

PATIENT PRESENTING CLINICAL SIGNS

PATIENT Rascal Smith August 16/22: Vomiting since yesterday, bloody diarrhea. Not eating for 2 days. Owner fed dog chicken, cheese bone, and dehydrated chicken treats 2 days ago. Suspect GI upset from chicken/treats. Cerenia injection given and dispensed metronidazole and oral cerenia. Blood taken for CBC/Chemistry panel.

SPECIES Canine August 17th: If not improved with cerenia & metronidazole, recommend adding in clavaseptin and Denosyl. Added in spec CPL test. Recheck blood in 2-3 weeks. Still not eating great (only small amounts), drinking ok, been lethargic. Consider ultrasound. August 19th: Owner opted to pursue the ultrasound route as he is not improving as much as she'd like. Cerenia, Metronidazole, Clavaseptin, Denosyl - all if she can get them in the dog.

BREED

Maltese x Peke Abnormal PE/Chem/CBC/UA Results: August 17th: CBC: Neutrophils 14.2 x 10/L (2.9-12.7) - other values WNL. Chemistries: ALT 531 U/L (18-121), ALP 181 U/L (5-160), Amylase 257 U/L (337-1469) - other values WNL. August 18th: Spec CPL = WNL.

SEX

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

AGE

1 Year

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (to a depth of 2.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

WEIGHT

11.6 Pounds

The prostate is of appropriate size for patient age and neutering status, with a homogenous parenchyma and smooth capsule. The prostatic urethra is non-dilated with normal margins).

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 left kidney measures 3.8 cm. The right kidney measures 4.1 cm.

INTERPRETED BY

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

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. The left adrenal gland measures 3.9 mm at the cranial pole and 3.2 mm at the caudal pole. The right adrenal gland measures 4.0 mm at the cranial pole and 3.9 mm at the caudal pole.

IMAGING PERFORMED BY

Crystal Hill

Spleen

HOSPITAL NAME

Gagemount AH

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.

REFERRING VET

Dr. Keir

Liver

The liver is subjectively small in size with a normal shape, 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.

INVOICE

40636

The gallbladder is distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

DATE

8/19/22


PATIENT *Gastrointestinal*

Rascal Smith The stomach is moderately distended with normal ingesta. The gastric wall is 2.9 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

SPECIES

Canine 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. Duodenal wall measures 3.8 mm. Jejunal wall measures 3.4 mm. Intestinal motility appears normal.

BREED

Maltese x Peke The visible portions of the colon are of normal thickness (1.6 mm) with intact wall layering. The ileocecal junction is visualized and normal.

SEX
Pancreas

Neutered Male 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.

AGE

1 Year

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

WEIGHT

11.6 Pounds

ULTRASONOGRAPHIC FINDINGS
PRIMARY FINDINGS:

- Subjectively small liver

SECONDARY FINDINGS:

- Moderately full stomach

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The subjectively small size of the liver could be normal in this patient, but could also be indicative of a portosystemic shunt. Other possible causes for the elevated ALT include acute inflammatory disease including Leptospirosis, a reactive hepatopathy, or microvascular dysplasia. Recommendations include:

- Bile acid testing to further assess severity of hepatic disease.
- If bile acids are significantly elevated, then additional ultrasonography to identify a portosystemic shunt is recommended.
- If bile acids are normal, then continuation of liver support and antibiotic therapy is recommended with serial monitoring of liver enzymes in another two weeks.

INVOICE

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If the patient was appropriately fasted, then the ongoing presence of ingesta in the stomach is consistent with delayed gastric emptying, and would suggest mild gastritis. Recommendations for the vomiting and inappetence include:

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 DABVP (canine/feline
 practice)

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Dr. Keir



PATIENT

Rascal Smith

SPECIES

Canine

BREED

Maltese x Peke

SEX

Neutered Male

AGE

1 Year

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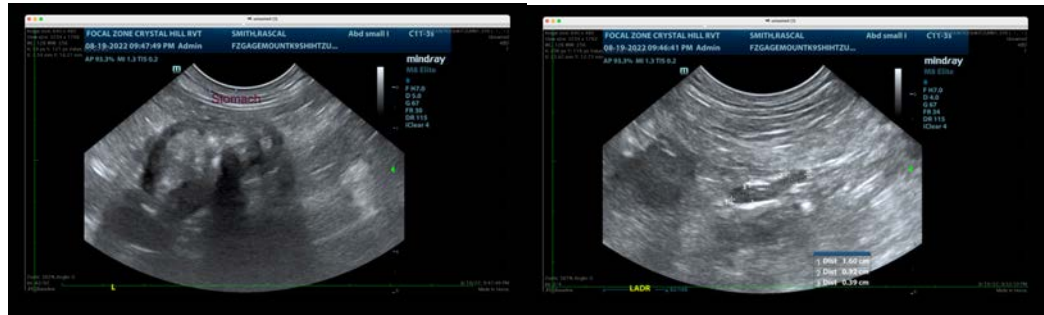
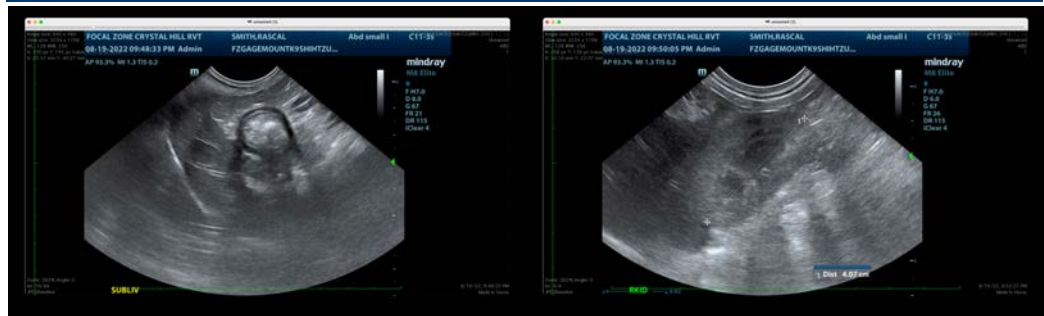
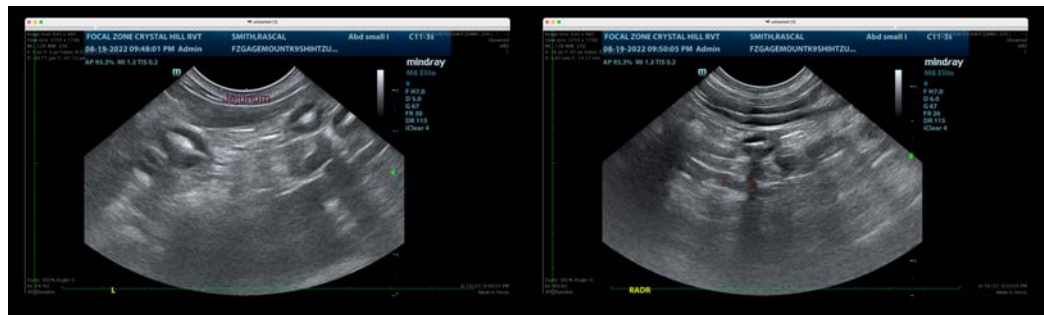
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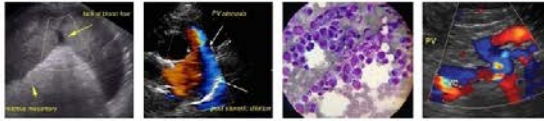
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DATE

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- ❖ fecal parasite testing and empiric fenbendazole treatment
- ❖ probiotic therapy
- ❖ bland diet
- ❖ treatment with parenteral fluids, antiemetics, antacids and gastroprotectants as clinically indicated.
- ❖ If signs persist, trials with a novel protein or hydrolyzed diet, a resting cortisol level and a GI panel could be considered.





PATIENT

Rascal Smith

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.

SPECIES

Canine

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

BREED

Maltese x Peke

SEX

Neutered Male

AGE

1 Year

WEIGHT

11.6 Pounds

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