

DATE PRESENTING CLINICAL SIGNS

1/10/2022

History: CC- Since last year (1/2021) O feels P has painful abdomen; feels P uncomfortable after eating; also, has always had a soft stool
PE- Overweight (7/9); otherwise, NSF; sl discomfort on palpation of abdomen

PATIENT

Cooper Becker

Current Medications: No meds at this time; in past have used Metronidazole and Pepcid AC with no change.
Lab Results: Lab work being done day of US- doing GI panel + Chem/CBC/T4. Last year bloodwork (1/2021) WNL.

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

BREED

Australian Shepherd

Sedation: Dexdom/torb- 0.2ml each.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RMDS.

SEX

Male, neutered

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

AGE

1/15/2015

Left kidney is normal in size (6.49 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

WEIGHT

65 lbs.

Right kidney is normal in size (6.39 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Adrenal Glands

Left adrenal gland is normal in size (2.32 cm long, 0.67 cm at cranial pole and 0.72 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (3.2 cm long, 0.85 at cranial pole and 0.66 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

HOSPITAL NAME

Essex Middle River VH

Spleen

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

REFERRING VET

Dr. Hicks

INVOICE

12816

Liver

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

Gastrointestinal

The visible gastric wall is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

Colon is normal in wall thickness (< 0.2 cm) and layering.

Pancreas

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

Free Abdomen

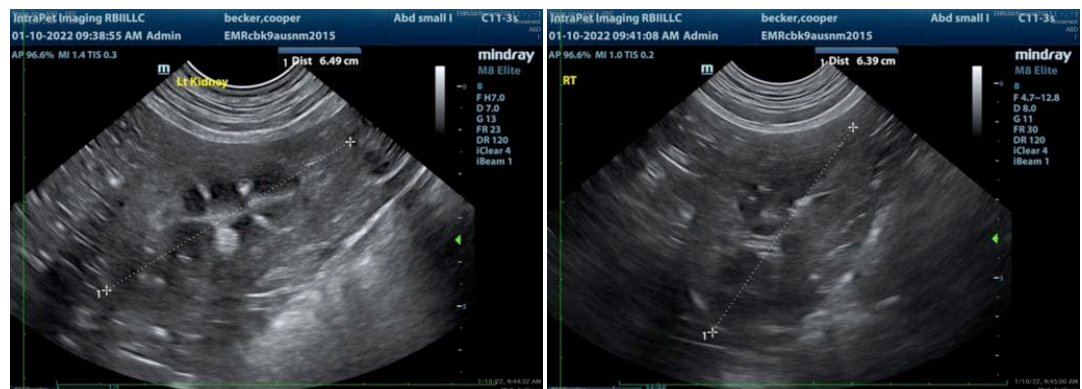
Lymph nodes are normal with no observed enlargement.

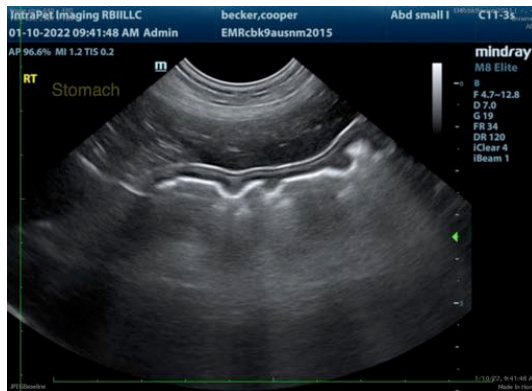
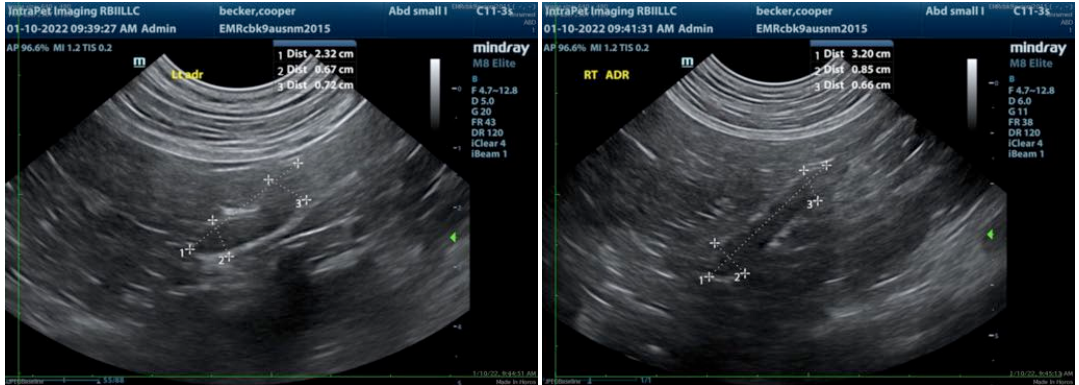
ULTRASONOGRAPHIC FINDINGS

No pathology noted in these images/unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations for this patient include a gastrointestinal panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory, which is reportedly already pending. In the meantime, medical recommendations include empirical deworming with a 5 day course of Panacur as well as a diet change. Diets involve trial and error and I recommend to start with either a novel or hydrolyzed protein diet and if that has not helped within the next 4-6 weeks consider a bland, easy to digest diet followed by potentially a low-fat diet, etc. Ultimately biopsies of the gastrointestinal tract may be warranted if the clinical signs persist as inflammatory bowel disease can be present without gross visible abnormalities on ultrasound.





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.

Beth Johnson, DVM DACVIM

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