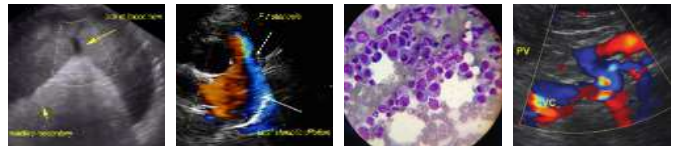


PATIENT	PRESENTING CLINICAL SIGNS
Delilah Henry SPECIES Canine BREED Cavalier King Charles Spaniel SEX FS AGE 8 Years WEIGHT 9 kg	<p>S: Delilah, an 8-year old FS CKCS, presented as a transfer from her pcdvm (Kulshan) where she was initially worked-up and stabilized for a 72-hr history of anorexia which progressed to vomiting and hematochezia over last 24-hrs. On presentation to KVH she was hypothermic and overall dull and depressed. Admitting labs found a profound neutrophilic leukocytosis (33k, 51k), lymphocytosis (16k), hemoconcentration (62%), mild ALP elevation (194), mild hypocalcemia (8.3), and hyperphosphatemia (7.5). A UA found TNTC RBC, WBC, rods, USG: 1.045 - a culture/sens is pending. A SNAP cPL was abnormal. Whole body rads showed no obvious foreign bodies or obstructive patterning; mild cardiomegaly and no evidence of pulmonary edema. She was started on IVF, cerenia, unasyn, and metronidazole. She transfer with patent IVC, remaining IVF, and remaining unasyn. As consistent with breed, Delilah has a history of MVD and takes vetmedin 2.5 mg PO Q 12 (she has not had it for 3 days however due to the anorexia).</p> <p>Abnormal PE/Chem/CBC/UA Results: O: T = 100.0 F, P = 100 bpm, R = 26 min. Wt.: 9.0 kg BCS: 5/9 Hydration: adequate to mild dehydration, est. << 5% Mentation: QAR, very sweet and friendly MM/CRT: pink, moist, 2-3 EENT: clean, clear, free of debris; no cough on tracheal palpation; mild dental disease H/L: rate/rhythm WNL, grade 5/6 murmur, no arrhythmias; eupneic, no crackles or wheezes, BV sounds WNL all 4 quadrants CV: femoral pulses strong and synchronous with HR, extremities warm Abd: tense with mild discomfort, no overt organomegaly, no fluid wave PLN: small, symmetrical, no peripheral lymphadenopathy appreciated Ms: ambulatory x 4, no appreciable lameness, no long bone pain or joint crepitus, MCS: 1/4 Neuro: mentation appropriate, full exam not performed - no CN deficits, no CP deficits, no pain on spinal palpation, positive anal tone Integ: IVC RF, clean and healthy haircoat, no external parasites Ug: NSF Rectal: not performed, hematochezia on probe sleeve Pain: 0-1/4 A: -open for anorexia 72 hrs, vomiting + hematochezia 24 hrs, marked WBC elevated (51k), mild ALP (194), dehydration, abnormal cPL, UTI - r/o pancreatitis v. AHDS v. extra-GI cause (neoplasia) -historic MVD - stable on vetmedin -historic auditory deficits P: discussed with family (Michele) continued care plan for overnight, cautious continued rehydration, continued injectable antibiotics, anti-emetics, and analgesic, and tempting to eat overnight. advised that appetite and ability to transition to oral medications will be goals for discharge. -Recheck PCV/TP: 51%/5.0 -IVF LRS @ 25 mL/hr, reduced to 15 mL/hr (maintenance in AM) -unasyn 22 mg/kg IV Q 8 -metronidazole 10 mg/kg IV Q 12 -pantoprazole 1 mg/kg IV Q 24 -buprenorphine 0.02 mg/kg IM Q 8-12 PRN (not repeated overnight) -vetmedin 2.5 mg PO Q 12</p>
INTERPRETED BY	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<p>Urinary System</p> <p>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.</p> <p>No evidence of pathology in the area of the aortic trifurcation.</p> <p>Normal size and margination was 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 5.6 cm in length.</p>
IMAGING PERFORMED BY	Adrenal Glands
Dr. Callihan/Animal Emergency Care	<p>The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.0 cm length x 0.47 cm width at the caudal pole. The right adrenal gland</p>
HOSPITAL NAME	
Animal Emergency Care	
REFERRING VET	
Dr. Drummond/AEC	
INVOICE	
47324	
DATE	
9-5-21	



PATIENT	was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.2 cm length x 0.49 cm width at the caudal pole.
Delilah Henry	
	<i>Spleen</i>
SPECIES	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.
Canine	
	<i>Liver/ Gallbladder</i>
BREED	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.
Cavalier King Charles Spaniel	
	<i>SEX</i>
FS	The gallbladder was non distended in size with minor echogenic, nonmineralized gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.
	<i>Gastrointestinal</i>
AGE	The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall measured 0.62 cm width. Mild gastric distension with minor retained anechoic fluid was present. No evidence of retained ingesta or foreign material.
8 Years	
	<i>WEIGHT</i>
9 kg	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 jejunum wall measured 0.45 cm width and the duodenum wall measured 0.48 cm width.
	<i>INTERPRETED BY</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The colon exhibited sonographically unremarkable walls with generalized distension containing liquid feces consistent with diarrhea.
	<i>Pancreas</i>
IMAGING PERFORMED BY	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.
Dr. Callihan/Animal Emergency Care	
	<i>Free Abdomen</i>
HOSPITAL NAME	Focal, mildly prominent to enlarged intermittent mesenteric lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 0.58 cm width.
Animal Emergency Care	
	<i>REFERRING VET</i>
Dr. Drummond/AEC	No overt peritoneal effusion was present.
	ULTRASONOGRAPHIC FINDINGS
INVOICE	<ul style="list-style-type: none"> • Gastroenterocolitis pattern with mild metabolic gastric stasis and generalized colon distension with non-formed feces (consistent with diarrhea). • Minor gallbladder debris - likely incidental possibly owing to fasting. • Minor mesenteric lymphadenopathy - lymphoid hyperplasia or minor reactive lymphadenitis.
47324	
	DATE
9-5-21	



PATIENT

Delilah Henry

SPECIES

Canine

BREED

Cavalier King Charles Spaniel

SEX

FS

AGE

8 Years

WEIGHT

9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Callihan/Animal
Emergency Care

HOSPITAL NAME

Animal Emergency
Care

REFERRING VET

Dr. Drummond/AEC

INVOICE

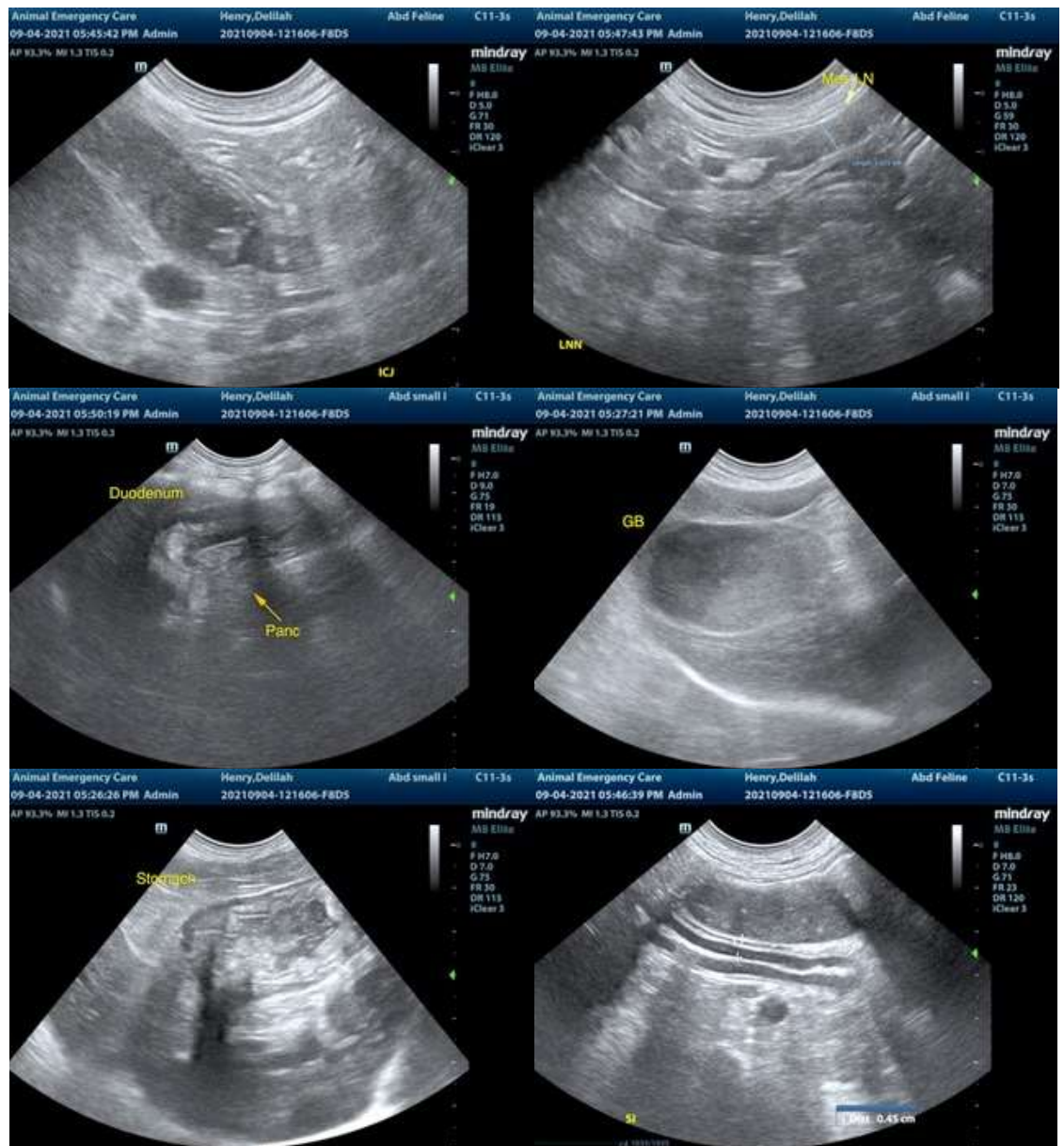
47324

DATE

9-5-21

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care for gastroenterocolitis should prove beneficial. Dietary intolerance/food hypersensitivity, dietary indiscretion, occult parasitism, or underlying inflammatory bowel process, without evidence of mural changes possible, if persistent or recurrent gastrointestinal signs.





PATIENT

Delilah Henry

SPECIES

Canine

BREED

Cavalier King Charles
Spaniel

SEX

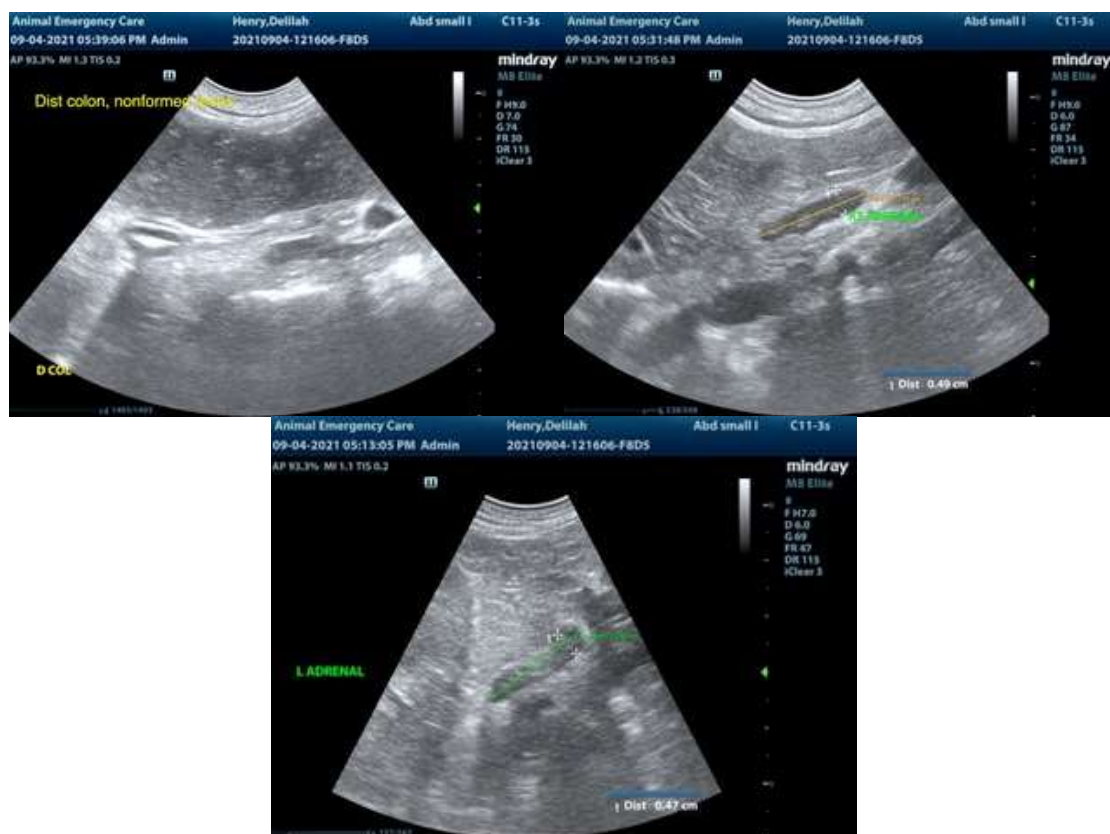
FS

AGE

8 Years

WEIGHT

9 kg



INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Callihan/Animal
Emergency Care

HOSPITAL NAME

Animal Emergency
Care

REFERRING VET

Dr. Drummond/AEC

INVOICE

47324

DATE

9-5-21

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