

PATIENT PRESENTING CLINICAL SIGNS

Khaleesi Birkhead
SPECIES History: Chronic vomiting upset stomach issue. 8/7/23 vomited food and then bile. Odiferous belches (sewer gas). 2 weeks prior had vomiting and diarrhea and UTI. Resolved. Has episodes twice a year of upset stomach / vomiting. Last heat was 3 weeks ago. Currently a rumbly stomach, not eating food but grass. Will stop rumbling if she eats anything. Last meal 6pm last night.

Canine

BREED

Abnormal PE/Chem/CBC/UA Results: PE: Sclerosis on lenses normal for age. Stage II dental disease with some gingival hyperplasia, Pale pink mucus membranes. No pain on abdominal palpation. Normal, healthy 9-year-old GD exam. Diarrhea when here today. UA: Chem, CBC, cPL, BNP, Thyroid, Fecal are pending.

Great Dane

SEX

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Intact Female

Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

AGE

8 years, 10 mos

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

WEIGHT

107 lbs

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

INTERPRETED BY

Remo Lobetti, BVSc,
MMedVet (Med),
PhD, Dipl. ECVIM

Normal renal size (left kidney 6.90 cm) (right kidney 4.80 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

IMAGING PERFORMED BY

Carissa Rhoades

Adrenal Glands

Normal shape, echogenic appearance, size (left 2.42 cm in length x 0.73 and 0.49 cm in width) (right 1.23 cm in length x 0.52 cm in width), position, and appearance of the visible peri-renal vasculature.

Reproductive System

Uterus and ovaries not visualized.

HOSPITAL NAME

Elizabeth AH

Spleen

Normal size (measuring 2.50 cm) and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

REFERRING VET

Leon Anderson, DVM

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

INVOICE

14035

Gallbladder

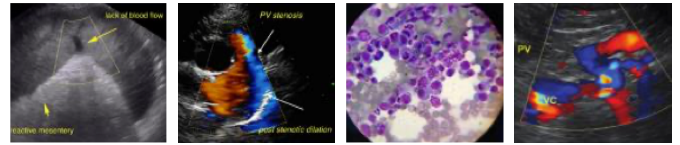
The gallbladder is full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

DATE

8.10.23

Gastrointestinal

Normal appearance of the stomach, duodenum, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. Normal thickness of the small intestine, with no loss of layering, but an increased muscularis: mucosa ratio, normal peristaltic activity and no distention of the lumen.



PATIENT *Pancreas*

Khaleesi Birkhead

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SPECIES *Free Abdomen*

Canine

Normal mesenteric lymph nodes.

BREED

Great Dane

No ascites evident.

SEX

Thorax

Slow heart rate with poor contractibility. No pleural or pericardial effusion evident.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Enteropathy

Secondary Findings

- None

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the enteropathy would be inflammatory bowel disease, parasitic enteritis, and dietary hypersensitivity, with emerging lymphoma a highly unlikely differential diagnosis.

The appearance of the heart is most likely secondary to the sedation used for the ultrasound.

Further assessment needs to be based on the pending results but could include cobalamin assay and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management would be feeding a novel protein/hypoallergenic diet, course of Fenbendazole, cobalamin supplementation, and possibly prednisolone.

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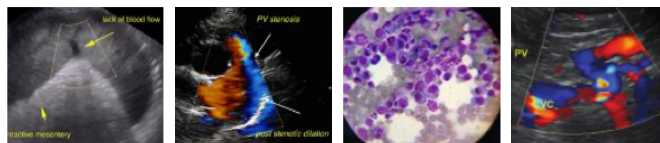
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SPECIES

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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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)
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