



PATIENT PRESENTING CLINICAL SIGNS

Zinny Rushing

SPECIES

Canine

BREED

Shih Tzu X

SEX

Neutered Male

AGE

3 Years

WEIGHT

4.31 Pounds

P was having vomit and diarrhea for a few days, not wanting to eat or drink, not wanting to walk and use the restroom outside, breathing a lot harder than normal, not acting like his normal self, lethargic for about 9 days, symptoms seemed to get worse over the last few days. Current Medications Metronidazole 0.25 mls by mouth every 12 hours for 7 days
Abnormal PE/Chem/CBC/UA Results: Neg CPL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild particulate, non-dependent sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

No overt pathology in the area of the residual prostate.

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 right kidney measured 3.2 cm.

INTERPRETED BY

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

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.31 cm at the cranial pole and 0.27 cm at the caudal pole. The right adrenal gland measured 0.25 cm at the cranial pole and 0.25 cm at the caudal pole.

IMAGING PERFORMED BY

Jenna Walsh

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.

HOSPITAL NAME

VCA Salem AH

Liver

REFERRING VET

Dr. Giambuzzi

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.

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Gastrointestinal

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The stomach presented intact yet prominent wall layering owing to generalized mild to moderate mucosal hypertrophy. A small amount of retained fluid was present in the gastric lumen. No evidence of retained ingesta, fluid or foreign material.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Intermittent jejunal mucosal speckling was present. No evidence of mechanical gastrointestinal obstruction, foreign material, or structural pathology such as intestinal masses or intussusception.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

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Pancreas

The pancreas was normal in size and contour with uniform mildly hypoechoic parenchyma compared to adjacent omentum.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild particulate urinary bladder sediment
- Gastroenteritis pattern
- Mildly hypoechoic pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

Dietary indiscretion/food intolerance, occult parasitism, inflammatory bowel episode, or inflammatory bowel disease without evidence of significant structural or mural changes may be possible. The mild hypoechoic pancreas was non-specific given the normal cPL and ma indicate normal patient variant. However, Low-grade pancreatic inflammation (which may present essentially sonographically normal) and with normal cPL may be possible.

Supportive therapy for gastroenteritis should prove beneficial in this case. Further assessment may include GI panel to include PLI, TLI, cobalamin and folate, and resting cortisol level to rule out potential for occult Addison's disease. Hospitalization with 24-hour IV fluid and gastrointestinal support (given the patient's inappetence and decreased fluid intake) may prove beneficial. No indication for surgical intervention.

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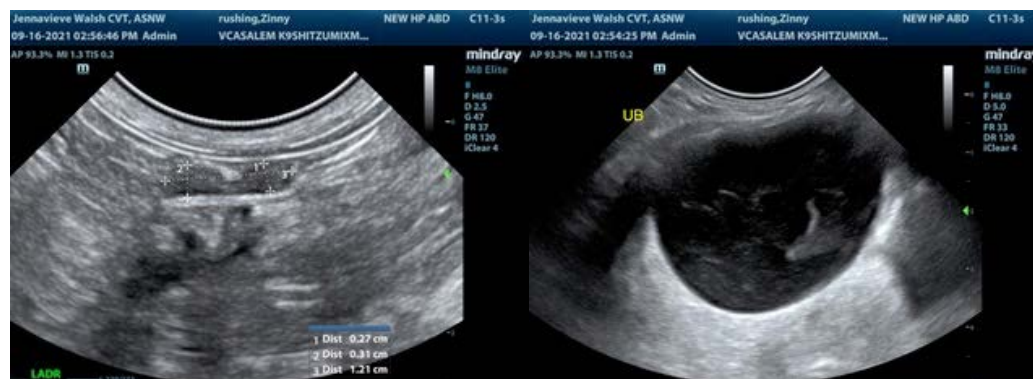
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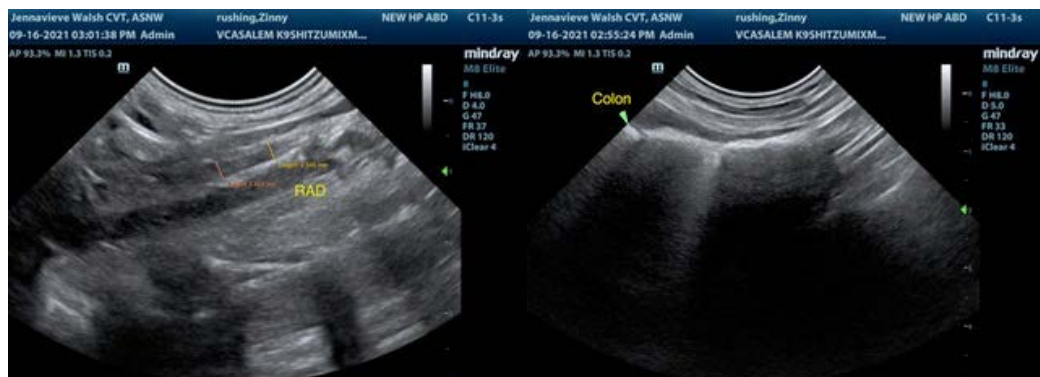
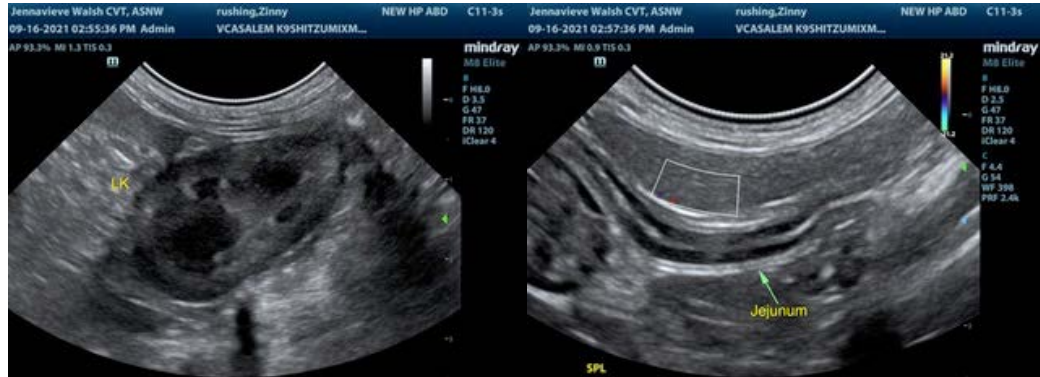
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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