



PATIENT PRESENTING CLINICAL SIGNS

Dixie Axe -Weight loss, vomiting, change in behavior - aggression Gabapentin 300

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED

English Bulldog

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 was noted.

SEX

The area of the aortic trifurcation was free of pathology.

FS

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 5.3 cm in length. The right kidney measured 5.5 cm in length.

AGE

2017

WEIGHT

42

Adrenal Glands

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 0.57 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 0.61 cm width at the caudal pole.

INTERPRETED BY

R. McKenzie Daniel,
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 (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
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HOSPITAL NAME

New Britain VC

Liver/ Gallbladder

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 and primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Bandekar

Gastrointestinal

INVOICE

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. The stomach was otherwise normal with no evidence of obstructive gastric foreign material or obstructive pyloric mural pathology. The pylorus wall width measured 0.56 cm.

DATE

8/23/22



PATIENT Dixie Axe
 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 duodenum wall measured 0.44 cm width. The jejunum wall measured 0.36 cm width.

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

Pancreas

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

BREED

English Bulldog
Free Abdomen
 No overt lymphadenopathy or peritoneal effusion was present.

SEX

FS

ULTRASONOGRAPHIC FINDINGS

AGE

2017

- Moderate nonshadowing gastric ingesta
- Sonographically unremarkable small bowel
- Mild heterogeneous pancreas

WEIGHT

42

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no evidence of overt abdominal visceral, specifically gastrointestinal or pancreatic, pathology was a definitive cause of the patient's GI signs and vomiting was noted. Dietary intolerance / food allergy, occult parasitism, IBD, low-grade pancreatitis, both of which may present as sonographically normal, or other gastroenteropathy without evidence of overt neoplastic criteria are all potentials.

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The presence of gastric ingesta in this study, if documented NPO, may potentially indicate some degree of nonobstructive metabolic gastric stasis. Monitoring for evidence of gastric emptying following a documented fast +/- barium study to assess gastric emptying could be considered.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
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Although considered unlikely given the normal adrenal presentation, resting cortisol level to rule out occult Addison's Disease could be considered.

HOSPITAL NAME

New Britain VC

A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss. Some or all of the following protocol may be considered empirically.

REFERRING VET

Dr. Bandekar

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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PATIENT

Dixie Axe

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.

SPECIES

Canine

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.

BREED

English Bulldog

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