



PATIENT

Arthur Wagner

PRESENTING CLINICAL SIGNS

History: Chronic vomiting for life

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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 was noted.

BREED

Boston Terrier

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.61 cm in diameter.

SEX

Neutered Male

The area of the aortic trifurcation was free of pathology.

AGE

3 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 5.1 cm in length. The right kidney measured 4.8 cm in length.

WEIGHT

28 Pounds

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.50 cm width at the caudal pole and 0.51 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 0.54 cm width at the caudal pole and 0.47 cm width at the cranial 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/ Gallbladder

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.

HOSPITAL NAME

Stanglein VC

REFERRING VET

Dr. Rothrock

INVOICE

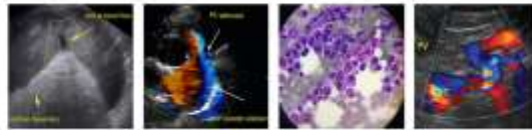
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Gastrointestinal

The stomach exhibited intact yet subjective mild prominent wall layering. The lumen of the stomach was empty with mild luminal gas without evidence of retained ingesta, fluid, or foreign material. The pylorus wall width measured 0.48 cm. The gastric body wall width measured 0.50 cm.

DATE

9.29.2021



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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 width measured 0.34 cm. The jejunum wall width measured 0.27 cm.

SPECIES

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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 were evident.

BREED

Boston Terrier

Free Abdomen

SEX

Neutered Male

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

AGE

3 years

Primary Findings

- Empty stomach with mildly prominent yet intact wall layering
- Sonographically unremarkable small bowel and pancreas

WEIGHT

28 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal abdomen without evidence of significant visceral, specifically gastrointestinal, pathology. Considerations in this case may include dietary Intolerance / food hypersensitivity, mild gastritis, or structurally insignificant inflammatory gastric or gastrointestinal process.

INTERPRETED BY

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

Endoscopic upper gastrointestinal biopsies may be considered for a definitive diagnosis or further clarification. Thoracic radiographs are suggested to rule out occult thoracic or esophageal pathology as a potential cause of the chronic vomiting. Empirically, some or all of the following protocol may be considered +/- empirical deworming.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

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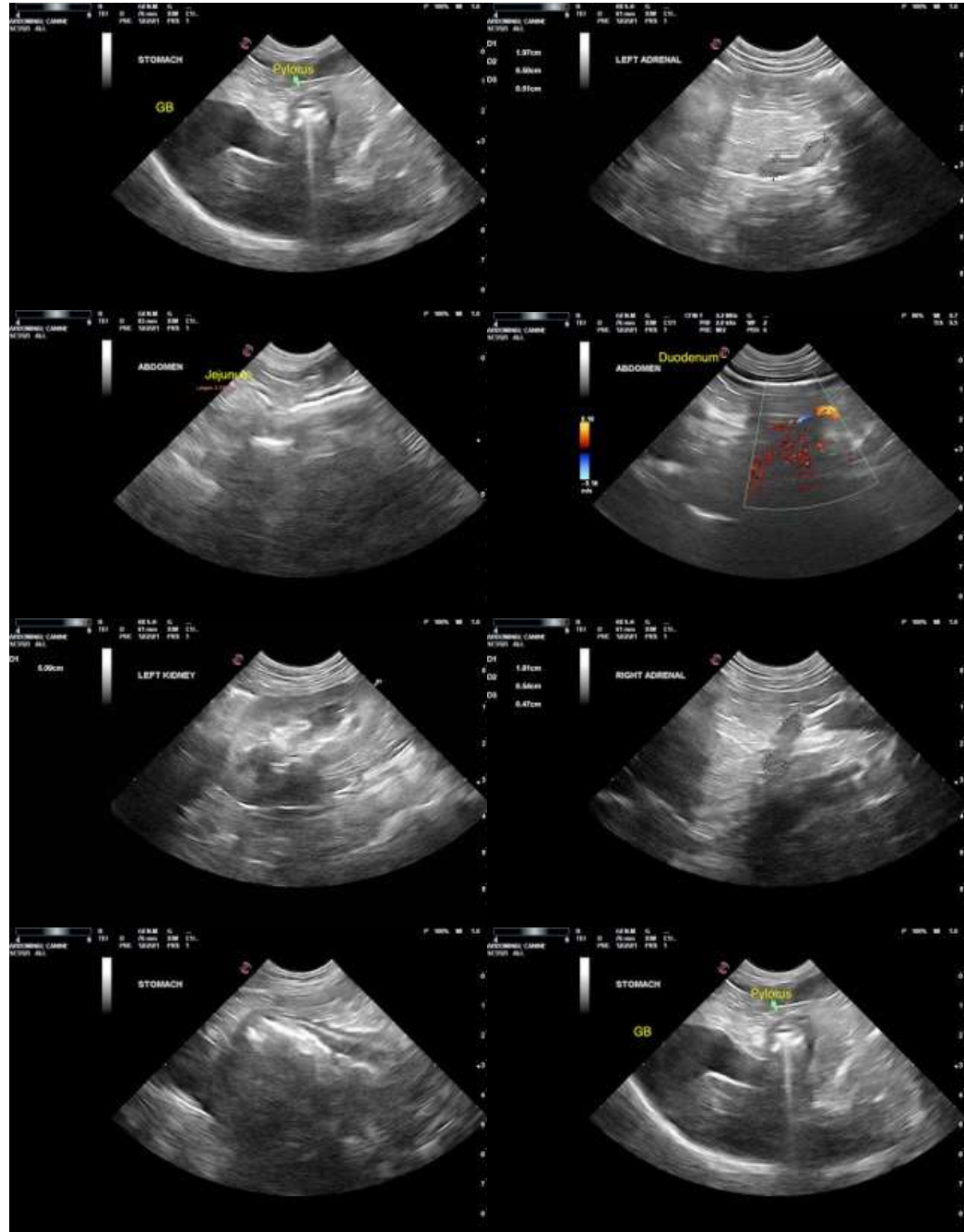
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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