



PATIENT

Sprocket Holmes

SPECIES

Canine

BREED

Labradoodle

SEX

Male Neuter

AGE

5

WEIGHT

20.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

McKnight AH

REFERRING VET

Dr. Maliguti

INVOICE

14485

DATE

8/3/22

PRESENTING CLINICAL SIGNS

5 day history of vomiting and diarrhea last 2 days just vomiting no diarrhea. Suspect gastritis/ gastric ulcer

Abnormal PE/Chem/CBC/UA Results: Non diagnostic

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.84 cm in diameter.

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 5.7 cm in length. The right kidney measured 5.5 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 0.59 cm width at the caudal pole and 0.48 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 0.51 cm width at the caudal pole and 0.62 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. The gallbladder was non-distended in size with thin walls containing mild nondependent mildly hyperechoic gallbladder debris. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach exhibited regionally mild yet variable wall thickening primarily in the area of the mid gastric body extending into the area of the antrum and pylorus. Wall layering was primarily maintained to mildly indistinct. Mild retained nonshadowing chyme was present in the gastric lumen. Ventral gastric



PATIENT	body wall width measured 0.95 cm width. The pylorus wall width measured 0.67 cm. No overt evidence of obstructive pyloric mural pathology was noted.
Sprocket Holmes	
SPECIES	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 0.48 cm width. The jejunum wall measured 0.33 cm width. Minor nonspecific duodenojejunal mucosal speckling was noted.
Canine	
BREED	Normal visible colon wall layers were present with apparent formed feces in lumen.
Labradoodle	
SEX	Pancreas
Male Neuter	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 were evident.
AGE	Free Abdomen
5	Intermittent medial iliac and mesenteric lymph 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 of a medial iliac lymph node measured 1.5 cm x 0.41 cm. The visualized lymph nodes were not consistent with Inflammatory or neoplastic criteria and likely incidental or mild secondary lymphoid hyperplasia. No effusion was noted.
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INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> Moderate gastritis, probable resolving enterocolitis Mild gallbladder debris - likely incidental potentially secondary to decreased food intake
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Dr. Belan	Minor potential for emerging infiltrative gastric mural pathology is considered a less likely differential diagnosis. Medical therapy for gastritis / gastroenterocolitis should prove beneficial. Recheck sonogram for reassessment of the gastric walls as well as the small intestine and colon could be considered if persistent vomiting despite supportive care.
HOSPITAL NAME	Although considered unlikely given the normal adrenal presentation, resting cortisol level to rule out occult Addison's Disease is suggested.
McKnight AH	
REFERRING VET	Some or all of the following protocol based on the clinical impression of the patient could be considered.
Dr. Maliguti	Broad spectrum deworming, even if fecal testing is negative, i.e., Panacur 50 mg/kg PO SID for 5 days is suggested.
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DATE	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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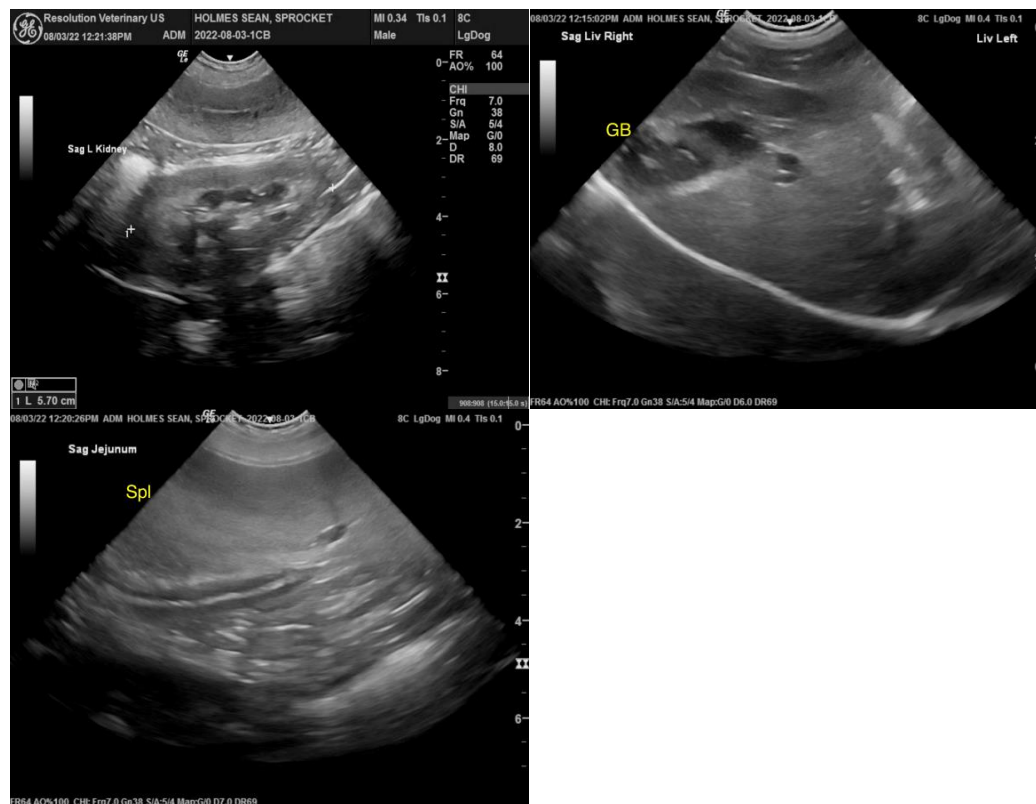
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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