



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Bruno Houseworth	Bloody diarrhea, lethargic, occasional vomiting. History of prolapsed rectum surgery 2/27/2020 Abnormal PE/Chem/CBC/UA Results: Gas appreciated on radiographs
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b>
<b>BREED</b>	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.
Pug	
<b>SEX</b>	The area of the prostate is examined without evident prostatic pathology.
Neutered Male	The right kidney is normal in size (4.51 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.
<b>AGE</b>	
2 Years	The left kidney is normal in size (3.46 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.
<b>WEIGHT</b>	<b>Adrenal Glands</b>
23.4	The right adrenal gland is unable to be well visualized in these images.
<b>INTERPRETED BY</b>	The left adrenal gland is normal in size (0.35 cm at the cranial pole and 0.41 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Beth Johnson, DVM DACVIM	<b>Spleen</b>
<b>IMAGING PERFORMED BY</b>	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.
JK	<b>Liver</b>
<b>HOSPITAL NAME</b>	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.
Hamburg Vet Clinic	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.
<b>REFERRING VET</b>	<b>Gastrointestinal</b>
Dr. Branning	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.
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1/17/23	



**PATIENT**

Bruno Houseworth

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Soft stool and gas noted within the colon.

**SPECIES**

Canine

**Pancreas**

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.

**BREED**

Pug

**Free Abdomen**

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

**SEX**

Neutered Male

There is no apparent lymphadenopathy noted in these images.

**AGE**

2 Years

**ULTRASONOGRAPHIC FINDINGS**

- Relatively unremarkable/normal abdomen without an evident cause for the patient's reported gastrointestinal signs.

**WEIGHT**

23.4

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If not recently evaluated, a general metabolic health screen including CBC/Chem panel, electrolytes, urinalysis, and fecal exam is recommended.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

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

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.

**IMAGING PERFORMED BY**

JK

In the meantime, empirical deworming with a 5-day course of Panacur is recommended, as is a probiotic such as Visbiome or Provable in addition to an antibiotic such as Metronidazole or Tylosin. If tolerated, a transition in diet to a fiber response or colitis diet could be considered, or, based on trial and error patient response, a hydrolyzed protein diet could be tried.

**HOSPITAL NAME**

Hamburg Vet Clinic

Ultimately, pending the above results, if clinically signs persist, further evaluation of the colon via colonoscopy for both visual evaluation and biopsies may be warranted.

**REFERRING VET**

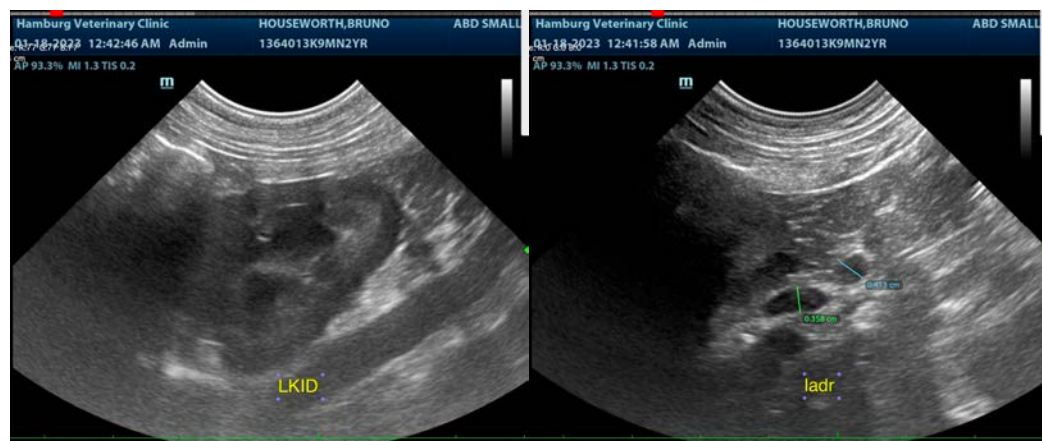
Dr. Branning

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**PATIENT**

Bruno Houseworth

**SPECIES**

Canine

**BREED**

Pug

**SEX**

Neutered Male

**AGE**

2 Years

**WEIGHT**

23.4

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

JK

**HOSPITAL NAME**

Hamburg Vet Clinic

**REFERRING VET**

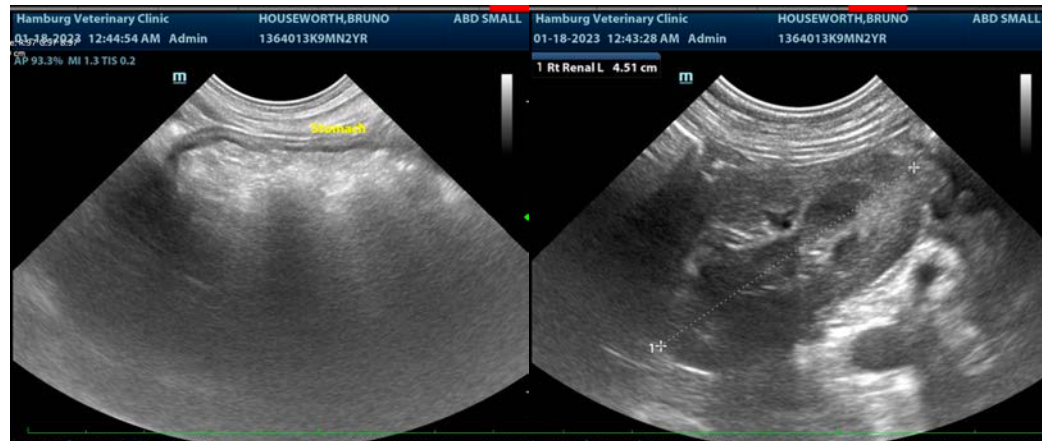
Dr. Branning

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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.

**Beth Johnson, DVM, DACVIM**  
Beth.Johnson@sonopath.com