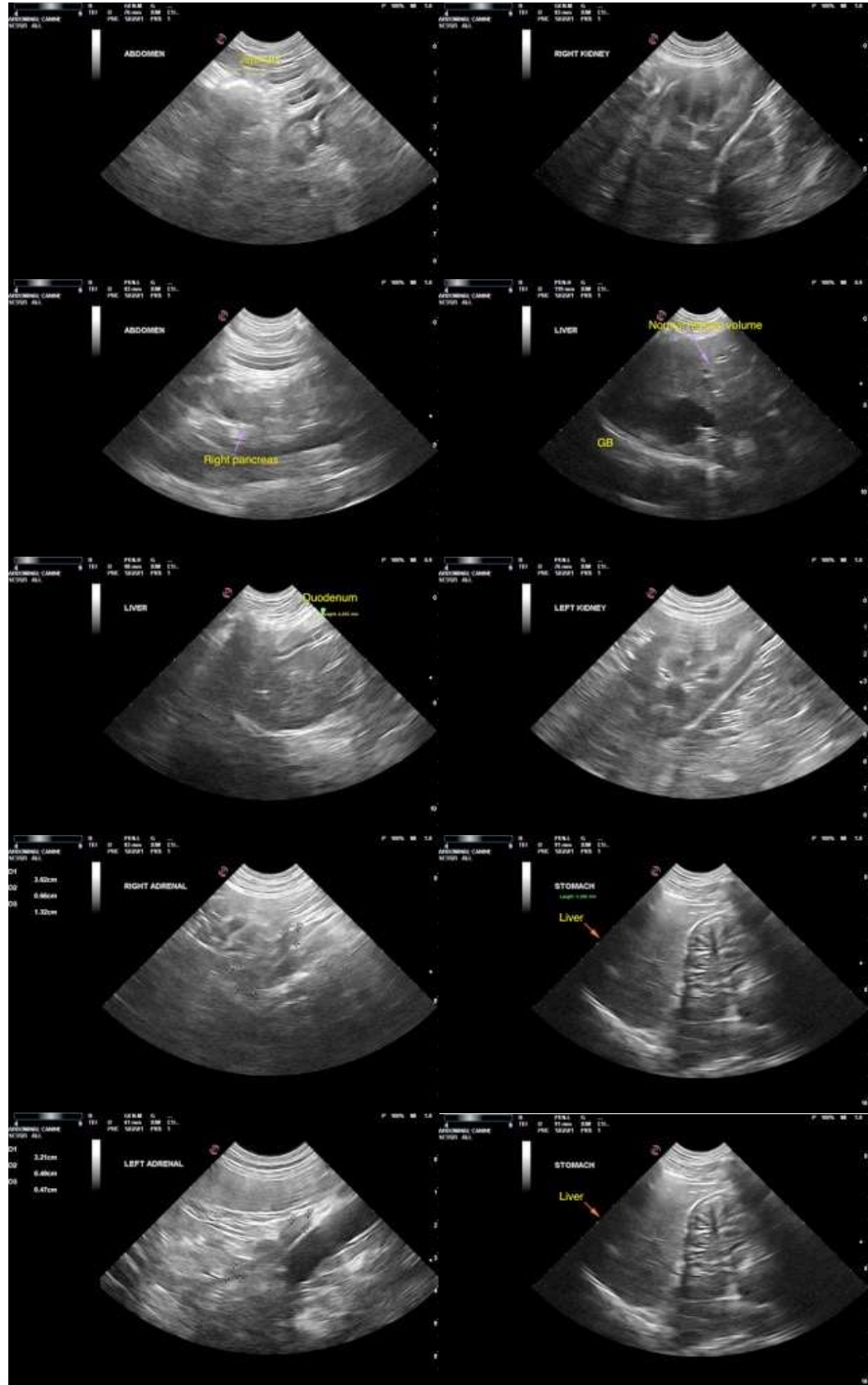
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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