

PATIENT PRESENTING CLINICAL SIGNS

Loki Hand History: 1 week duration lethargy, ADR, abdominal bloating, pain, decreased appetite

SPECIES

Canine

Labs: ALP 371, Cholesterol 423, Triglycerides 555, Precision PSL 89, Unremarkable CBC, Urine Spec grav 1.027, Negative protein and glucose

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Cairn Terrier

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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. No overt pathology in the area of the aortic trifurcation.

SEX

Neutered Male

The area of the residual prostate appeared normal and free of pathology.

AGE

7 years

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 4.1 cm in length. The right kidney measured 3.8 cm in length.

WEIGHT

14.2 Pounds

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.4 cm length x 0.45 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 1.6 cm length 0.49 cm width at the caudal pole.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

Liver

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 mild, non-dependent yet non organized, uniformly echogenic gallbladder debris, primarily in the lumen and gallbladder neck. The cystic duct and common bile ducts were normal without evidence of dilation. No evidence of gallbladder or peripheral inflammation.

HOSPITAL NAME

Eagles Peak AC

REFERRING VET

Dr.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate echogenic, with subtle progressive distal acoustic shadowing ingesta without signs of obstruction or foreign material. The gastric body wall measured 0.37 cm. The pylorus wall measured 0.48 cm.

INVOICE

13199

DATE

9.20.2021



PATIENT

Loki Hand

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 0.34 cm. The jejunum wall measured 0.27 cm.

SPECIES

Canine

The colon was sonographically unremarkable with segmental empty lumen as well as formed feces.

Pancreas

The pancreas base and right pancreatic limb were normal in size and contour with mildly echogenic parenchyma compared to adjacent omentum.

BREED

Cairn Terrier

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

Neutered Male

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mildly echogenic pancreas base and right pancreatic limb
- Gastric ingesta

AGE

7 years

Secondary Findings

- Mild gallbladder debris (non-mucocele)

WEIGHT

14.2 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gallbladder debris may be secondary to fasting or indicate non-clinical cholestasis. An overall obvious source of pain within the abdomen in the study was not overtly evident. The echogenic pancreas may indicate normal patient variant with potential for low grade to chronic pancreatitis. Evidence of active pancreatitis was not present. The presence of gastric ingesta may indicate postprandial presentation, correlation with most recent meal ingestion is recommended, if documented NPO. Some degree of gastric stasis or delayed gastric emptying, if documented NPO, may be considered, however no overt evidence of structural gastrointestinal or mural pathology or mechanical pyloric outflow obstruction noted. Some or all of the following protocol may be considered empirically. Assessment for evidence of musculoskeletal or potential referred abdominal pain suggested if not done.

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Helicobacter/Gastritis protocol

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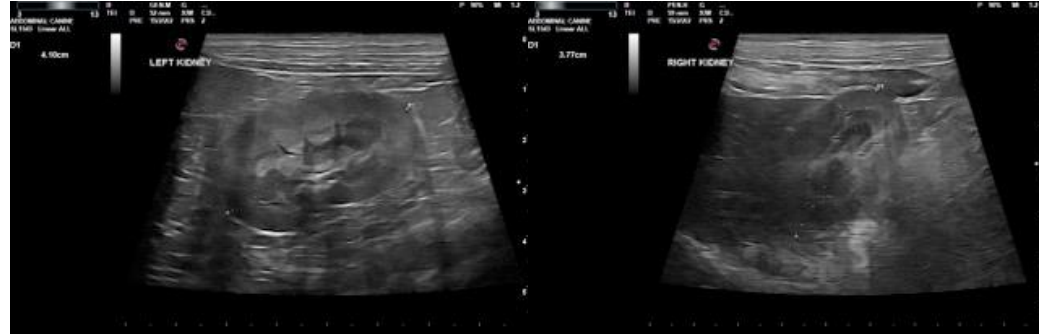
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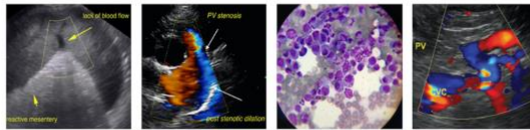
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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