

**PATIENT**

Chewie Blakesley

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Neutered Male

**AGE**

8 years

**WEIGHT**

16.2 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

Ringwood AH

**REFERRING VET**

Dr. Wilkes

**INVOICE**

12215

**DATE**

9/13/21

**PRESENTING CLINICAL SIGNS**

decreased appetite, vomiting, black tarry stool, lethargic. Current meds: carafate, pepcid, benadryl, proviable

Abnormal PE/Chem/CBC/UA Results: UA: pH 6.0, 1+ bilirubin, 20-30 RBCs SG: 1.041

**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 area of the residual prostate was free of pathology.

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 4.8 cm in length. The right kidney measured 4.5 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 2.0 cm length x 0.54 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 1.7 cm length x 0.41 cm width at the caudal pole.

**Spleen**

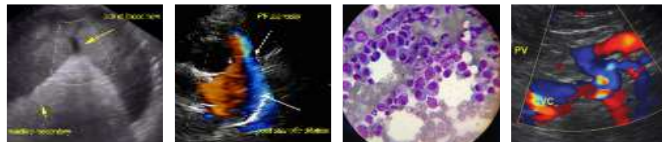
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute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

**Liver/ Gallbladder**

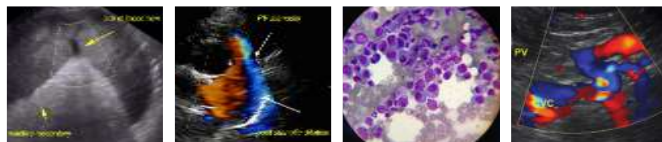
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach presented mild wall thickening owing to mild mucosal hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension was present. A mild amount of retained anechoic fluid was present in the gastric lumen extending into the pylorus. No evidence of retained ingesta or



<b>PATIENT</b>	foreign material was noted. The gastric body wall measured 0.47 cm width. The pylorus wall measured 0.48 cm width.
Chewie Blakesley	
<b>SPECIES</b>	The small intestine presented intact wall layering and primarily maintained 1:3 muscularis/mucosa ratio with subjective propensity for subtly prominent to echogenic submucosa layer. The duodenum wall measured 0.36 cm width. The jejunum wall width measured 0.34 cm.
Canine	
<b>BREED</b>	Normal visible colon wall layers were present with subjective semi-formed feces in lumen.
Mix	
<b>SEX</b>	<b>Pancreas</b> 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.
Neutered Male	
<b>AGE</b>	<b>Free Abdomen</b> No overt lymphadenopathy or peritoneal effusion was present.
8 years	
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
16.2 lbs.	<b>Primary Findings</b>
<b>INTERPRETED BY</b>	<ul style="list-style-type: none"> <li>Gastroenteritis pattern, possible inflammatory bowel</li> </ul>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
<b>IMAGING PERFORMED BY</b>	Potential for microulceration is possible, although overt evidence of significant gastrointestinal mural pathology (masses, loss of intestinal wall layering, or significant ulceration), was not obviously evident. Some degree of metabolic gastric stasis owing to inflammation is likely. Continued supportive care including gastroprotectants, broad-spectrum deworming (Panacur 50 mg/kg PO SID for at least five consecutive days), along with bland limited antigen or hydrolyzed diet is suggested. Some or all of the following protocol may be considered.
Jessica Miller	
<b>HOSPITAL NAME</b>	Although considered unlikely, resting cortisol +/- ACTH stimulation test if resting cortisol is less than 2.0 may be considered to rule out occult Addison's disease, given the gastrointestinal signs and potential for microulceration.
Ringwood AH	
<b>REFERRING VET</b>	A clinical trial of <b>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.)</b> over the next 3 weeks along with a <b>novel-protein or hydrolyzed diet</b> 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.
Dr. Wilkes	
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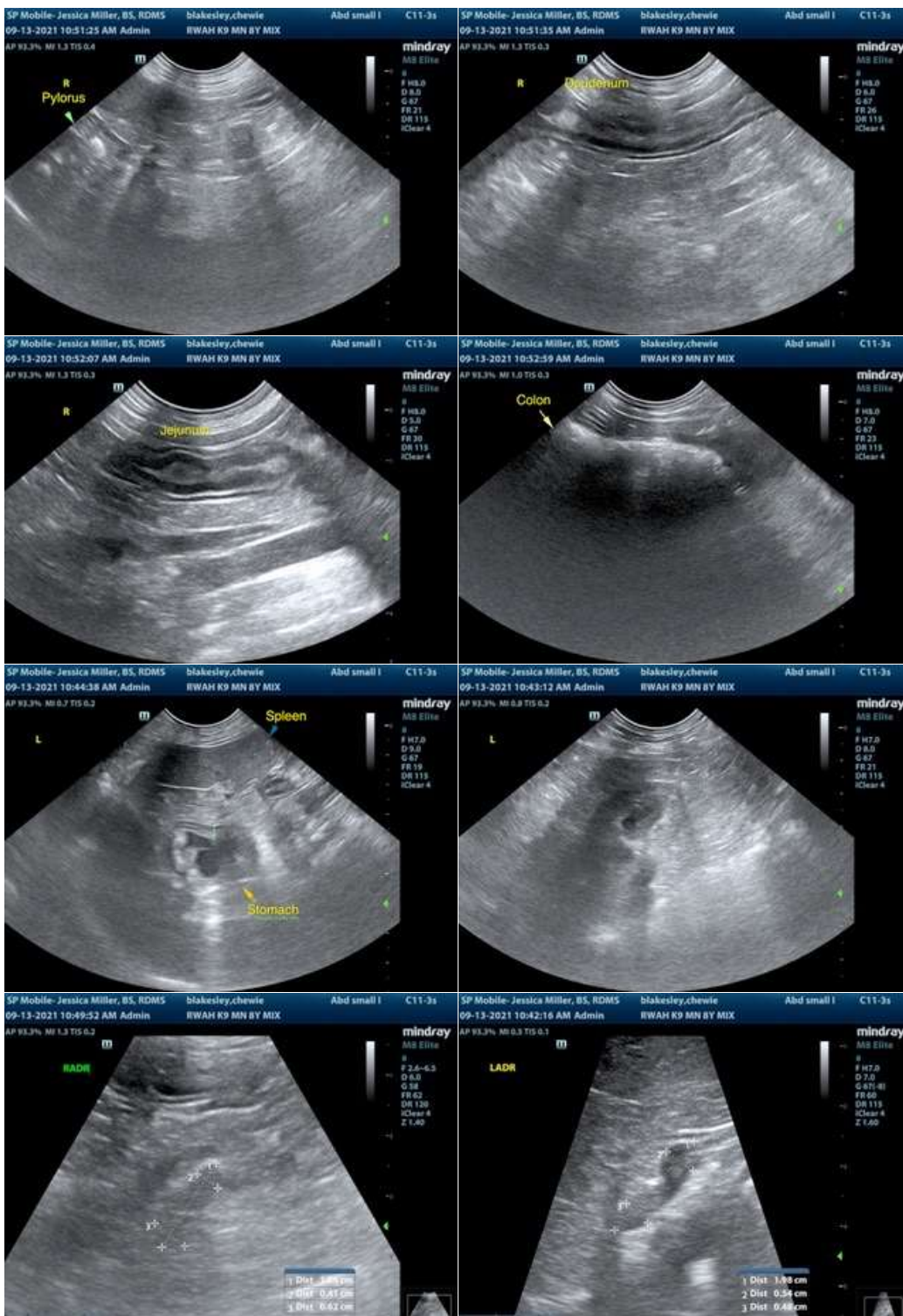
Dr. Wilkes

**INVOICE**

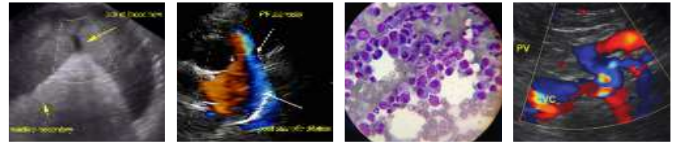
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



**PATIENT**

Chewie Blakesley

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.

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**info@SonoPath.com**

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