

PATIENT PRESENTING CLINICAL SIGNS

Buster Lowe Chronic (5-6 weeks) history anorexia, slight lethargy. Occasional vomiting. Current Medications Mirtazapine 3.75 mg PO once daily; cerenia 8 mg PO once daily

SPECIES Abnormal PE/Chem/CBC/UA Results: Will email labwork results. BUN was elevated, but creatinine was normal. In house UA was also done, with USG of 1.034, no protein, and inactive sediment.

Canine BUN 109, Creatinine 1.3, Unremarkable CBC

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Poodle Mix *Urinary System*

SEX 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.

MN

AGE

15 Years The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.82 cm in width.

WEIGHT No evidence of pathology in the area of the aortic trifurcation.

10.4 Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.3 cm in length. The right kidney measured 3.5 cm in length.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width at the caudal pole and 0.43 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 0.39 cm width at the caudal pole and 0.38 cm width at the cranial pole.

IMAGING PERFORMED BY

Jenna Walsh

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

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REFERRING VET

Dr. Jones

Liver

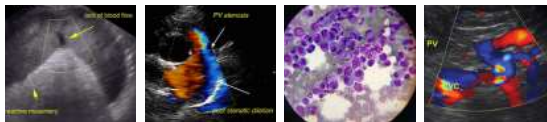
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

INVOICE

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DATE

9-17-21



PATIENT

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Buster Lowe

Gastrointestinal

SPECIES

The stomach presented intact yet mildly subjective prominent wall layering. The stomach was empty with mild luminal gas and no evidence of retained ingesta, fluid, or foreign material. The gastric body wall measured 0.43 cm width.

Canine

BREED

The duodenum exhibited intact yet subjective mild prominent wall layering owing to propensity for mildly prominent duodenum mucosa. The jejunum and ileum to the level of the colon were sonographically unremarkable. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.34 cm width. The jejunum wall measured 0.26 cm width.

Poodle Mix

SEX

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

MN

AGE

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.

15 Years

WEIGHT

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

10.4

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ULTRASONOGRAPHIC FINDINGS

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- Suspect mild gastritis / gastroduodenitis.
- Bilateral moderate chronic renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Overall, largely geriatric abdomen without evidence of significant visceral pathology. Given the patient's anorexia and occasional vomiting, the mild upper gastrointestinal inflammation is suspected although not definitive. Low grade or chronic pancreatitis may be present yet ultrasonographically normal.

Jenna Walsh

HOSPITAL NAME

Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Resting cortisol may be considered to rule out occult Addison's disease, although the bilateral adrenal glands were sonographically unremarkable.

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Pre-renal azotemia is suspected given the urine specific gravity yet continued monitoring of renal parameters is suggested.

Dr. Jones

Three view chest radiographs recommended to rule out occult thoracic or esophageal pathology.

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Some or all of the following protocol may be considered empirically.

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Helicobacter/Gastritis protocol

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**

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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.

SPECIES

Canine

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Poodle Mix

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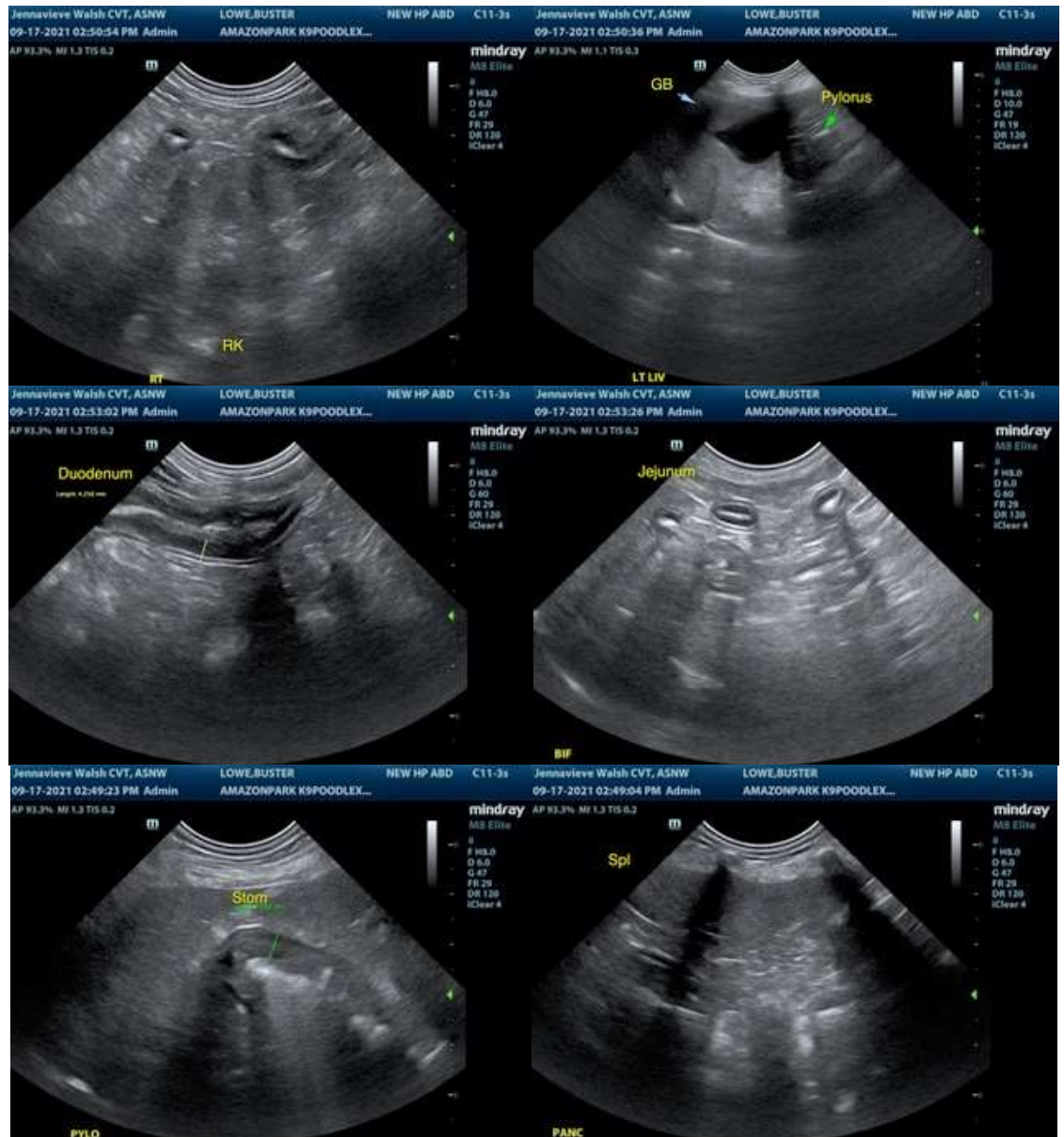
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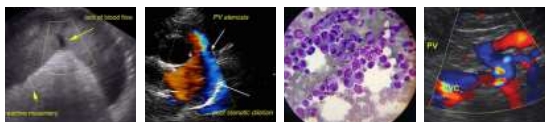
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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