

PATIENT

Simon Schable

PRESENTING CLINICAL SIGNS

acute history of vomiting and diarrhea that responded to meds, but is now anorexic. Cerenia, aminopentamide

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: ALKP elevation. Mild splenomegaly on rads

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Labrador Retriever

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

SEX

MN

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.4 cm in length. The right kidney measured – cm in length.

AGE

13yr

The area of the aortic trifurcation was free of pathology.

WEIGHT

80lb

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.7 cm length and 0.90 cm width in the caudal pole. The right adrenal gland measured 2.7 cm length and 0.91 cm width in 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

Diane McFadden

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

HOSPITAL NAME

Animal Mansion

REFERRING VET

Dr. Parker

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild debris. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented regional to generalized thickened wall layering with indistinct wall layer detail. The lumen of the stomach contained retained anechoic fluid/chyme along with several hyperechoic to shadowing luminal echoes, an example measuring ~ 1.2 cm in diameter. No signs of ileus, obstruction or foreign material. The gastric body wall measured 1.4 cm in width.

DATE

08/19/2022



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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 jejunum wall measured 0.43 cm in width. The duodenum wall measured 0.49 cm in width.

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The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Nonformed to liquid fecal matter was present in the colon lumen with lumen dilation. The descending colon wall measured 0.36 cm in width.

Pancreas

BREED

Labrador Retriever

The pancreas exhibited normal size, asymmetrical capsule contour and mild irregular to non-homogeneous parenchyma.

Free Abdomen

SEX

MN

Subtle evidence of perigastric hyperechoic to reactive mesentery. No overt lymphadenopathy or peritoneal effusion was present.

AGE

13yr

ULTRASONOGRAPHIC FINDINGS

WEIGHT

80lb

- Thickened hypomotile stomach with moderate retained fluid and several shadowing echoes
- Sonographically unremarkable small bowel
- Mild colitis-potentially resolving
- Mildly prominent irregular non-homogeneous pancreas-age related changes likely
- Mild hepatic parenchyma remodeling-suspect mild vacuolar to reactive hepatopathy, overtly benign
- Sonographically normal spleen

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The thickened hypomotile stomach may suggest hypomotile gastritis. The shadowing echoes in the gastric lumen were non-specific and may indicate areas of dense ingesta or medication while the possibility of small non-obstructive gastric foreign bodies cannot be excluded. Gastric endoscopy if available for assessment of the gastric interior and potential biopsy is recommended. Laparotomy with gross inspection of the stomach and GI tract with potential for gastric biopsies would be an alternative approach. Some or all of the following protocol may be considered empirically.

IMAGING PERFORMED BY

Diane McFadden

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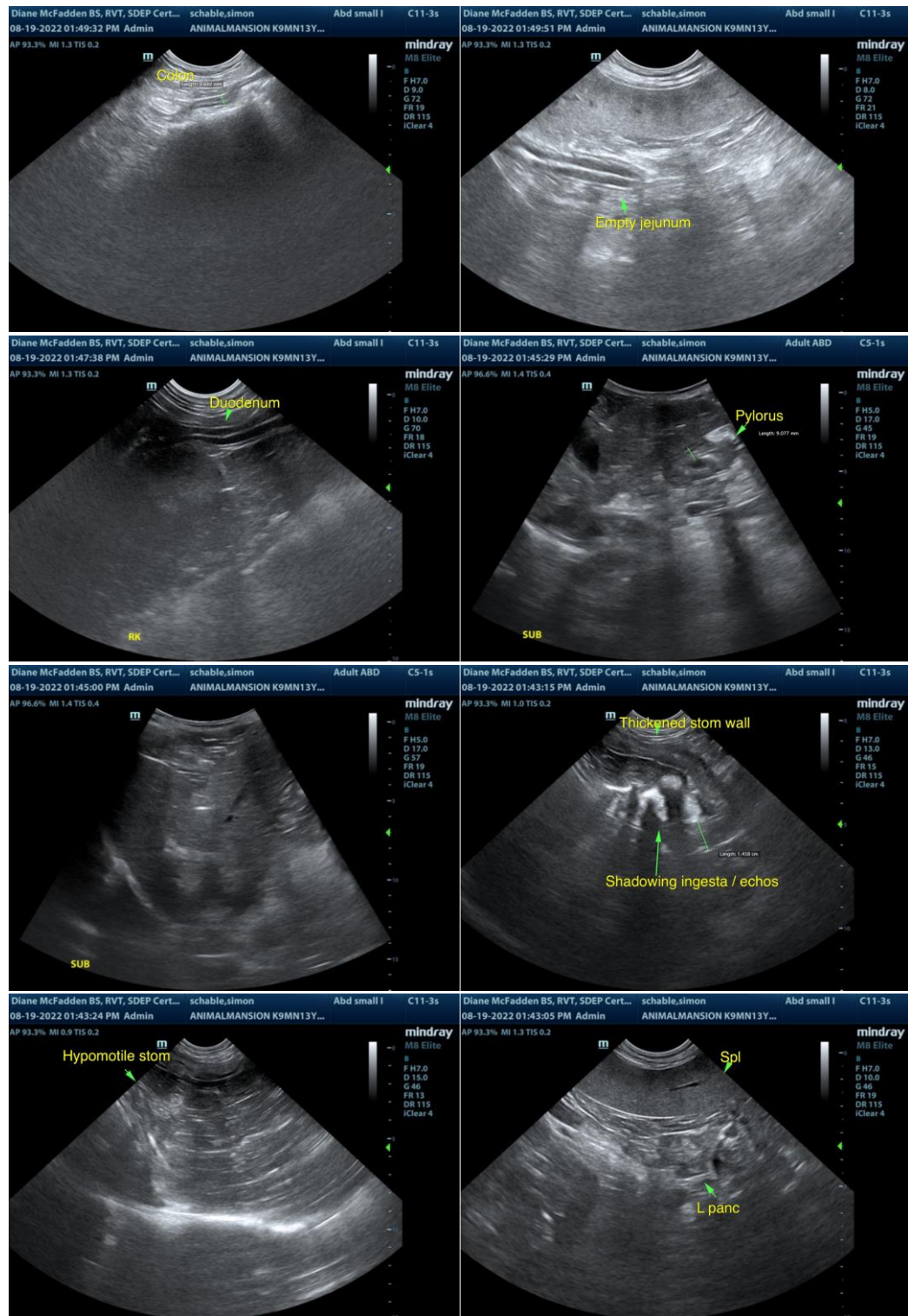
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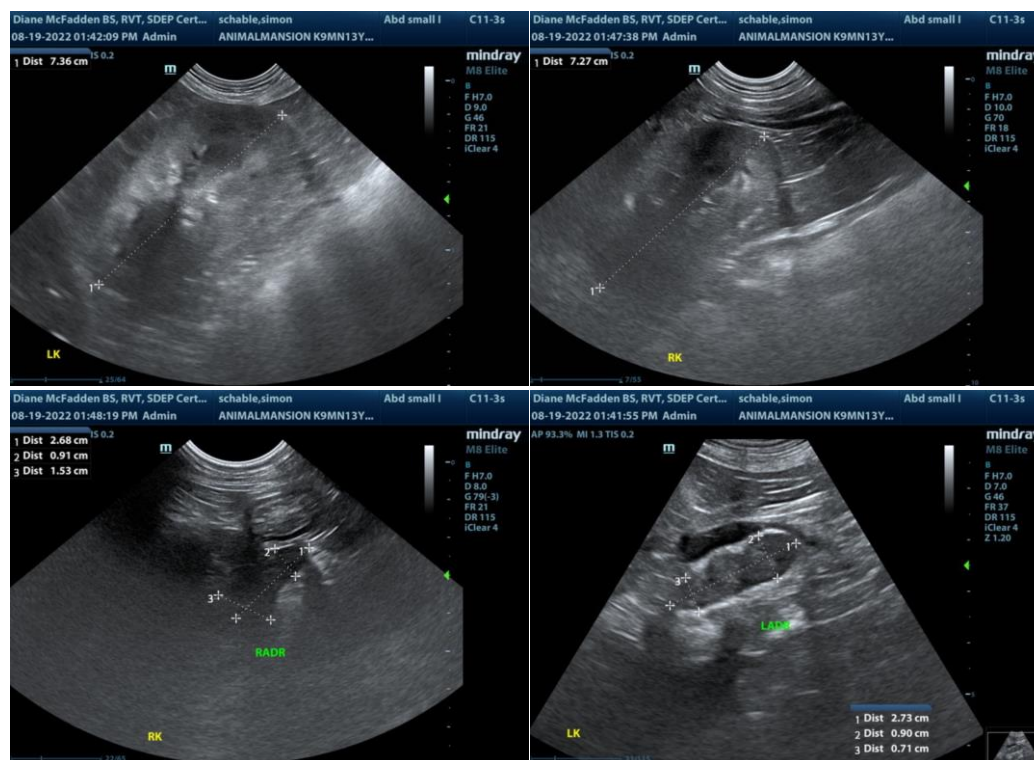
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com