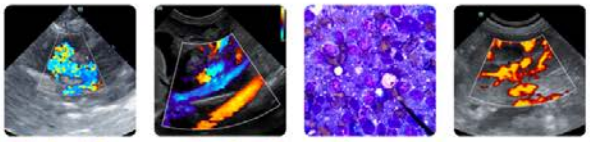


PATIENT

Micky Dobre

SPECIES

Canine

BREED

Bichon

SEX

Intact Male

AGE

5 Years 6 Months

WEIGHT

14 lbs 14 oz

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Dr. Tudor Suciu

HOSPITAL NAME

Animal Clinic of Queens

REFERRING VET

Dr. Michael Wasseif

INVOICE

74200

DATE

4/4/26

PRESENTING CLINICAL SIGNS

Diarrhea with blood for 4 days, last episode today. Vomiting for 4 days (initially pink, yesterday pink liquid), last episode yesterday. Anorexia x 4 days. Not a chewer.

Abnormal PE/Chem/CBC/UA Results: Chem WNL CBC: high hemoglobin (21.4), hematocrit at high end of normal (61.7%), mild leukocytosis (16.92), with neutrophilia (14.31)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. No masses, calculi or mucosal irregularities are noted.

The prostate is not distinctly visualized, likely due to its intrapelvic location.

Both testes are visualized and exhibit normal architecture with no evidence of inflammation or other pathology.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The kidneys measured 4.3 cm each.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. Left measures 3.4 mm at the cranial pole and 4.2 mm at the caudal pole. Right measures 3.8 mm at the cranial pole and 3.8 mm at the caudal pole.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

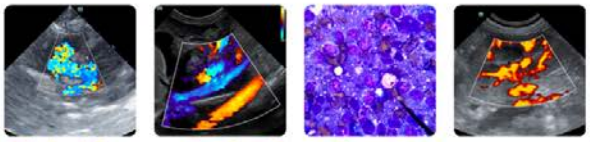
Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents and a small amount of freely-moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is moderately distended with gas and fluid. The stomach wall measures 3.1 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is not clearly visualized.



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The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal. There is a small amount of chyme seen within segments of small bowel, but the small bowel population is predominantly empty.

The visible portions of the colon are of normal thickness (1.2 mm) with intact wall layering. The ileocecal junction appears normal.

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is no free fluid noted within the abdomen. There is hyperechoic, inflamed omental fat noted in the region of the stomach and mesentery. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Fluid-dilated stomach and empty small bowel
- Steatitis in the region of the stomach & mesentery, consistent with gastroenteritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no definitive explanation for the patient's clinical signs on today's ultrasound. The clinical history is typical of acute hemorrhagic diarrhea syndrome. Recommendations include:

- Continued supportive care with fluid therapy, probiotic therapy, gastroprotectants, anti-emetics and a bland diet.
- Testing for parvovirus, particularly if unvaccinated.
- The use of antibiotics in the treatment of AHDS is debated. If the patient is febrile, or not responding to supportive care, then antibiotic therapy such as amoxicillin-clavulanic acid could be considered.

There is no visualized obstruction in the gastric outflow tract, but given the fluid-dilated stomach and largely empty small bowel the possibility of an obstruction in this region is not excluded - if signs persist and no other cause can be found, the abdominal exploratory should be considered, for GI biopsies and to completely rule out the possibility of obstruction.

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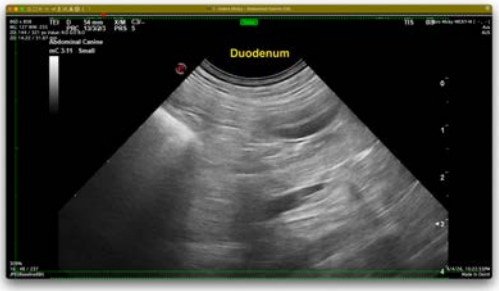

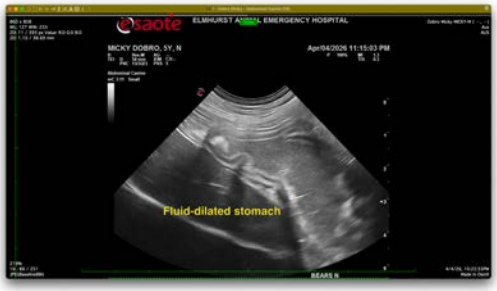

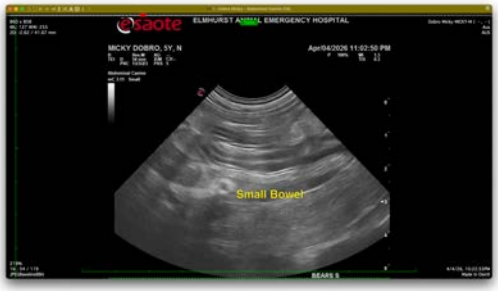

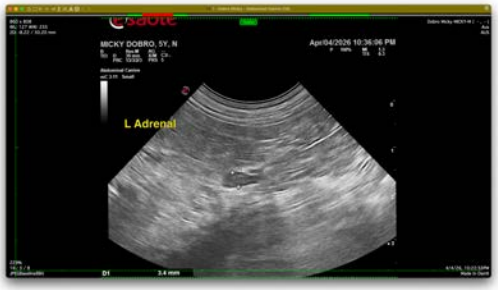

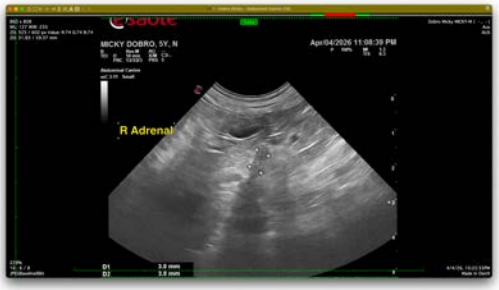

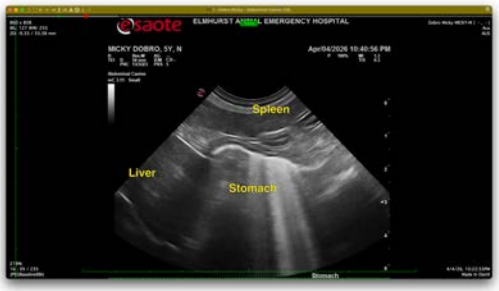

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

info@SonoPath.com