

PATIENT

Tiffany Munoz

SPECIES

Canine

BREED

Chihuahua

SEX

FS

AGE

1y 8m

WEIGHT

4.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Paul Kim

HOSPITAL NAME

Ridgefield Park AH

REFERRING VET

Dr. Pau Kim

INVOICE

17041

DATE

8/25/22

PRESENTING CLINICAL SIGNS

P was presented about 2 weeks ago for loose bowel movement and blood in stool. Has been having a hx of borborygmi and it happens at least once or two times per month, last episode was yesterday, reason why abdominal U/S was chosen by O as best option right now. Currently on hills I/D for the past two weeks, stool is now normal though discomfort is still happening as per yesterday. Does NOT have any hx of vomiting, eating well.

This meta-study contained JPEG and AVI stills and videos for review. Please submit in DICOM, if possible.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The area of the aortic trifurcation was free of pathology.

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 2.9 cm in length. The right kidney measured 2.9 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.3 cm width at the caudal pole and 0.24 cm width at the cranial pole.

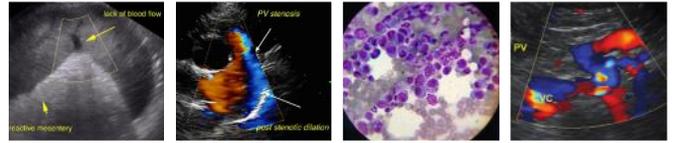
The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured – cm width at the caudal pole and – cm width at the cranial pole.

Spleen

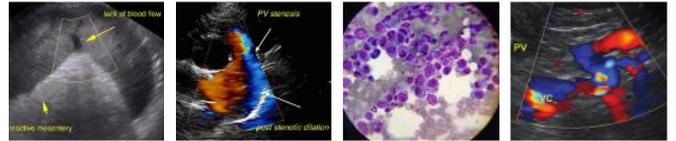
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

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. No evidence of a portosystemic shunt. No evidence of posthepatic cholestasis.



PATIENT	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. Minor particulate debris was present, likely incidental, potentially secondary to fasting. The cystic and common bile ducts were normal.
Tiffany Munoz	
SPECIES	Gastrointestinal
Canine	The stomach presented intact yet mildly prominent wall layering. The lumen of the stomach contained a mild amount of retained anechoic fluid and luminal gas.
BREED	
Chihuahua	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. Intermittent nonspecific duodenojejunal mucosal speckling was present.
SEX	
FS	The colon exhibited segmental to generalized distention, containing non-formed to liquid fecal matter, consistent with reported history of diarrhea.
AGE	Pancreas
1y 8m	The pancreas base and right pancreatic limb exhibited subjective mild prominent size with areas of minor capsule asymmetry and mild hypoechoic parenchyma compared to adjacent peripancreatic omentum.
WEIGHT	Free Abdomen
4.2 lbs.	No overt lymphadenopathy or peritoneal effusion was present.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Suspect mild gastritis • Overtly normal small bowel walls, exhibiting minor nonspecific duodenojejunal mucosal speckling • Distended colon containing non-formed fecal matter • Possible low grade pancreatic inflammation
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Dr. Paul Kim	Although nonspecific, with potential for patient variant, the GI tract exhibited mild changes, which may suggest underlying inflammation, i.e., gastroenteritis, potential for inflammatory bowel. Dietary intolerance is likely an alternative to primary differential diagnosis in this case, given the positive response to ID diet. Additional assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate for further assessment of the pancreas, as well as the intestinal tract, as well as fresh fecal analysis to rule out parasitic ova/giardia, if recurrent diarrhea. Although considered unlikely, resting cortisol level could also be considered to rule out occult Addison's disease, if persistent GI signs are present, or if vomiting/inappetence, going forward, is noted.
HOSPITAL NAME	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.
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Endoscopic intestinal biopsies may be indicated if GI signs or diarrhea continue, despite empirical therapy.

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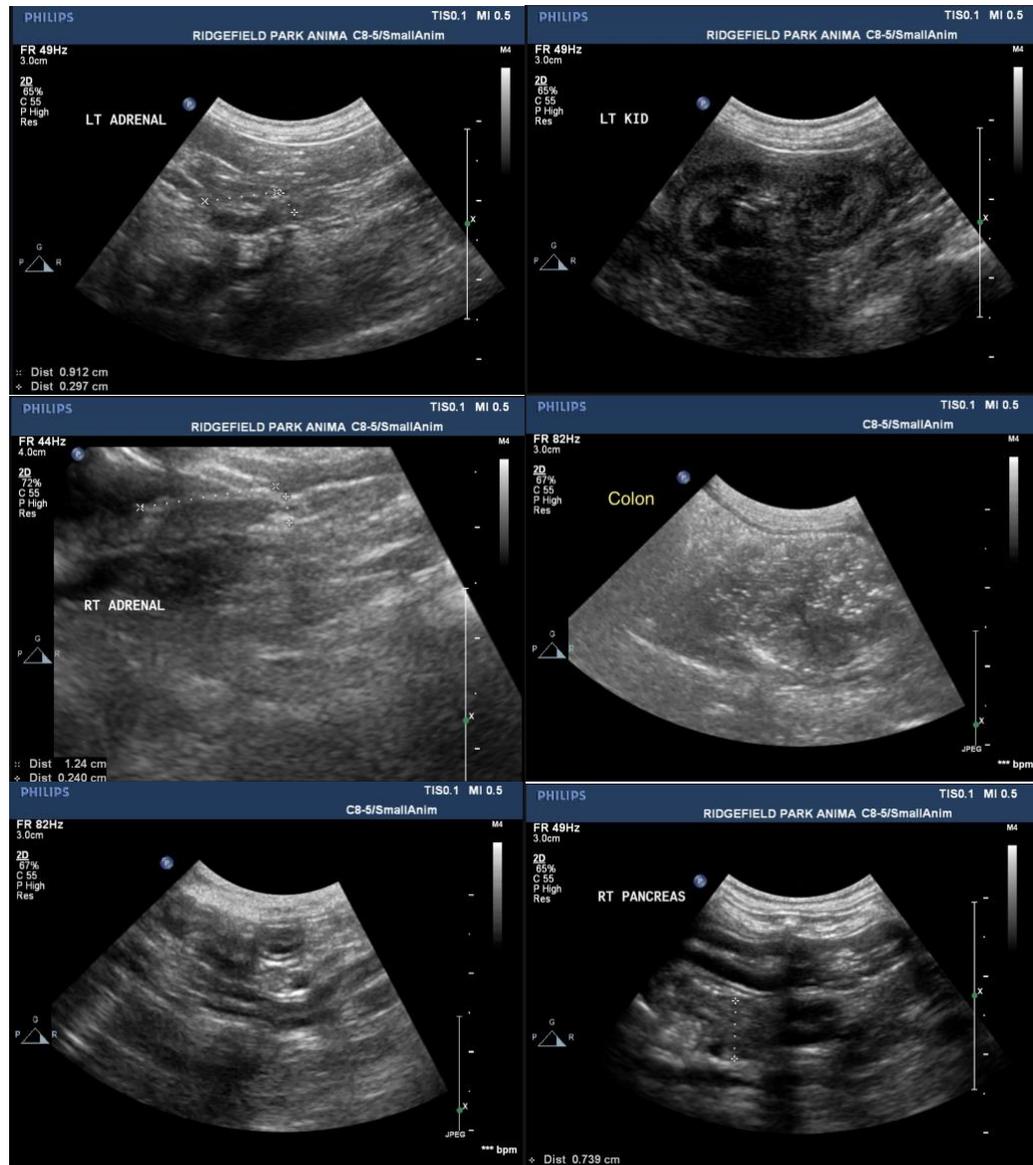
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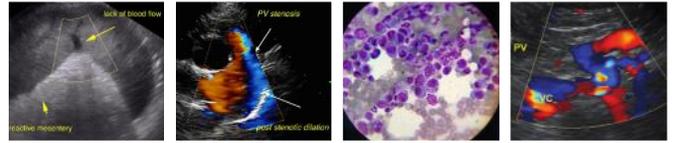
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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