



PATIENT

Remi Upton

SPECIES

Canine

BREED

Labrador

SEX

Neutered male

AGE

4 years

WEIGHT

105 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Waffle

HOSPITAL NAME

Torch Lake VC

REFERRING VET

Dr. Waffle

INVOICE

95102

DATE

1/10/22

PRESENTING CLINICAL SIGNS

Hx of dyschezia and intermittent diarrhea. Radiographs yesterday showed gas filled stomach, small intesting, colon. Originally vomited several times. . Clinical signs began 1 week ago after being at day care. Has been on metronidazole, cerenia. Still inappetant
Abnormal PE/Chem/CBC/UA Results: CBC/Chem 2 days ago WNL Radiographs 2 days ago - gas filled stomach, small intestine, and colon Repeat radiographs submitted to sonopath

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.

The prostate is normal for a neutered dog.

Left kidney is normal in size (6.4 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Right kidney is normal in size (7.2 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Adrenal Glands

Left adrenal gland is normal in size (2.5 x 0.66 cm at cranial pole and 0.79 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (3.5 x 1.0 cm at cranial pole and 1.4 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

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.

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 normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta.

There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



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The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.

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The colon is mildly distended with sonolucent fluid.

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Pancreas

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

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Free Abdomen

Lymph nodes are normal with no observed enlargement.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

WEIGHT

105 lbs

Mildly fluid distended colon. This is consistent with the reported diarrhea. There is no evidence of an obstructive pattern in these images.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

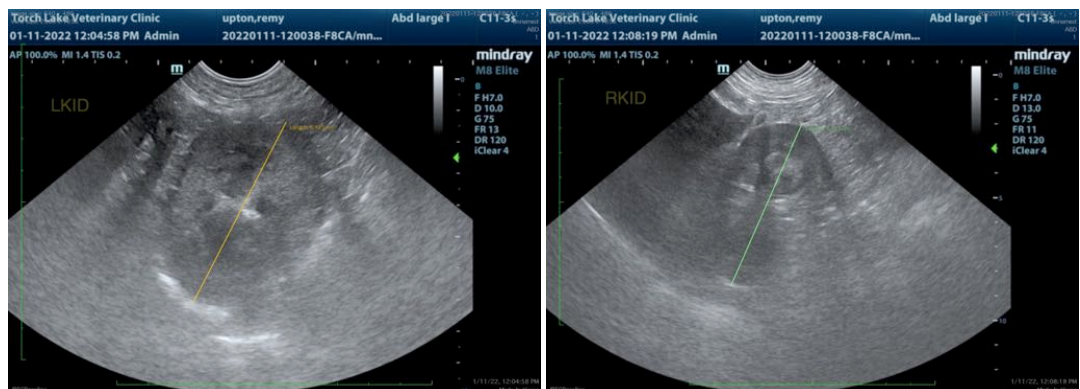
Recommendations include a fecal exam if not already performed as well as a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory combined with a fecal PCR to Texas A&M GI laboratory. Pending results therapy recommendations include empirical deworming with a 5 day course of Panacur as well as bland, easy to digest diet and a probiotic while awaiting results to treat suspected acute gastroenteritis. If clinical signs persist beyond therapy of gastroenteritis and further diagnostics do not warranted a different diagnosis recheck imaging is recommended.

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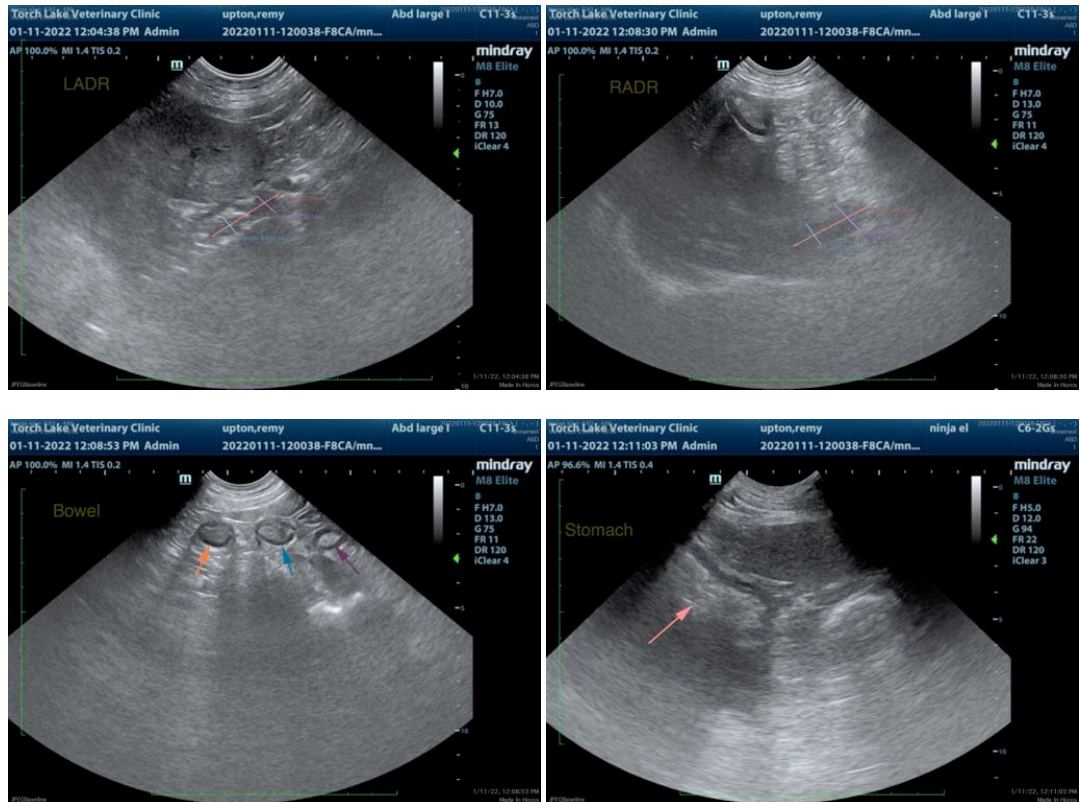
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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