



PATIENT	PRESENTING CLINICAL SIGNS
Bunny Feld	Exam 7/27/23 for lethargy and decreased appetite for a week or so. Vomited a few times and recently ate a bone. On exam discovered non regenerative anemia. Does not fit typical pattern for IMHA.
SPECIES	Concern for GI blood loss, neoplasia, decreased RBC production. O feels Bunny's stools are darker. HX of lyme's disease about 7 years ago when lived on east coast US. HX back pain. On chronic gabapentin 100 mg BID and carprofen 50 mg SID. Stopped Carprofen and added Omeprazole on 7/27.
Canine	
BREED	Abnormal PE/Chem/CBC/UA Results: Exam 7/27/23 = bloated and mildly uncomfortable on abdominal palpation. MM's light pink. Normal TPR Radiographs abdomen = ingesta in stomach, a few small pieces of bone in digestive tract that do not appear obstructive, SI mildly dilated with fluid, spondylosis L1-2, L 3-4 and L7-S1. CBC = anemia (HCT 17.3), non-regenerative, with decreased RBC, Hem and RDW and increased MCH and MCHC Chem = within normal limits, TP within normal limits slide autoagglutination test = negative for agglutination CBC to idexx (same lavender top tube as in house test) = HCT 22.7%, Decreased: RBC 3.0, Hemoglobin 6.9, MCHC 30.4, Reticulocytes 9, Plts 92
Welsh Corgi	Microscopic review = platelets appear adequate on the blood film, large platelets present, no parasites seen, neutrophils appear slightly toxic, Dohle bodies seen Coombs Negative Lyme4dx = Lyme positive, HW, Ehrlichia and anaplasma negative
SEX	
MN	
AGE	
12 years, 11 months	
WEIGHT	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
14.5 kg	Urinary System
INTERPRETED BY	The urinary bladder, trigone, and cystourethral junction 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.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The residual prostate was free of pathology.
IMAGING PERFORMED BY	No evidence of pathology in the area of the aortic trifurcation.
Patti Mayfield DVM	Normal size and margination were 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 6.1 cm in length. The right kidney measured 6.3 cm in length.
HOSPITAL NAME	Adrenal Glands
Pawtown Veterinary Care	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.2 cm length x 0.63 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.0 cm length x 0.67 cm width at the caudal pole.
REFERRING VET	Spleen
Erin Miller DVM	The spleen exhibited potential for borderline enlargement with a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. No splenic masses or nodules were noted. 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.
INVOICE	
14781	
DATE	
8/2/23	



PATIENT

Liver/ Gallbladder

Bunny Feld

The liver was mildly enlarged yet maintained a symmetrical capsule contour with normal hepatic parenchyma echogenicity exhibiting mild to moderate coarse echotexture and minor parenchymal remodeling. Normal vascular volume was noted with no visualized hepatic masses or nodules. The gallbladder was non-distended in size containing primarily anechoic content with mild gallbladder sediment. The cystic and common bile ducts were normal.

SPECIES

Canine

BREED

Welsh Corgi

Gastrointestinal

The stomach presented intact, borderline prominent wall layering. The stomach contained a mild amount of retained anechoic fluid without evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology. The ventral gastric body wall width measured 0.41 cm. The pylorus wall width measured 0.51 cm.

SEX

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Focally thickened upper duodenum exhibiting homogenous mural echogenicity measuring approximately 2.1 cm x 1.0 cm was present in the subjective dorsal upper duodenum. By comparison, intact and normal appearing duodenum wall width measured 0.45 cm. Minor duodenal ileus was noted without evidence of an obstructive pattern. The jejunum and ileum to the level of the colon were sonographically normal. The jejunum wall width measured 0.38 cm. No evidence of post-duodenal intestinal mechanical / metabolic ileus was noted.

WEIGHT

14.5 kg

INTERPRETED BY

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

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

Pancreas

The pancreas base and right pancreatic limb were normal in size and contour exhibiting mildly hypoechoic parenchyma with mild right limb pancreatic duct dilation.

IMAGING PERFORMED BY

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

Patti Mayfield DVM

ULTRASONOGRAPHIC FINDINGS

HOSPITAL NAME
Pawtown Veterinary
Care

- Borderline splenomegaly - subjectively benign
- Mild hepatomegaly - subjectively benign
- Minor gallbladder sediment (non mucocele)
- Intact borderline prominent gastric wall with mild retained gastric fluid
- Focally thickened upper duodenum with mild duodenal ileus
- Mildly hypoechoic right pancreas

REFERRING VET

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach and upper duodenum were nonspecific yet may suggest mild gastroduodenitis and secondary gastric hypomotility, given the reported vomiting and decreased appetite. Potential for nonobvious ulceration or emerging infiltrative neoplastic criteria cannot be definitively excluded.



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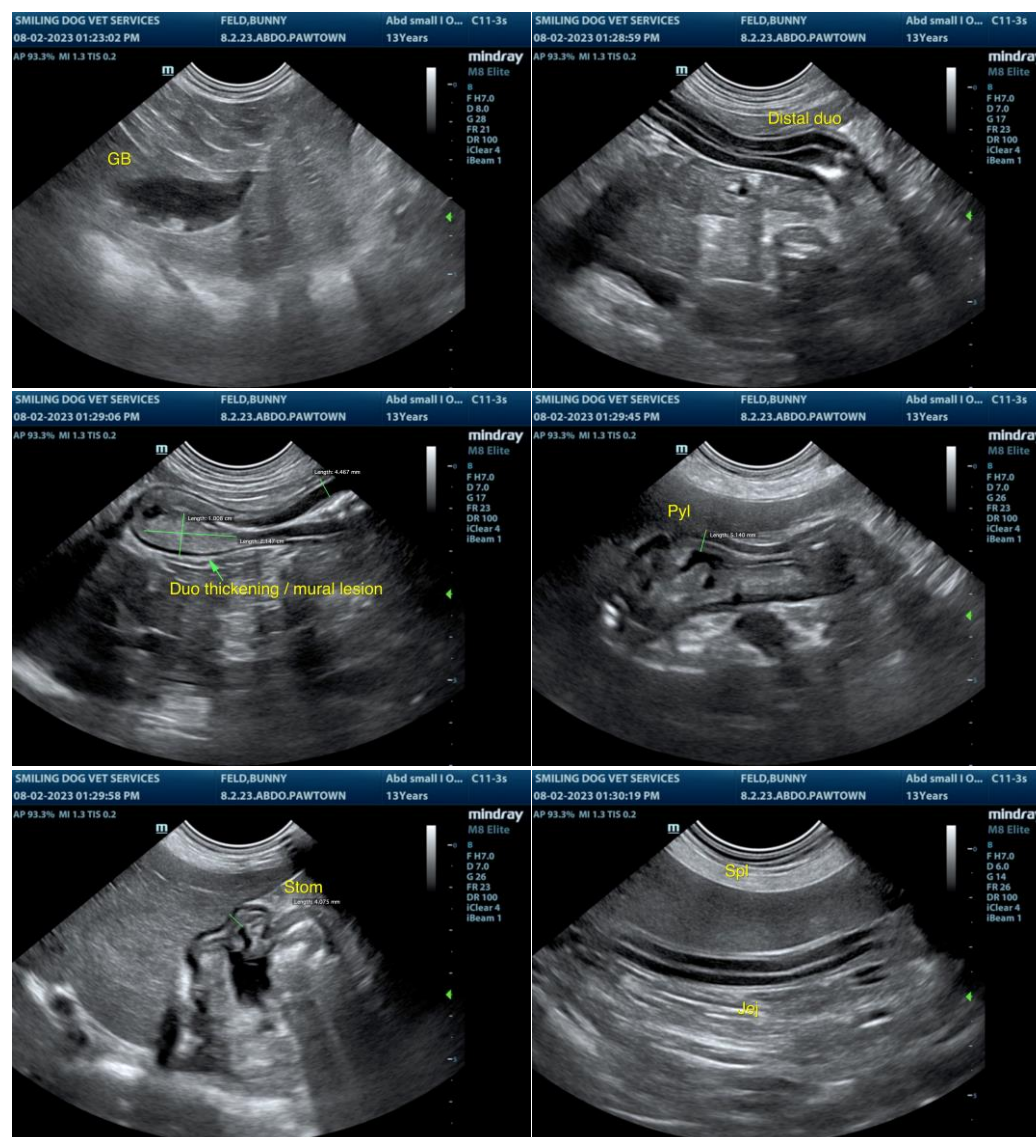
DATE

8/2/23

Continued gastroprotectant protocol, canned novel protein or hydrolyzed diet, +/- empirical helicobacter therapy could be considered with sonographic monitoring. Upper gastrointestinal endoscopy with potential for biopsies may be indicated if persistent vomiting or inappetence despite supportive care. Infectious disease serology may be considered if clinically indicated.

For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>





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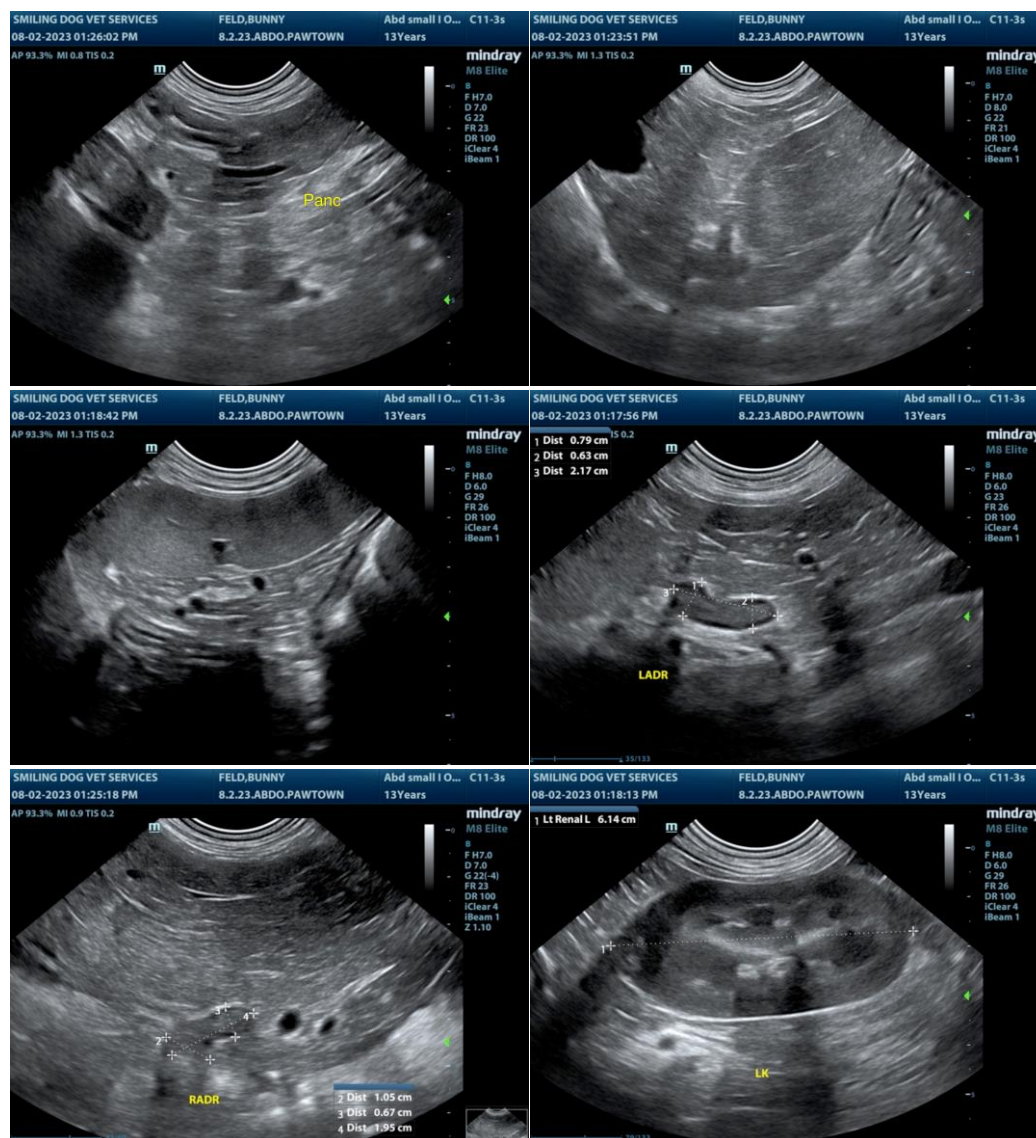
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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