



PATIENT PRESENTING CLINICAL SIGNS

Maddie Mendez Vomiting/regurgitating, lethargic for past few days, elevated WBC ,
Abnormal PE/Chem/CBC/UA Results: WBC 28.7,

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

The urinary bladder presented mildly uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. Apical urinary bladder wall measured 0.55 cm. Urethra was normal in structure and tone to a depth of 2.0 cm.

BREED

West Highland

SEX

Spayed Female

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 loss of corticomedullary symmetry and definition expected for the age of the patient. Minor pyelectasia noted in both kidneys. The left kidney measured 4.8 cm. The right kidney measured 4.6 cm.

AGE

13 Years

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

18 Pounds

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 1.5 cm length x 0.45 cm at the caudal pole. The right adrenal gland measured 1.7 cm length x 0.39 cm at the caudal pole.

INTERPRETED BY

Spleen

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

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

Liver

JK

HOSPITAL NAME

Hamburg Vet Clinic

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. Intermittent, non-expansive, subtly hypoechoic parenchymal nodules were present. Example measured 1.2 cm diameter. The gallbladder was non distended in size with mild, echogenic, non-dependent yet non-organized debris. The common bile duct was normal.

REFERRING VET

Gastrointestinal

Dr. DenHeyer

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Moderate retained anechoic fluid was present without evidence of retained ingesta or foreign material extending into the upper duodenum. Gastric body wall measured 0.35 cm. Upper duodenum wall measured 0.45 cm. The jejunum and ileum to the level of the colon were sonographically unremarkable. No evidence of upper gastrointestinal mechanical obstruction or overt foreign material. Normal visible colon wall layers were present with apparent formed feces in lumen.

INVOICE

24865

DATE

8/24/21



PATIENT

Pancreas

Maddie Mendez

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

SPECIES

Canine

PRIMARY FINDINGS

- Gastroduodenitis with gastric and upper duodenal hypomotility
- Chronic renal changes with mild pyelectasia
- Intermittent, non-specific yet non-expansive hepatic nodules – nodular to regenerative hyperplasia, granulomas or hematopoiesis suspected Minor potential for emerging neoplastic nodules possible yet considered less likely.
- Moderate gallbladder debris (non-mucocele)
- Suspect chronic pancreatitis

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SECONDARY FINDINGS

- Mild apical cystitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

18 Pounds

The pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

INTERPRETED BY

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Chronic pancreatitis is suspected and considered likely if evidence of cranial abdominal or subxiphoid pain on palpation. Correlation with a spec cPL may be considered.

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JK

The possibility of an emerging neoplastic process in the bladder is considered unlikely. However, screening BRAF assay may be considered. Supportive care for gastroduodenitis and gastroduodenal hypomotility and/or chronic pancreatitis would be appropriate. Upper gastrointestinal and duodenal endoscopy may be indicated if clinical signs continue. Some or all of the following protocol may be considered. Ideally, sonographic monitoring of the hepatic nodules for evidence of progression +/- ultrasound guided FNA is recommended.

HOSPITAL NAME

Hamburg Vet Clinic

Helicobacter/Gastritis protocol

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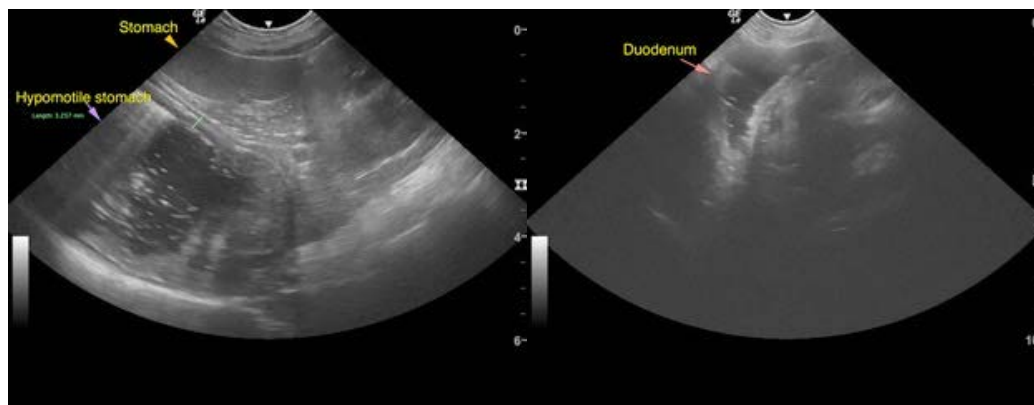
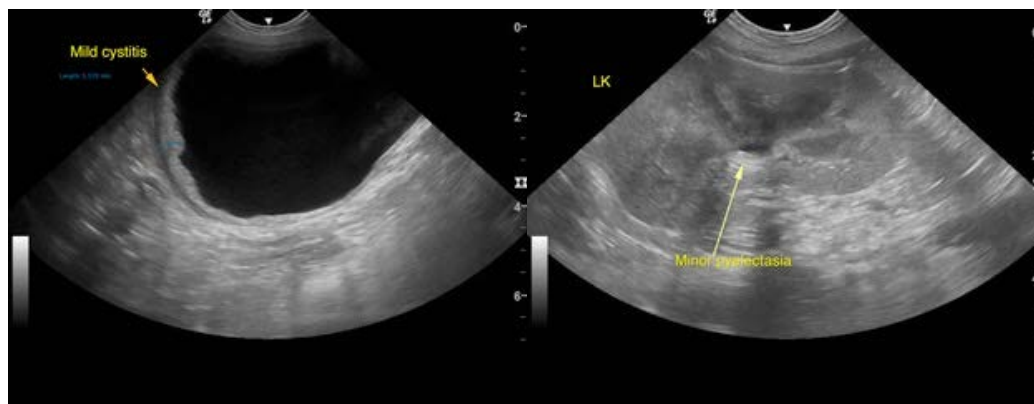
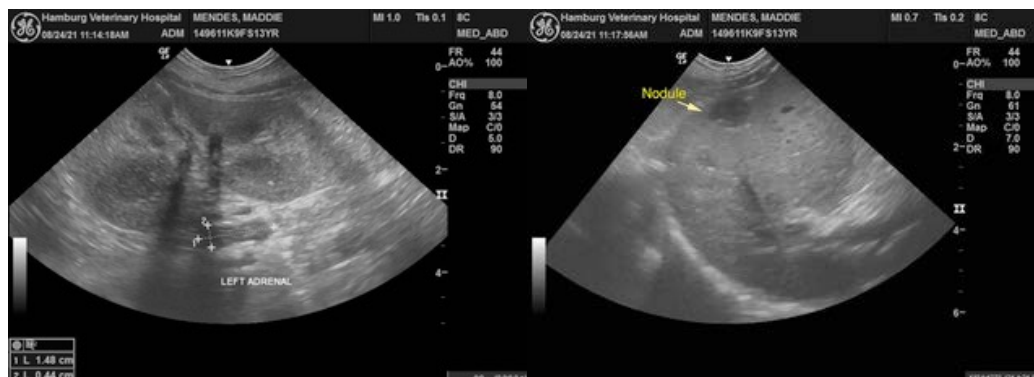
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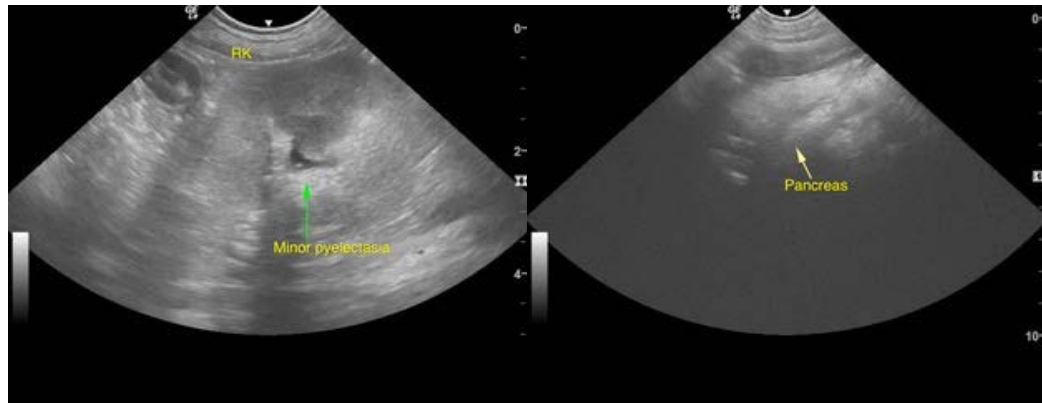
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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