



PATIENT PRESENTING CLINICAL SIGNS

Levi Beyer HGE non responsive to Metro

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine Urinary System

Canine

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 were noted.

BREED

Pug

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 4.3 cm. The right kidney measured 4.5 cm.

SEX

Neutered Male

Adrenal Glands

AGE

9 Years

The adrenal glands were not definitively visualized.

Spleen

WEIGHT

20

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

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Jenn

Gastrointestinal

HOSPITAL NAME

Rockaway AH

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present. No evidence of ingesta or foreign material. Gastric body wall measured 0.49 cm.

REFERRING VET

Dr. Maniar

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. Duodenum wall measured 0.43 cm. Jejunum wall measured 0.35 cm.

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Subjective semiformal to soft feces present. Descending colon wall measured 0.32 cm.

INVOICE

25371

Pancreas

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 was evident.

DATE

9/13/21



PATIENT

Free Abdomen

Levi Beyer

Subtle peri intestinal reactive mesentery was present. No evidence of concurrent lymphadenopathy or peritoneal effusion.

SPECIES

ULTRASONOGRAPHIC FINDINGS

Canine

- Gastroenterocolitis

BREED

Pug

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the lack of clinical improvement with Metronidazole, continued as-needed therapy for gastroenterocolitis/HGE including limited antigen or hydrolyzed diet, broad-spectrum deworming, Tylosin trial, high colony count probiotic such as Provable is recommended. If persistent gastrointestinal signs, GI panel to include PLI, TLI, cobalamin and folate +/- resting cortisol to rule out occult Addison's disease may be considered. Ultimately, upper and lower endoscopic biopsies may be considered for further clarification.

AGE

9 Years

WEIGHT

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REFERRING VET

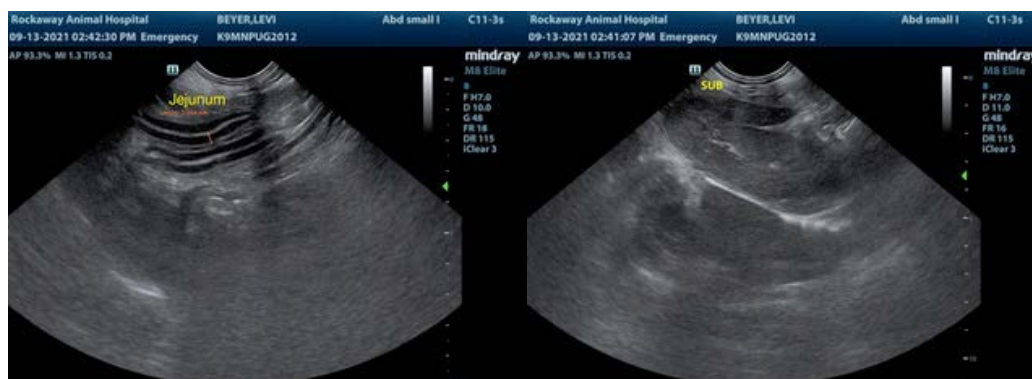
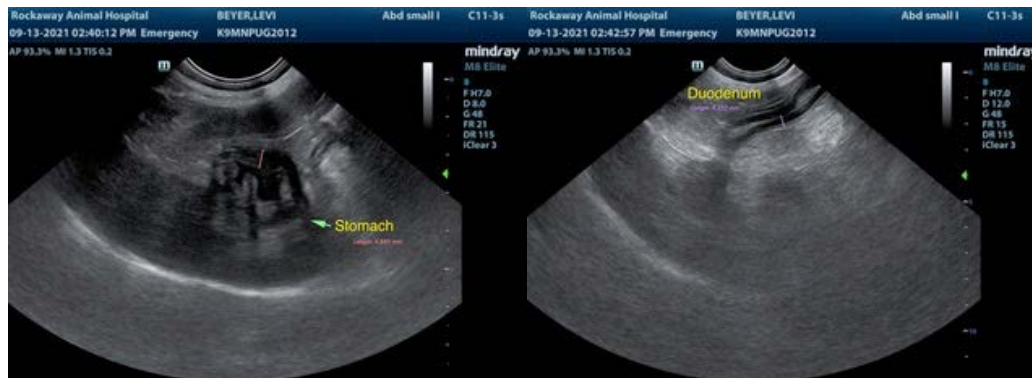
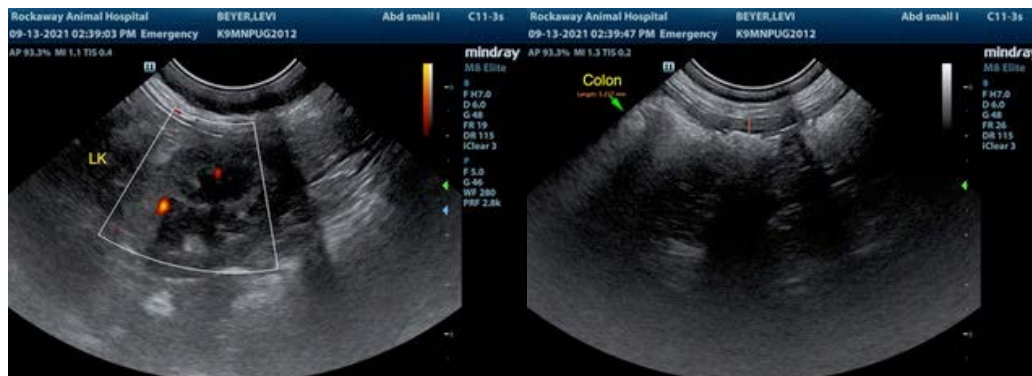
Dr. Maniar

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PATIENT

Levi Beyer

SPECIES

Canine

BREED

Pug



SEX

Neutered Male

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.

AGE

9 Years

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

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20

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