



PATIENT	PRESENTING CLINICAL SIGNS
Carson Montgomer	3 kg weight loss since vaccine appointment in June. Went to a kennel at end of July - came home vomiting. Frequent vomiting and inappetence - was seen, snap CPL normal then. Treated for gastritis and poss pancreatitis. Did well on oral meds. Once off meds, then vomiting started and he's not as interested in food again (so not like him). Mirtazapine 15mg SID, low fat canned food. Concerns: Is this a foreign body (gastric?) or is this a stomach outflow problem? gastric neoplasia? other?
SPECIES	Abnormal PE/Chem/CBC/UA Results: Bloodwork all WNLs just recently (2 days ago). T4 normal.
Canine	Rads: suspicious pyloric area, no stacking or dilation of small intestines. Normal fecal matter in colon. Hard to visualize kidneys. Some loss of detail around mid abdomen in v/d view?
BREED	
Viszla X	
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
MN	Urinary System
AGE	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.
8 yr	The area of the residual prostate was free of overt pathology.
WEIGHT	The area of the aortic trifurcation was free of pathology.
32.7 kg	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 6.6 cm in length. The right kidney measured 5.7 cm in length.
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.1 cm length x 0.67 cm width at the caudal pole. The right adrenal gland was indistinctly visualized owing to patient conformation without overt pathology subjectively measuring 0.74 cm width at the caudal pole.
IMAGING PERFORMED BY	Spleen
Crystal Hill	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.
HOSPITAL NAME	Liver/ Gallbladder
Grand River VH	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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Hornak/Day	
INVOICE	
14586	
DATE	
8/12/22	



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.
Carson Montgomer	
SPECIES	Gastrointestinal
Canine	The stomach presented intact yet mildly prominent wall layering secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. A mild amount of anechoic fluid was present. No evidence of gastric distention with significant retained fluid, ingesta, or evidence of foreign material. No evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology. The pylorus wall width measured 0.79 cm. The ventral gastric body wall width measured 0.55 cm.
BREED	
Viszla X	
SEX	The duodenum exhibited intact to subjective mild prominent wall layering owing to subjective mildly prominent duodenal mucosa. The jejunum and ileum to the level of the colon were overtly normal. The duodenum wall measured 0.60 cm width. The jejunum wall measured 0.44 cm width.
MN	Normal visible colon wall layers were present with apparent formed feces in lumen.
AGE	Pancreas
8 yr	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.
WEIGHT	Free Abdomen
32.7 kg	Focal to intermittent midabdominal mesenteric lymph 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).
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP	<ul style="list-style-type: none"> Gastritis / gastroduodenitis pattern Focal to intermittent mildly prominent benign / reactive mesenteric lymph nodes
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Crystal Hill	Sonographically, the appearance of the stomach and duodenum is suggestive of gastritis or gastroduodenitis with no evidence of significant upper gastrointestinal pathology. Potential for more generalized inflammatory gastroenteropathy without evidence of significant mural changes such as IBD, which may present essentially sonographically normal, cannot be excluded. Additional contributing factors may potentially include dietary indiscretion / food allergy, occult parasitism, low-grade pancreatitis, or less likely occult Addison's Disease.
HOSPITAL NAME	
Grand River VH	
REFERRING VET	
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INVOICE	Further assessment, given the patient's weight loss, may include e GI panel to include PLI/TLI/Cobalamin/Folate. No evidence of gastrointestinal foreign body or neoplastic criteria was noted. Some or all of the following protocol or similar protocol may be considered empirically. A resting cortisol level to rule out occult Addison's Disease, Is warranted.
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DATE	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
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PATIENT

Carson Montgomer

SPECIES

Canine

BREED

Viszla X

SEX

MN

AGE

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WEIGHT

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DVM, DABVP

**IMAGING
PERFORMED BY**

Crystal Hill

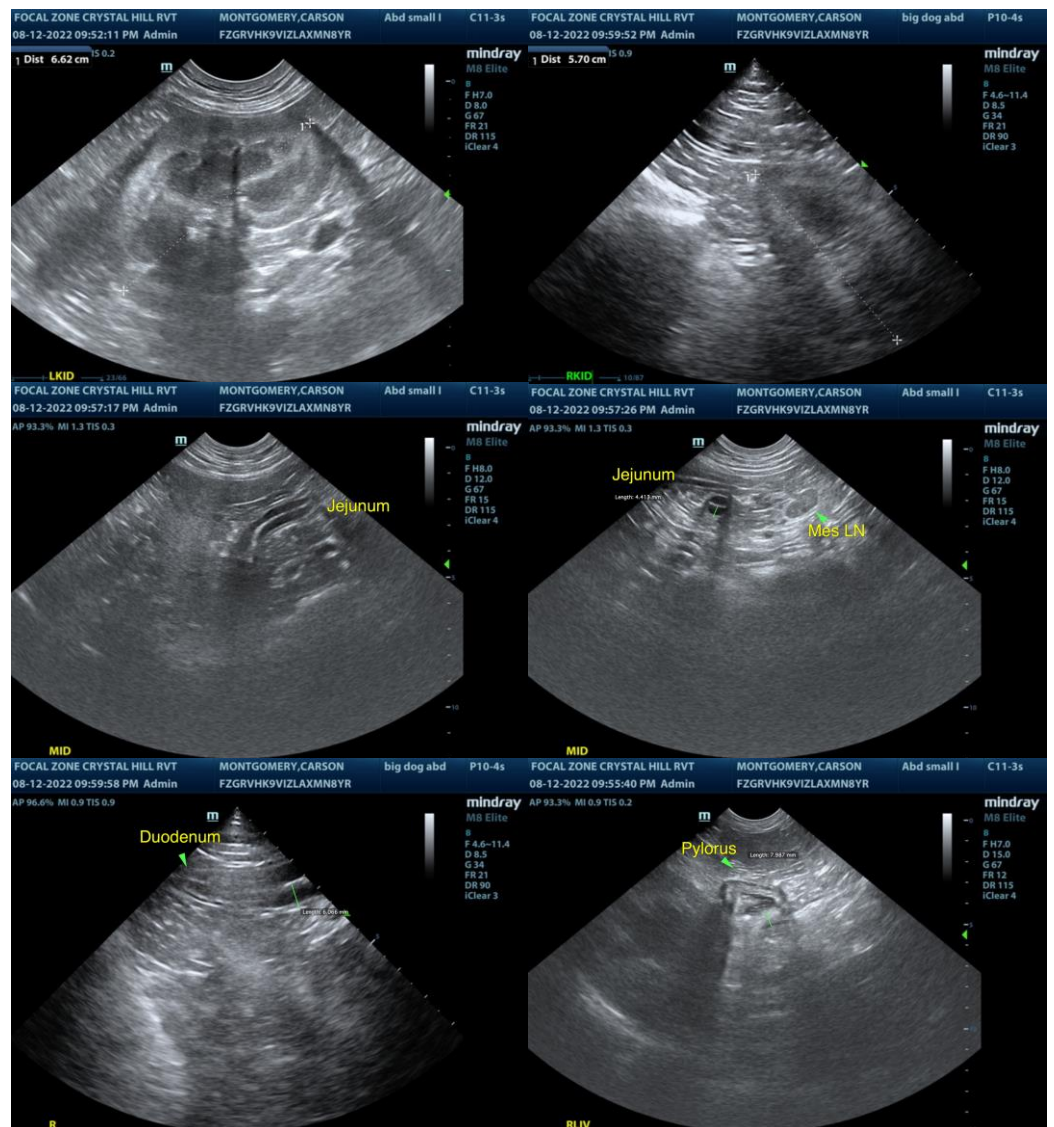
HOSPITAL NAME

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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 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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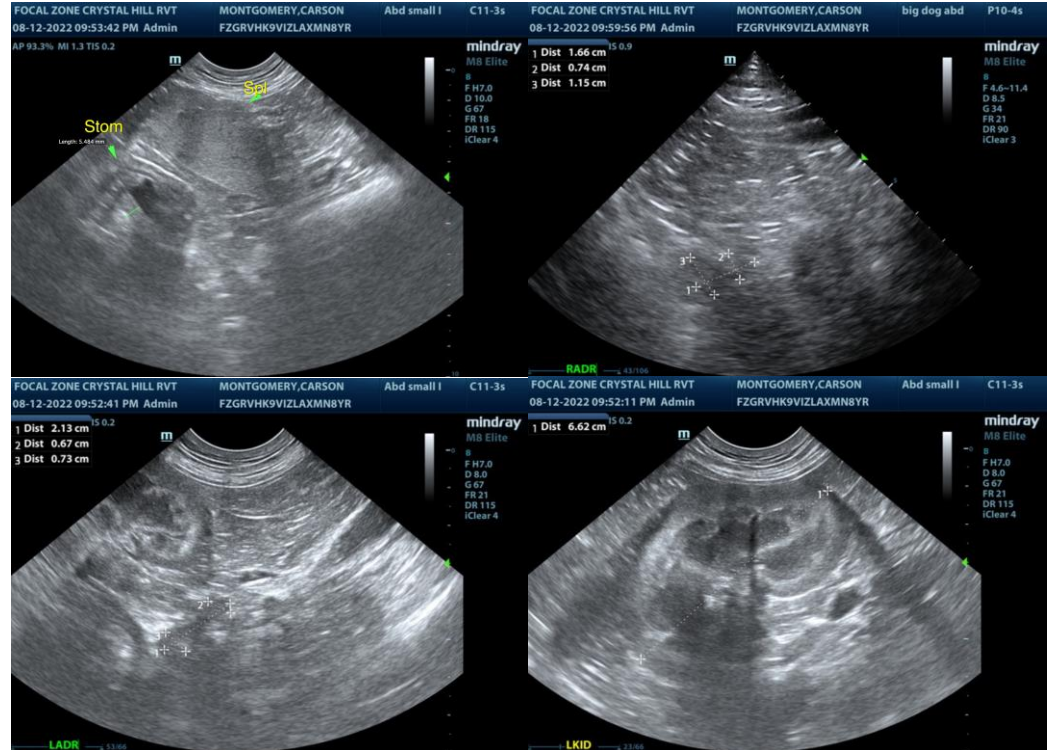
MN

AGE

8 yr

WEIGHT

32.7 kg



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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)
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