



PATIENT

Koda Appel

SPECIES

Canine

BREED

Maltipoo

SEX

MN

AGE

8yr

WEIGHT

4.8kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Bend Animal
Emergency &
Specialty

REFERRING VET

Dr. Bunting

INVOICE

11436ag

DATE

08/22/2022

PRESENTING CLINICAL SIGNS

History: Patient presented to BAESC on 8/19/22 for the following complaint: -- Symptoms today are D+++ every 45 mins w/bright red blood and mucous. -- V starting today, one time, huge portion of green-yellowish color tinge. -- Loss of appetite and water in take for 3 days. O has been syringe feeding since then. -- Very lethargic. Still wagging tail. Past Pertinent History: -- Dx w/pancreatitis at first of May. Treated w/outpatient care; extreme weight loss between healing period until about the end of June 30th. -- Two weeks ago, had another flare up and was taken to rdvm in Montana; outpatient treatment was given through rdvm last Friday. Blood work was completed last Friday; abnormal levels seen on that panel. Current meds: -- Metronidazole and Gabapentin Current Treatments: -- IVF -- Buprenorphine 0.01 mg/kg IV TID -- Metronidazole 10 mg/kg IV BID -- Cerenia 1 mg/kg IV q 24 hours PATIENT PROGRESS: 8/20/22 0000: Moderate tenesmus noted during walk. Small amounts of diarrhea continue to be produced. No interest in food. 0400: NOVA - WNL, BG - 80, BG (peripheral stick) - 88 No interest in food. 0600: Patient seems mildly brighter this AM but continues to be inappetent. Sleeping a lot. Continue supportive care today. Offered ACTH stim to O (declined) vs. AUS (accepted today. AUS mid morning when able.

Abnormal PE/Chem/CBC/UA Results: 8/19/22 Blood work: CHEM- SDMA 18 (-14), Crea 0.4 (0.5-), BUN 6 (7-), Amyl 470 (500-) CBC- RBC 9.05 (5.65-), Retic 7.2 (10-), WBC 24.61 (5-), Neu 21.3 (-11.64), Mon 1.56 (-1.12), Eos 0 (0.06-), PLT 635 (-484), **ASSESSMENT** - leukocytosis- moderate - Mild hemoconcentration - diarrhea - inappetance prior bloodwork at rDVM Na/K ratio suspect for addisons dz but better at BAE. Consider resting cortisol to rule out addisons dz

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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 4.2 cm in length. The right kidney measured 3.9 cm in length.

The residual prostate was without pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width at the caudal pole and 1.7 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.53 cm width at the caudal pole and 1.9 cm length.

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.



PATIENT

Liver

Koda Appel

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.

SPECIES

Canine

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild dependent luminal debris. No evidence of inflammatory criteria-likely an incidental finding. The cystic and common bile ducts were normal.

BREED

Gastrointestinal

Maltipoo

The stomach presented intact yet prominent wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained fluid in the pylorus with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.35 cm in width.

SEX

MN

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. Segmental pockets of luminal gas were present. The jejunum wall measured 0.29. cm in width. The duodenum wall measured 0.35 cm in width.

AGE

8yr

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. A minor amount of soft to nonformed fecal matter was present in the colon lumen with lumen dilation.

WEIGHT

4.8kg

Pancreas

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.

INTERPRETED BY

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

Free Abdomen

No peritoneal effusion was present.

IMAGING PERFORMED BY

Patti Mayfield DVM

Focal, mildly prominent to enlarged medial iliac and mesenteric 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). An example measured 0.43 cm in diameter.

HOSPITAL NAME

Bend Animal
Emergency &
Specialty

ULTRASONOGRAPHIC FINDINGS

- Gastroenterocolitis pattern
- Overtly normal pancreas
- Intermittent mild benign/reactive mesenteric and medial iliac lymphadenopathy
- Urinary bladder sediment

REFERRING VET

Dr. Bunting

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

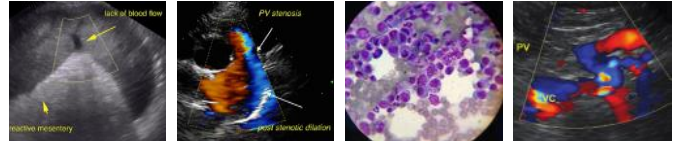
11436ag

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

DATE

08/22/2022

The appearance of the gastrointestinal tract was non-specific with considerations including dietary intolerance / food hypersensitivity, occult parasitism, dysbiosis, recurrent gastroenteritis vs inflammatory bowel disease, chronic pancreatitis or less likely infiltrative neoplasia. A GI panel to include



PATIENT

Koda Appel

PLI/TLI/Cobalamin/Folate, fresh fecal analysis to assess for parasitic ova / Giardia and resting cortisol to rule out occult Addison's Disease is warranted with ACTH stim if resting cortisol is <2.0.

SPECIES

Canine

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 with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy, deworming, pending GI panel and if Addison's disease is ruled out.

BREED

Maltipoo

SEX

MN

AGE

8yr

WEIGHT

4.8kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Bend Animal
Emergency &
Specialty

REFERRING VET

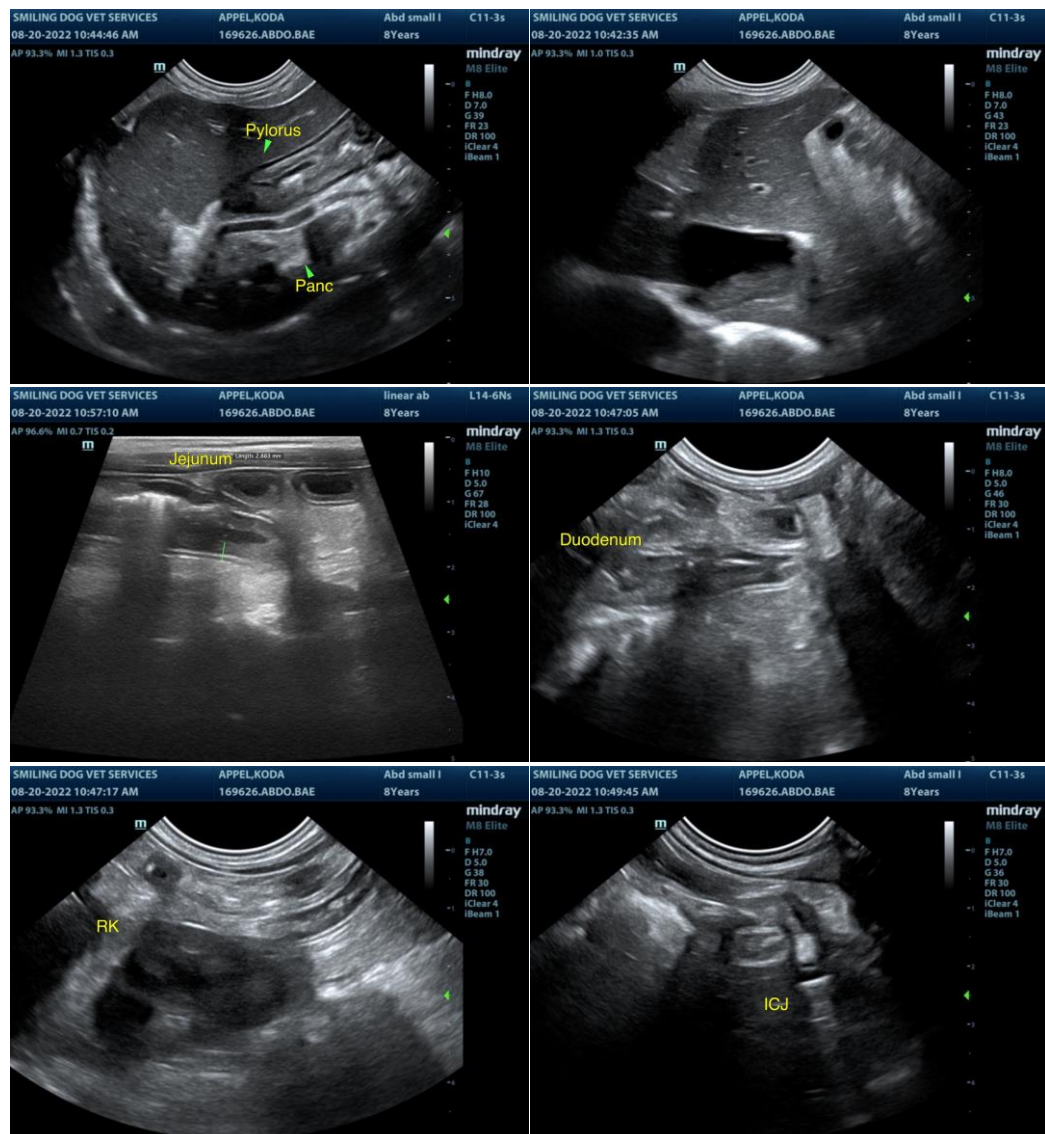
Dr. Bunting

INVOICE

11436ag

DATE

08/22/2022





PATIENT

Koda Appel

SPECIES

Canine

BREED

Maltipoo

SEX

MN

AGE

8yr

WEIGHT

4.8kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Bend Animal
Emergency &
Specialty

REFERRING VET

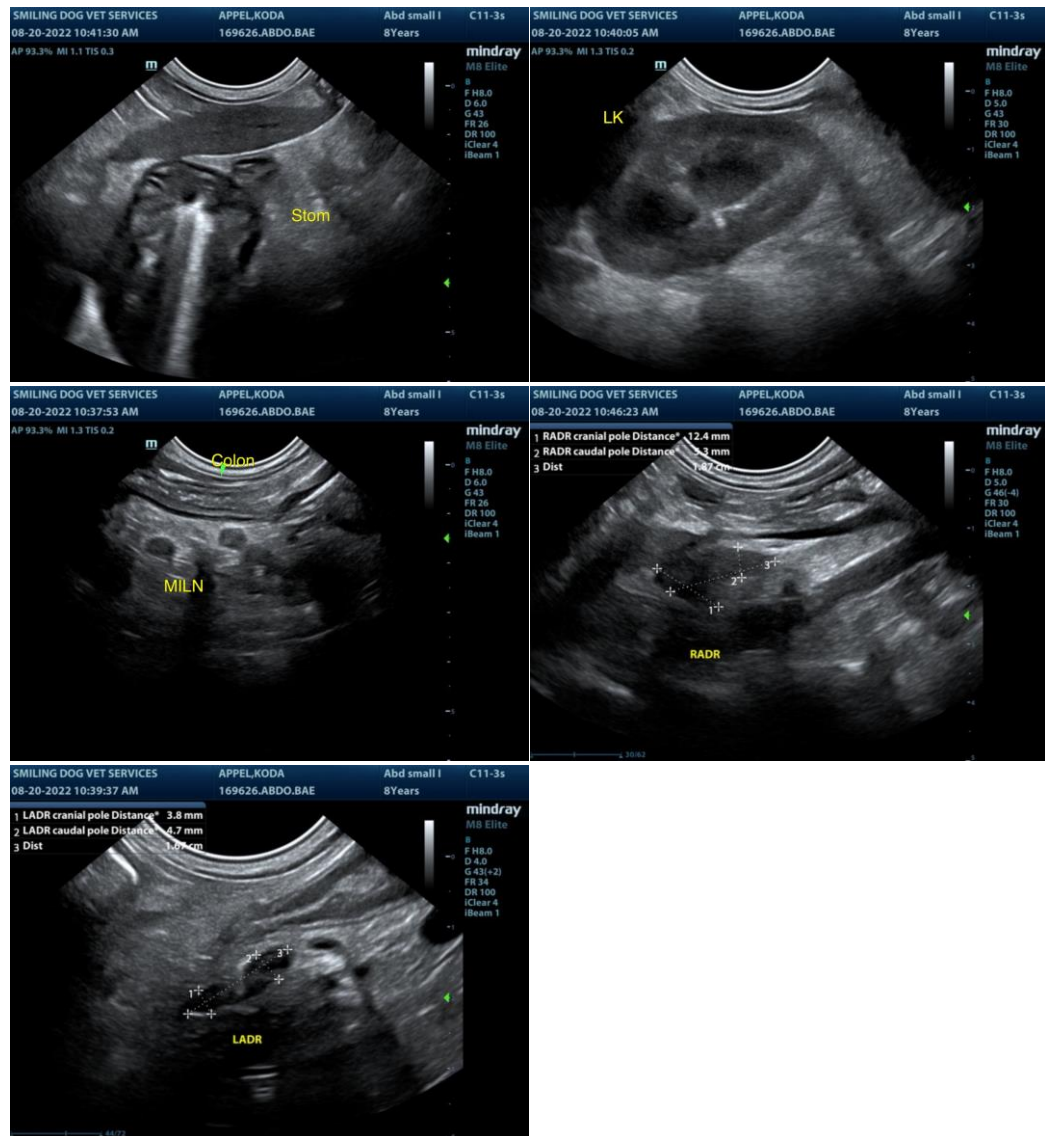
Dr. Bunting

INVOICE

11436ag

DATE

08/22/2022



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