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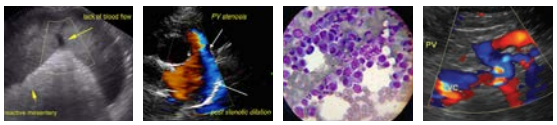


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Trogdor Brandt

SPECIES

Canine

BREED

Pug

SEX

Neutered Male

AGE

4 Years

WEIGHT

18.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

The Veterinary Hospital

REFERRING VET

Dr. Merman

INVOICE

25739

DATE

9/22/21

PRESENTING CLINICAL SIGNS

Was initially seen for marked decrease in appetite and increased lethargy with suspect pain on palpation of cranial abdomen. Radiographs did not show evidence of obstruction or abnormal masses, and labwork was unremarkable. Patient was treated with supportive care (cerenia, fluids) and pain management (buprenorphine injection). Owner was sent home with probiotics, gabapentin, and omeprazole/carafate. Appetite significantly improved after a few days, but P continued to exhibit signs of discomfort (lethargy, reluctance to move/jump). Pet was then seen for cough/flare-up of bronchitis. Short-course of doxycycline showed significant improvement. O is still seeing signs of discomfort. P is very hesitant to jump and showed continued muscle trembling. O notes improvement on gabapentin but when it starts to wear off, P becomes painful again. 1. Hesitation on ROM exercises in pelvic limbs, mild discomfort on palpation of lumbar spine, normal ROM in cervical spine 2. Continued discomfort at home (trembling and hesitant to jump or run) 3. Appetite improved since supportive care 4. Cough resolved since antibiotic course (2 days left) 5. Hesitation to defecate, seems uncomfortable when posturing, normal stool quality 6. Otherwise no changes on exam Current Medications Doxycycline (50 mg BID), Gabapentin (100mg TID PRN), Carafate (1/2 gm TID), Omeprazole, Proviable
Abnormal PE/Chem/CBC/UA Results: Labs obtained 9/11 and 9/14. Normal both times.

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 were noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture. The prostate measured 0.85 cm in width.

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 4.1 cm. The left kidney measured 4.3 cm.

Adrenal Glands

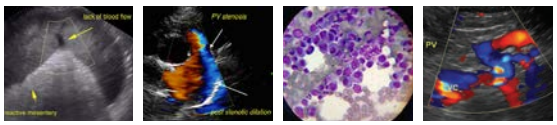
The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.8 cm length x 0.32 cm at the caudal pole. The right adrenal gland measured 1.7 cm length x 0.44 cm at the caudal pole.

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

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



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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 intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

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.

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

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

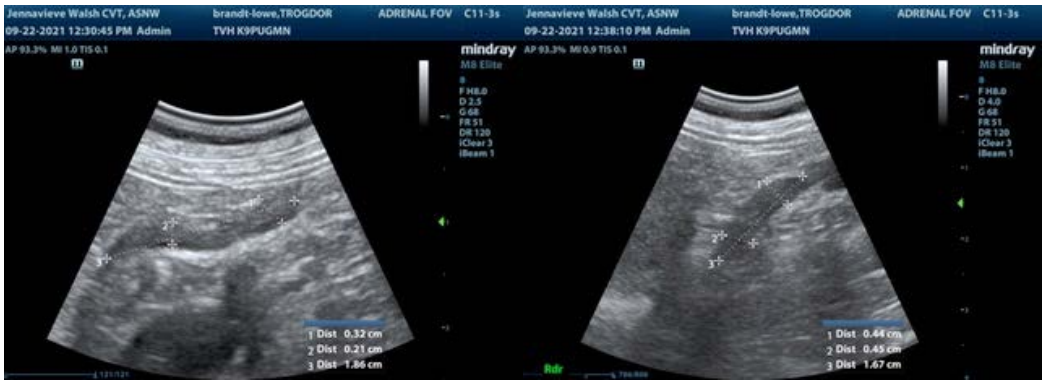
ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable abdomen
- Mild gastric ingesta

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral pathology, specifically no evidence of gastrointestinal mural pathology or sonographic evidence of pancreatitis. Potential for low-grade or chronic pancreatitis may be present, yet ultrasonographically normal. The presence of gastric ingesta is non-specific, yet may indicate recent meal ingestion. If documented NPO, potential for some degree of metabolic gastric hypomotility or stasis may be considered.

Correlation with a spec cPL (if not done) is recommended. Continued as-needed gastrointestinal support indicated.



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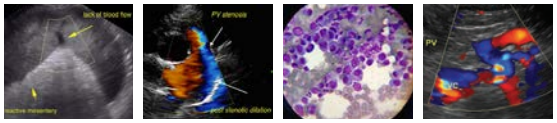

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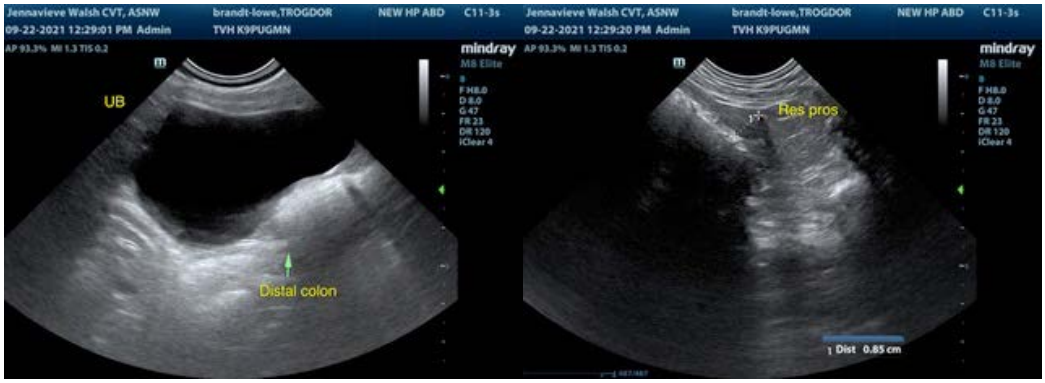

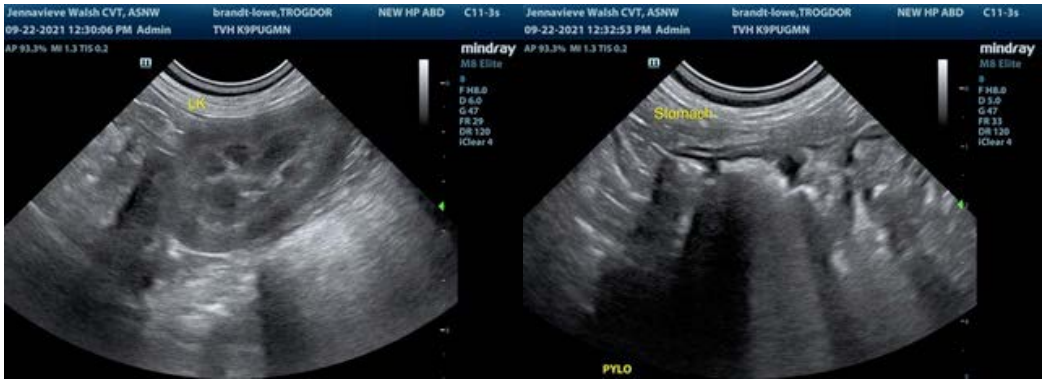

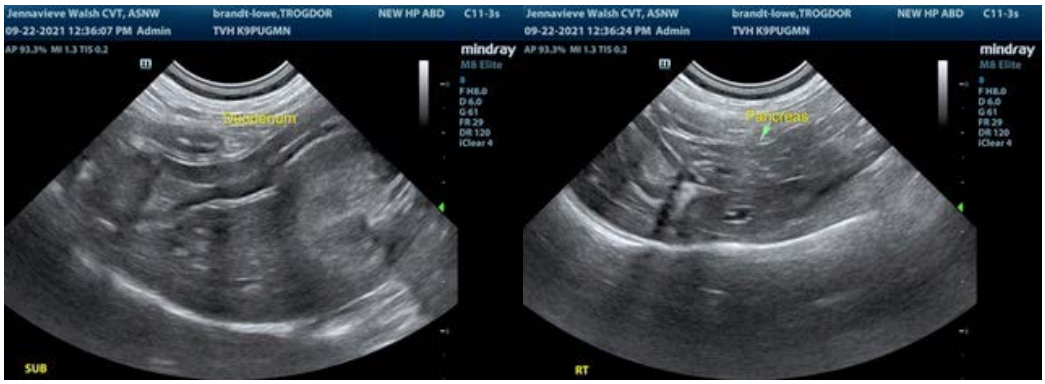

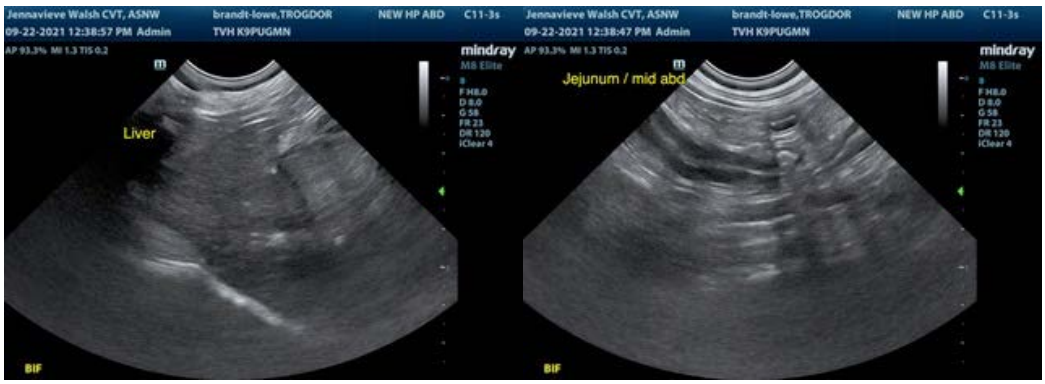

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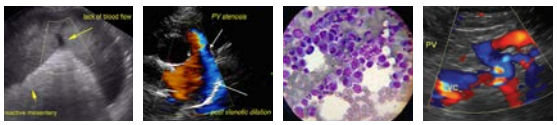

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com