


PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Obi Levine

I am very unsure of what causes these episodes. He doesn't eat anything abnormal that would cause this, nor does he start acting in any way out of the normal from his everyday attitude or routine that would signal that an episode is coming. There are no warning signs of when this may happen. It can happen lk the middle night while he's sleep, or in the middle of one of our everyday walks. Out of the blue, he'll begin to do what I describe as a hiccup gag. He does this as he goes around the house acting as a vacuum cleaner, meaning that he eats LITERALLY everything in sight and sucks in a bunch of air. (Towels, the door, his tail, his bed, etc.) Once he starts doing this, he becomes very bloated. Also, as he is hiccup gagging it seems like it's hard for him to breath properly. When he is having, an episode, I can tell that he is in a lot of pain. He tends to whine, and moan. Often, you can also hear his stomach gurgling during these times. I make a point to keep him in an empty kitchen this way he only takes in the dirt and hair on the ground. He'll typically throw up his food, undigested (whole) and then continue with the vacuum cleaner like tendency. He'll also take in a lot of water and just throw it all up. Once there's nothing left on his system, he'll hack up some saliva and throw up white foamy bile. This typically last for about 4-6 hours before he'll calm down. Once the bad part of the episode passes, he'll continue to do the hiccup gag and have smaller episodes for a couple of days to a week before he's back to being normal.

SPECIES

Canine

BREED

Basset Hound Mix

SEX

MN

AGE

2 Years, 8 Months

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Neel Veterinary
Hospital

REFERRING VET

Dr. Kishore

INVOICE

56773

DATE

2-15-23

When an episode happens, I'll give him trazadone and gabapentin as instructed by Dr. Delmas. They don't normally do any good because he throws this up whole within the next 15mins. Daily, he is fed HP Royal Canin in small doses with a snuffle mat with Reglan, gas-x, omeprazole, and a tablespoon of pumpkin. 2/14/23 Obi presented for evaluation of continued gagging. On presentation, he is bright and alert with normal vitals, though is dry heaving and it gets worse as you palpate the laryngeal region (no obvious foreign bodies.) You delcined radiographs and diagnostics today in favor of continuing symptomatic treatment until his scope consult on Wednesday. He was given an antinausea injection that lasts for ~24 hours, and a pain/mild sedative injection that will last 4-6 hours. Please feed a bland diet and areturn for furthr diagnostics if symptoms worsen. Thanks for letting us care for Obi today! Sincerely, Dr. Grace Fozdar
Primary Complaint: Ultrasound Consult
Organs of Interest: Sedation (Patient did not receive sedation for this exam), US type (), Main abdominal organs of concern (GI Tract)
Patient History: Clinical signs summary (Pt presented for possible foreign body. Pt has a history of foreign bodies, generally passing them, but has had one foreign body surgery. 2/5 pt had an episode of gagging, vomiting, and pt has been whining as if in pain. Pt vomited up a washcloth today and defecated part of one last night. Pt vomited water and phlegm this morning. Pt did eat today and kept it down. Previous differentials was Addison's.)
Physical Exam: Summary of PE findings (PE in progress.), Patient attitude/demeanor (patient demeanor- anxious)
Treatment: Tx Plan (No current treatment plan)
Additional Concerns: Additional information ()
ABDOMINAL ULTRASOUND February 7, 2023: 59 still images and 6 cine loops are available for interpretation.
COMPARISON: July 20, 2022. FINDINGS: ‡Liver: The liver is normal in echogenicity and echotexture with adequate distinction of the portal markings and without evidence of nodules or masses. ‡Gallbladder: The gallbladder is physiologically distended containing anechoic fluid. The gallbladder wall is normal in thickness. ‡Spleen: The spleen is normal in echogenicity and echotexture without evidence of nodules or masses. ‡Pancreas: The pancreas is normal in size, echogenicity, and echotexture. ‡Stomach: The stomach is contains gas. No foreign material is noted. Gastric wall thickness and layering is normal. Pyloroduodenal junction is normal. ‡Duodenum: The duodenum is nondistended containing gas. Duodenal wall thickness and layering is normal. No foreign material is noted. F2: F: 405-947-8396 1 of 2 Q:7R:7 1-800-726-1212 9200 SE Sunnybrook Blvd., Suite 460 Clackamas, OR 97015 IDEXX Telemedicine Consultants P: 405-947-8387 ext 4 Oklahoma City, OK 73127 2700 N. MacArthur BLvd Neel Veterinary Hospital Grace Fozdar, DVM Requested By: Do you have feedback on this report? We want to hear from you. Visit <http://www.vetmedstat.com/survey>. Report provided by: re: Obi



PATIENT

Obi Levine

Levine (163536-1) ‡Small intestine: The small intestine is nondistended containing echogenic fluid and gas. The wall thickness and layering is normal. ‡Colon: The colon contains gas and shadowing content (compatible with feces). Colonic wall thickness and layering is normal. ‡Kidneys: The right and left kidneys are normal in echogenicity and has adequate corticomedullary distinction with an outer medullary echogenic rim that is often incidental. The right renal pelvis is non-distended. ‡Left adrenal: The left adrenal gland is normal in size and shape. ‡Right adrenal: The right adrenal gland is normal in size and shape. ‡Urinary bladder/Prostate: The urinary bladder contains a mild amount of suspended echogenic nonshadowing debris. The region of the prostate is unremarkable. ‡Lymph nodes: The abdominal lymph nodes are normal in size, shape, and echogenicity. ‡Peritoneal space: The peritoneal space is otherwise normal without evidence of effusion or reactivity. ‡Other: No other abnormal findings are detected. CONCLUSIONS: 1. The gastrointestinal tract is unremarkable. There is no evidence of a gastrointestinal foreign body and/or a mechanical obstruction. 2. Mild urinary bladder debris (e.g. cells, proteins). RECOMMENDATIONS: Recheck abdominal ultrasound or abdominal radiographs could be performed if clinically indicated. Urinalysis could be also considered. David Suarez-Fuentes, DVM, DACVR Obi presented for evaluation of vomiting and gagging and potential pain after having vomited up and defecated parts of a fabric item. On presentation, he was bright and alert, no obvious palpable foreign body, though patient did randomly start heaving at one point (non-productive.) You wanted to jump right to ultrasound based on his history and prior recommendations, and there was no slam dunk evidence of a foreign body, though there was some evidence of material in the stomach and potentially thickened intestine (this was seen on last ultrasound as well.) We discussed aggressive treatment with hospitalization, versus conservative treatment with subcutaneous fluids and anti/nausea meds and pain meds. Please continue his antacids and therapeutic diet as previously prescribed. You chose conservative management, though were interested in pursuing the testing that was previously recommended and discussed. We discussed scheduling a scope for sampling to confirm/deny h. pylori and visualize the gastric mucosa, though even if he is positive and treated for h. pylori many patients are recolonized within a short period. Based on the results of his tests, longterm hydrolyzed protein diets (or trying ultamino, which is even less allergenic) and antacids may be beneficial. Please monitor for continued vomiting through cerenia, as he needs to be re-evaluated immediately if seen. Thank you for letting us care for Obi today... please do not hesitate to call with any further questions! Dr. Grace Fozdar

SPECIES

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COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, NECK, THORAX, & ABDOMEN

Plain and post contrast studies available for review.

REFERRING VET

Dr. Kishore

COMPUTED TOMOGRAPHIC FINDINGS

Head

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The brain presents no deviation from normal anatomy and symmetry. The grey and white matter distinction and the neuroparenchymal attenuation are as expected. The distribution of contrast enhancement is within normal limits throughout the parenchyma and meninges. The ventricular system is non-dilated and within the limits of the expected volume and symmetry.

DATE

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Thin and smoothly folded conchae and turbinates with even smooth mucosal lining. The osseous lining of the nasal cavities is intact.

Both temporomandibular joints present congruent joint spaces with even subchondral bone



PATIENT surfaces and are considered within normal limits.

Obi Levine Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external auditory meatuses present within normal limits.

SPECIES The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

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The salivary glands present within normal limits.

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The visible dentition is within normal limits.

Basset Hound Mix

Neck

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Number and alignment of the cervical vertebrae present within normal limits.

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The axial musculature presents within normal limits.

The cervical lymph nodes and thyroid glands present within normal limits.

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Thorax

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The bony and surrounding soft tissue structures are within normal limits.

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The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern are uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

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The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior.

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Dr. Kishore

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

Abdomen

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A small intraabdominal lipoma is seen in the right ventral cranial abdomen.

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The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

DATE

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

2-15-23

The adrenal glands are within normal limits for size, shape and organ architecture.



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Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

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The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

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The stomach is mildly dilated and contains a mild amount of fluid as well as a moderate amount of gas. Mild generalized wall thickening of the stomach appears to be present. The maximum interrugal fold thickness is 5mm in a mildly dilated state. No significant loss of wall layering, and no evidence of a discrete soft tissue mass is seen.

The epigastric lymph nodes present within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

SEX

MN

- Suspect gastropathy
- Normal CT presentation of the head, neck, and thorax.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The CT findings suggest potential for gastropathy with gastritis being considered most likely. There is no evidence of a soft tissue mass and infiltrative disease appears unlikely based on the CT findings. However, further definition by means of gastrointestinal endoscopy with sampling for histology is recommended and has been discussed with the owners already.

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No structural disease of the small intestine was found even though this does not rule out inflammatory/infectious and less likely infiltrative disease.

The mesenteric lymph nodes present within normal limits. There is no evidence of gastrointestinal ileus or subileus.

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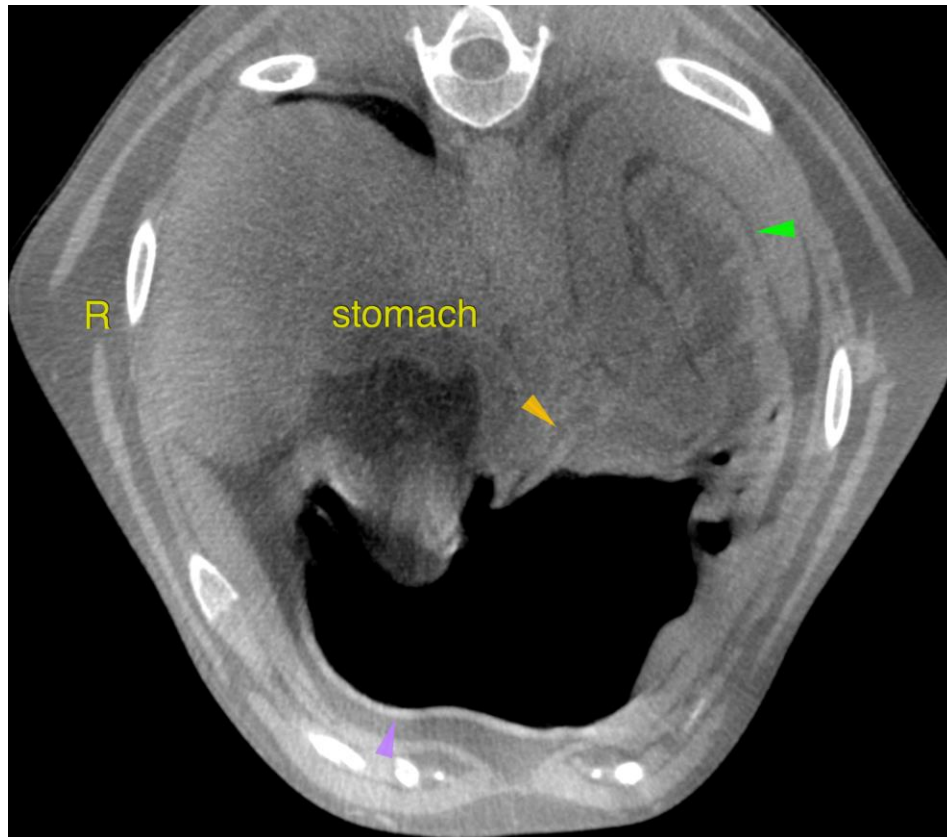
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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