



PATIENT	PRESENTING CLINICAL SIGNS
Charlie McCormick	Presented at our hospital for vomited with large amount of blood. Lethargy. Seen 6 days ago at rdvm for skin. Previous Health Concerns: HOD, skin allergy, skin infection Current Medications: prednisone 20 mg (tapering dosage) 1 tab Q 12 hr for 6 days, was to decrease to 1 tab Q 24 hour today Appetite/When did they eat last: last night normal
SPECIES	Abnormal PE/Chem/CBC/UA Results: Abdominal: tense cranial abdomen Integument: no petechiation or ecchymoses noted; epidermal collarettes with crusting but no discharge ventral abdomen Radiographs: Loss of detail in area of cranial abdomen- difficult to see margins. No obvious foreign material; gas does move into pylorus on left lateral, stool within colon vs. foreign material (in right upper quadrant on V/D); no obvious obstruction or plication. Gas/small amount of stool within distal colon. Cbc: neu 14.32 H, eos 0.01 L, neu 87.9% H, lym 7.8% L, eos 0% L Liver panel: ALT 131 H Epcoc: pCO2 55 H, bicarbonate 28.5 H, TCO2 29.3 H, pH 7.322 L, lactate 6.17 H, BUN 45 H
Canine	
BREED	
Labrador	
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Intact Female	Urinary System
AGE	Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.
12 months	
WEIGHT	Left kidney is normal in size (5.0 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.
32 kg	Right kidney is normal in size (7.42 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.
INTERPRETED BY	Adrenal Glands
Beth Johnson, DVM DACVIM	Left adrenal gland is normal in size (2.51 cm x 0.26 cm at the cranial pole and 0.35 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable.
IMAGING PERFORMED BY	Right adrenal gland is normal in size (2.0 cm long x 0.39 cm at the cranial pole and 0.5 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.
Erin Wicks	
HOSPITAL NAME	Spleen
Shores VEC	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	Liver
Dr. Lupole	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.
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PATIENT

Gastrointestinal

Charlie McCormick

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The lumen of the stomach is moderately distended with sonolucent fluid and echogenic, non-shadowing luminal contents and gas. There is no evidence of obstruction, foreign material or infiltrative disease. The pyloric outflow tract appears patent. However, given the distension a non-visible obstruction or partial obstruction/foreign material cannot be definitively ruled out, but is considered less likely.

SPECIES

Canine

BREED

Labrador

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.

SEX

Pancreas

Intact Female

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

AGE

12 months

Free Abdomen

Lymph nodes are normal with no observed enlargement.

WEIGHT

32 kg

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

Primary Findings

Beth Johnson, DVM
DACVIM

Moderate gastric distension/stasis. Microulceration cannot be ruled out. Partial obstruction cannot be definitively ruled out, but is not visible and considered much less likely.

IMAGING PERFORMED BY

Erin Wicks

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Shores VEC

Top differential for this patient given the medication history and clinical signs is microulceration possibly secondary to the Prednisone. Therefore, recommendations include rehydration as well as anti-emetics and gastroprotectants in the form of an antacid like Omeprazole and Sucralfate as well as pain management if indicated. I recommend to taper the Prednisone as rapidly as possible. Empirical deworming with a 5 day course of Panacur can be considered once the vomiting is under control. If clinical signs do not resolve or progress with Prednisone tapering and medical management of microulceration then gastroscopy may be warranted for further assessment of the gastric mucosa.

REFERRING VET

Dr. Lupole

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PATIENT

Charlie McCormick

SPECIES

Canine

BREED

Labrador

SEX

Intact Female

AGE

12 months

WEIGHT

32 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

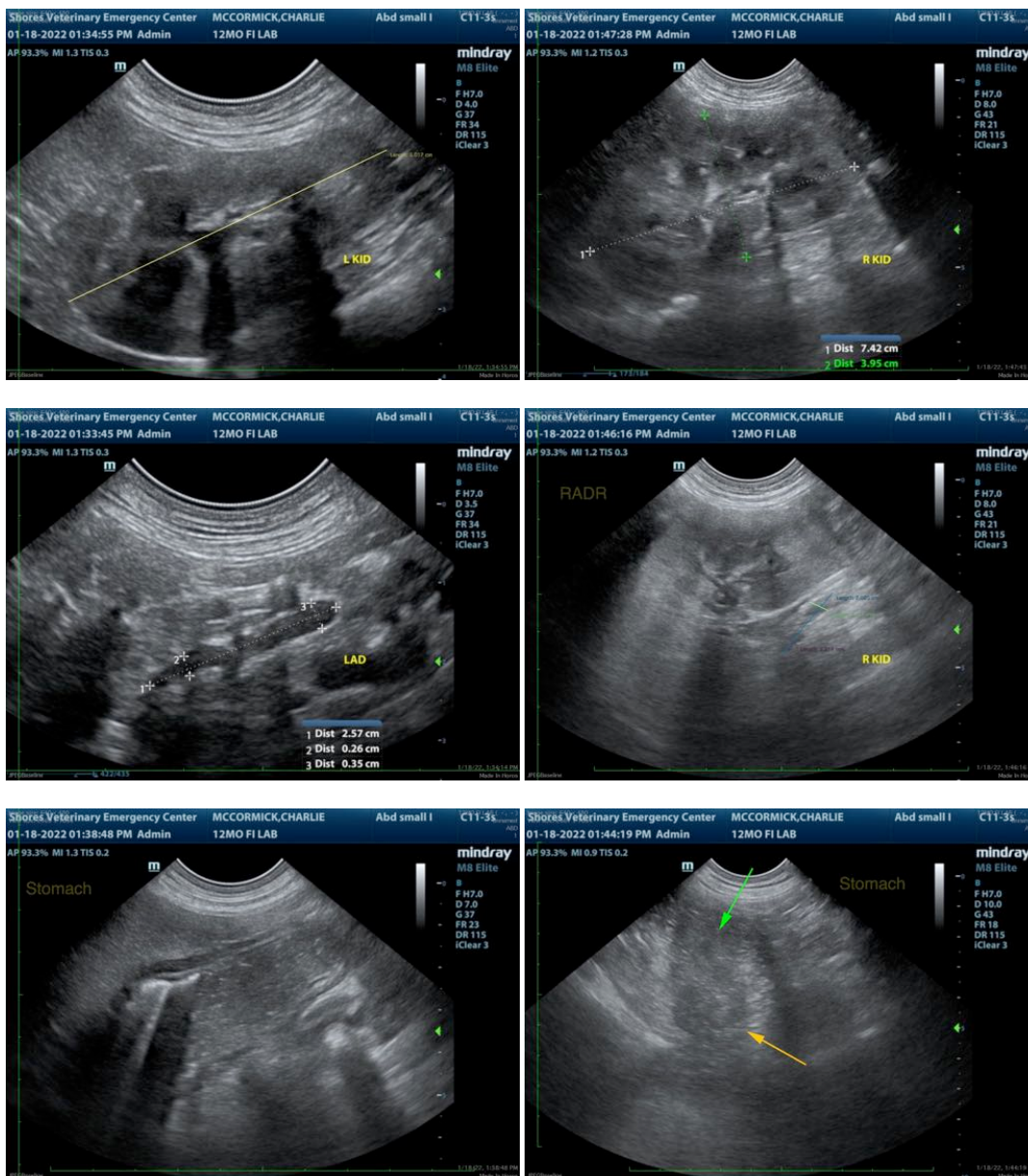
Dr. Lupole

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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.

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com



PATIENT

Charlie McCormick

SPECIES

Canine

BREED

Labrador

SEX

Intact Female

AGE

12 months

WEIGHT

32 kg

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**IMAGING
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