



PATIENT

Koda Ohara

SPECIES

Canine

BREED

Bulldog X

SEX

Spayed Female

AGE

3 Years 9 Months

WEIGHT

49 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Ellen Puthoff

HOSPITAL NAME

Kings Vet Hospital

REFERRING VET

Dr. Katie Freson

INVOICE

44179

DATE

1/12/23

PRESENTING CLINICAL SIGNS

On/off abdominal distension.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (6.7 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (6.8 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The adrenal glands are unable to be well visualized in these images.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion. In one video, there is a subtle 3.3 cm x 4.7 cm, homogeneous, iso- to slightly hypoechoic area within the liver, adjacent to the gallbladder, that could be an emerging nodule or mass. However, the image is dark and difficult to interpret, and the same lesion is not visualized in the remaining higher quality images.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.



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Pancreas

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The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

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Free Abdomen

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There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

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- Relatively normal/unremarkable abdomen. The subtle liver lesion described above is believed to be artifact based on a dark image. However, if it is an emerging nodule or mass, monitoring and ultimately sampling to help determine etiology would be recommended.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's reportedly intermittently distended abdomen, and if not recently evaluated, a general metabolic health screen is recommended in the form of a CBC/Chem panel, and electrolytes.

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Urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

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Additionally, in case the bloating is secondary to gas or GI tract dysbiosis, etc., a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function, as well as a fecal exam.

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A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.

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In the meantime, empirical deworming with a 5-day course of Panacur is recommended, as is potentially a probiotic such as Visbiome or Provable, and if tolerated, a transition in diet based on trial and error response could be considered, with options being a hydrolyzed protein diet, a healthy biome diet, or potentially a bland, easy to digest or low-fat diet.

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If a diagnosis is not obtained and clinical signs persist, especially if laboratory changes are present to suggest a hepatopathy, recheck imaging of the area of the liver in question as described above is recommended.

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