



PATIENT PRESENTING CLINICAL SIGNS

Shadow Bartolo

SPECIES

Canine

BREED

Chi

SEX

Neutered Male

AGE

10

WEIGHT

8.8

Hx of hyperoxia and GI issues since mid July, has been hospitalized and seen for multiple rechecks. This week appetite is worse and P acting lethargic. MPE on 8/7 sent home with Cerenia, Prednisone, and Panacur but only took meds for about 1-2 days then not able to administer any meds and stopped eating. Prescribed Z/D that p ate for about a day, then stopped eating so O has been feeding mainly lean turkey all week. P has vomited this week after eating any kibble O tried and started to refuse the chicken/rice mixture that O was feeding before. P does seem interested in treats and other dog's food or poop. Ate small amount yesterday. P had dark tarry diarrhea this morning before O went to work, while O was at work had more D+ that was darkest O had seen. Last vomit Wednesday night after eating. Abnormal PE/Chem/CBC/UA Results: Fecal negative baseline cortisol wnl 6/26- CBC: all wnl Chem: CPK 57 T4 1.4 SNAP 4DX all negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 were noted.

No overt pathology in the area of the residual prostate.

The area of the aortic trifurcation was free of pathology.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.4 cm. The right kidney measured 3.7 cm.

Adrenal Glands

Both adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.47 cm at the cranial pole and 0.48 cm at the caudal pole. The right adrenal gland measured 0.57 cm at the caudal 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 normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls. The gallbladder contained a mild amount of congealed yet non-organized hyperechoic sediment. No evidence of peripheral gallbladder inflammation or post-hepatic obstruction. The cystic and common bile ducts were normal.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Nikita Nuehaus

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Nikita Nuehaus

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PATIENT

Gastrointestinal

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The stomach presented mild to moderate wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild to moderate gastric distension with primarily anechoic fluid was present. NO evidence of overt mechanical pyloric outflow obstruction or obstructive pyloric mural pathology. Gastric body wall measured 0.42 cm in width.

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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.

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

SEX

Neutered Male

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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PRIMARY FINDINGS

- Hypomotile gastritis pattern
- Structurally unremarkable small bowel
- Mild heterogeneous pancreas - not consistent with significant / active pancreatitis

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SECONDARY FINDINGS

- Moderate congealed gallbladder sediment (non-mucocele)
- Mild chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, the stomach is most consistent with gastritis and associated metabolic / functional gastric stasis. Potential for early infiltrative gastric neoplasia (thought less likely given intact gastric wall layering), Helicobacter, gastric microulceration or non-obvious gastric ulcer possible. No obvious small intestinal mural pathology or mechanical / metabolic ileus. Upper GI endoscopy and biopsies if available is recommended. Empirically, Omeprazole 1 mg/mg PO SID, antiemetics, canned novel protein / hydrolyzed diet with possible slurry feedings and avoidance of dry food +/- Helicobacter protocol and recheck sonogram in 3-4 weeks, sooner if progressive clinical signs, may prove beneficial. Low grade mild chronic pancreatitis may be suspected if cranial abdominal discomfort on palpation.

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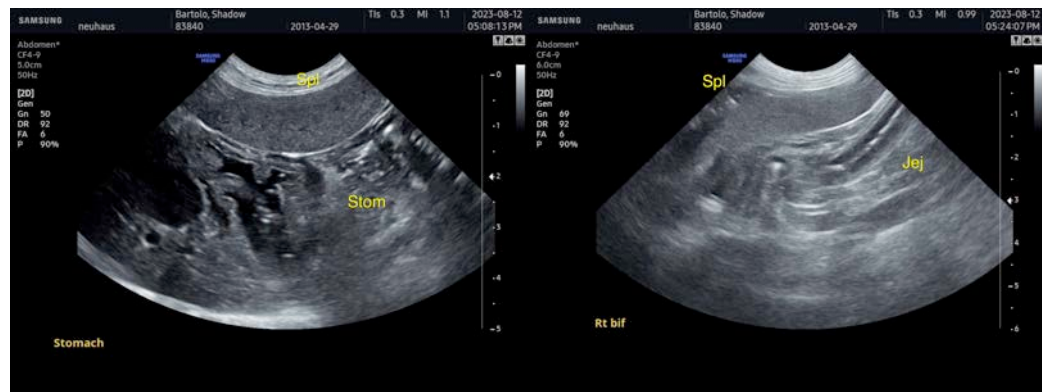
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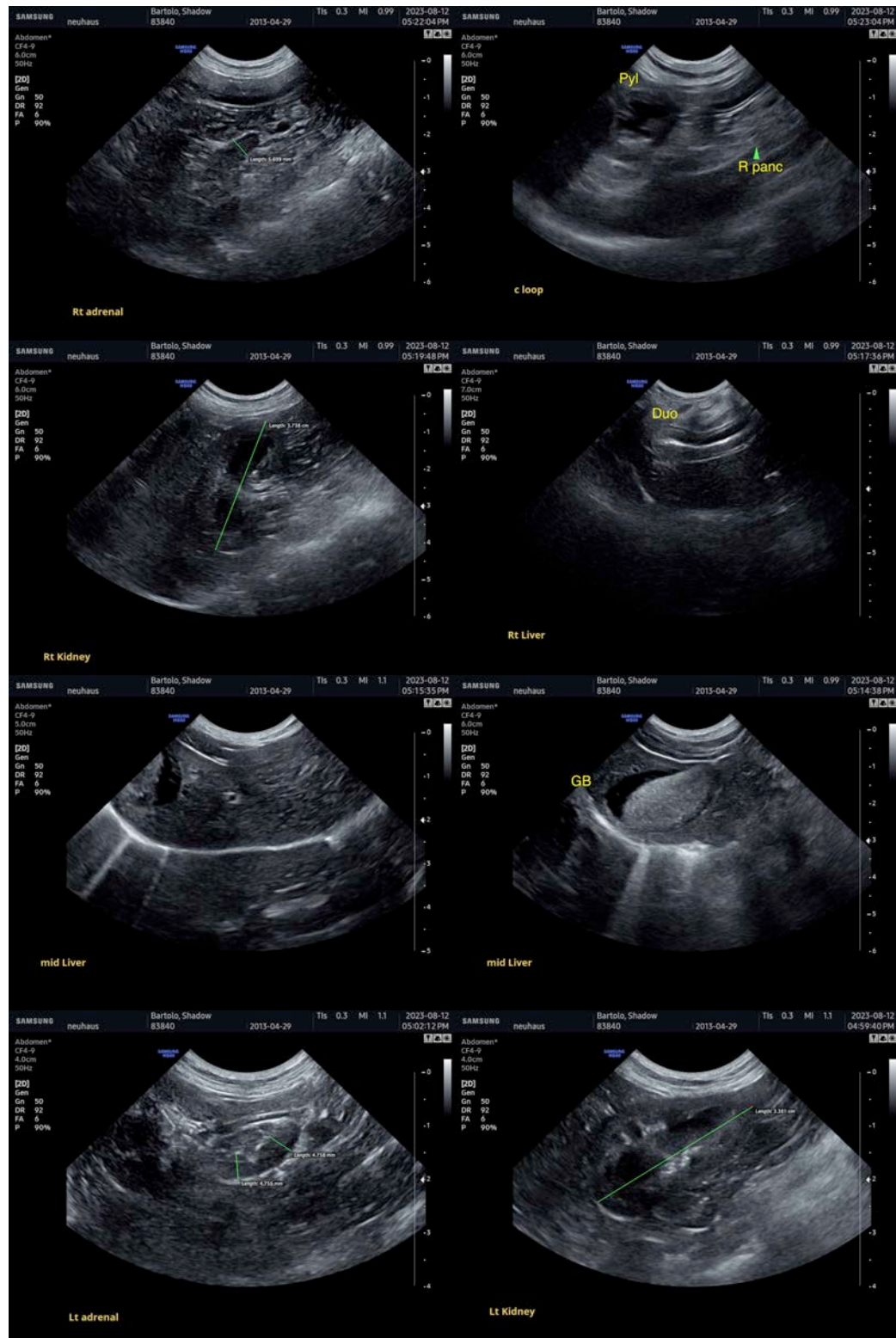
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PATIENT

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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.

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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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R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com

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