



PATIENT PRESENTING CLINICAL SIGNS

Patient: Pippin Lanting
Species: Canine
Breed: Schnauzer
Sex: Intact Female
Age: 3 Years
Weight: 12.1 kg

History of vomiting episodes and some diarrhea as well. Is a dog who has been known to eat garbage in the compost, has eaten a tennis ball about 2 months ago and owner worried that the pieces that were thrown up were not all of it. History of skin allergies, so normal diet is Kangaroo/Oatmeal to control. Recently not eating at all and still vomiting, some blood flecks seen in vomit. High anxiety dog normally.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

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 4.3 cm. The right kidney measured 4.4 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.5 cm length x 0.46 cm at the caudal pole. The left adrenal gland measured 1.0 cm length x 0.30 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 mild, echogenic, non-organized debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact yet subjective mild prominent wall layering. The stomach was empty without evidence of retained ingesta, fluid or overt foreign material with mild luminal gas. Gastric body wall measured 0.36 cm.

The small intestine presented intact wall layering with subjective propensity for mildly prominent to echogenic submucosal layer diffusely. No evidence of mechanical or metabolic small intestinal ileus, obstruction or foreign material. Duodenum wall measured 0.47 cm. Jejunum wall measured 0.40 cm.

The colon walls presented intact yet mildly prominent wall layering with mild thickened to echogenic submucosa. Subjective semiformal to soft feces present. Colon wall measured 0.32 cm in width.

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Grand River VH

REFERRING VET

Dr. Ho

INVOICE

24818

DATE

8/19/21



PATIENT *Pancreas*

Pippin Lanting 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.

SPECIES

Canine

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Schnauzer

SEX

Intact Female

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ULTRASONOGRAPHIC FINDINGS

- Suspect inflammatory bowel disease and minor colitis – no signs of mechanical gastrointestinal obstruction or retained gastrointestinal foreign material.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's history of chronic vomiting episodes and diarrhea, the small intestine exhibited subtle mural changes, specifically mild subjective prominent to echogenic submucosal layer, which tends to be more prominent in dogs with inflammatory bowel disease. Additionally, chronic inflammatory intestinal disease is often seen in PICA patients. Dietary indiscretion/food hypersensitivity, occult parasitism, or other inflammatory gastroenterocolic disease possible. No overt evidence of infiltrative gastroenterocolic neoplasia given the intact wall layering and lack of associated lymphadenopathy.

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 and gastroprotectants with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

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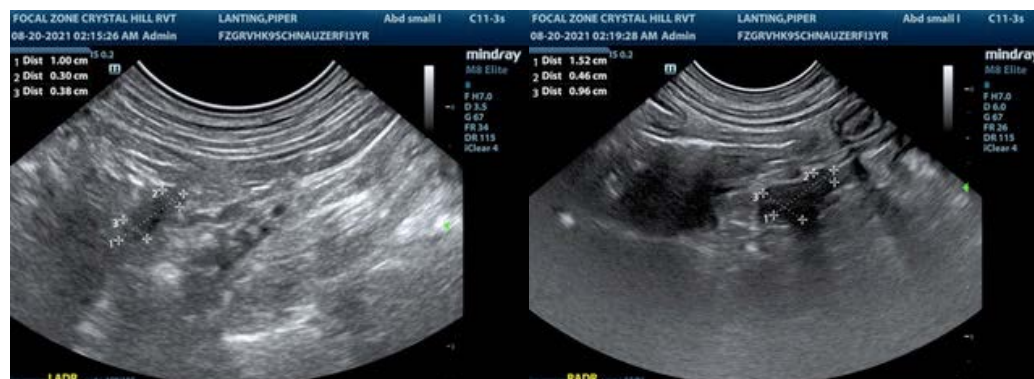
Dr. Ho

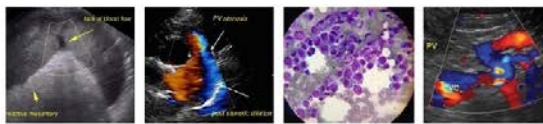
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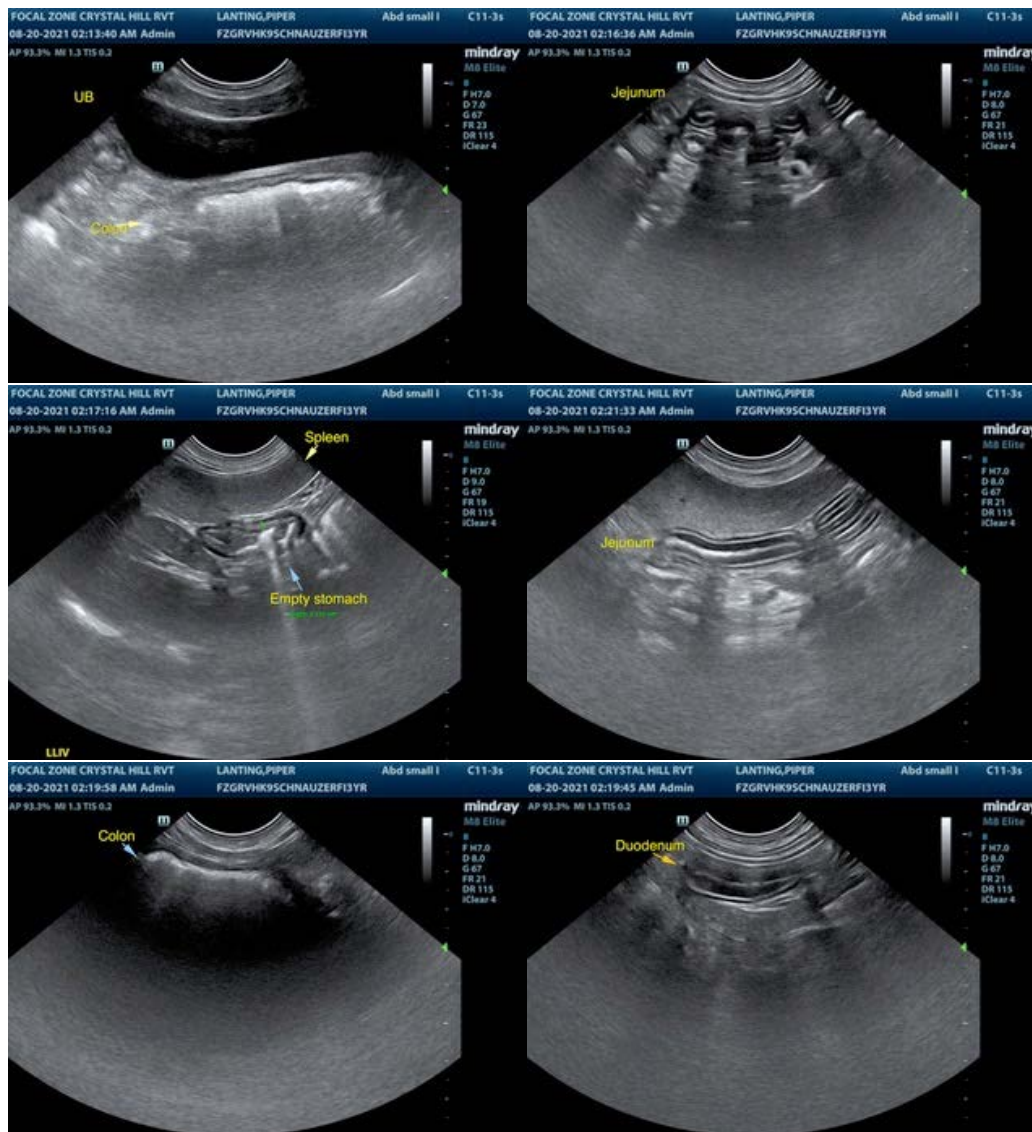
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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