

**PATIENT**

Lily Butler

SPECIES

Canine

BREED

Boston Terrier X

SEX

Spayed Female

AGE

9.5 Years

WEIGHT

41.8 Pounds

INTERPRETED BYBeth Johnson, DVM
DACVIM**IMAGING PERFORMED BY**

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Family Pet Practice

INVOICE

44410

DATE

1/20/23

PRESENTING CLINICAL SIGNS

Historically has GI/ back pain flare ups that resolve with meloxicam, gabapentin, SQ fluids, Cerenia, and methocarbamol. Hx of low Cobalamin which she receives supplements (monthly injections) for. Neuro appt 3yrs ago showed no IVDD. Past 3 days she has a decreased appetite and has not eating in 24 hours. Vomited 1x. yesterday. Normal BMs. Lethargic for 2 days. Presented today for AUS to rule out GI/ pancreatitis/other. Previous (4/19/21) splenectomy (histo showed hematoma and diffuse congestion). Liver bx at the time showed moderate hepatocellular vacuolar change. Currently on supportive meds for pain/decreased appetite.

Abnormal PE/Chem/CBC/UA Results: Pain on lower back palpation. Some spondylosis noted on rads at lumbar spine. Please see attached labs. Repeating GI panel today as last one was done 2 years ago.

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 (5.59 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 (5.57 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 right adrenal gland is normal in size (0.54 cm at the cranial pole and 0.54 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.55 cm at the cranial pole and 0.55 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen has been previously removed.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as mild suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

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 mildly fluid distended with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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The visible small intestines are normal in wall thickness and layering. Bowel is diffusely mildly fluid distended without evidence of an obstructive pattern, plication and/or visible foreign material. Small intestinal hyperperistalsis is noted.

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The colon is mildly thick, primarily appreciated along the transverse colon, measuring 0.40 cm thick with normal intact layering/mural detail. Contents are consistent with normal formed feces and gas.

Pancreas**BREED**

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Pancreas is prominent (enlarged) in size and mildly irregular in shape with a slightly undulating contour. Parenchyma is coarse in echotexture and heterogenous to hypoechoic in echogenicity.

Free Abdomen**SEX**

Spayed Female

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

The medial iliac lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

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PRIMARY FINDINGS

- **Heterogenous Liver** – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.
- **Gastroenteritis** – Consistent with irritation secondary to dietary indiscretion or intolerance, infection (bacterial, viral, other), parasitic or protozoal disease, toxin, other metabolic disease such as pancreatitis, other.
- **Mildly thick colon wall** – consistent with concurrent colitis.
- Chronic active pancreatitis
- The spleen has been previously removed

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DACVIM**SECONDARY FINDINGS**

- **Mild gallbladder debris** - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.
- **Reactive medial lymph nodes** – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the appearance of these images is consistent with a gastroenteritis/colitis, possibly an acute exacerbation of the previously suspected/diagnosed inflammatory bowel disease. Recommendations include, as is already reportedly pending, A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory.

Additionally, if not recently evaluated, given the colon changes, a fecal exam is recommended, as is A fecal enteropathogen PCR panel to Texas A&M GI Laboratory to look for underlying or secondary infectious or parasitic disease.

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Ultimately, biopsies of the gastrointestinal tract, small and large bowel via endoscopy may be necessary to definitively diagnose an infiltrative process to help better direct medical management if clinical signs cannot be controlled empirically.

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In the meantime, supportive/symptomatic medical management of gastroenteritis with antiemetics, gastroprotectants, a probiotic such as Visbiome or Provable, empirical deworming with a 5-day course of Panacur, and if tolerated once appetite returns to normal, transition to a hydrolyzed protein diet or other diets based on trial and error response may be helpful.

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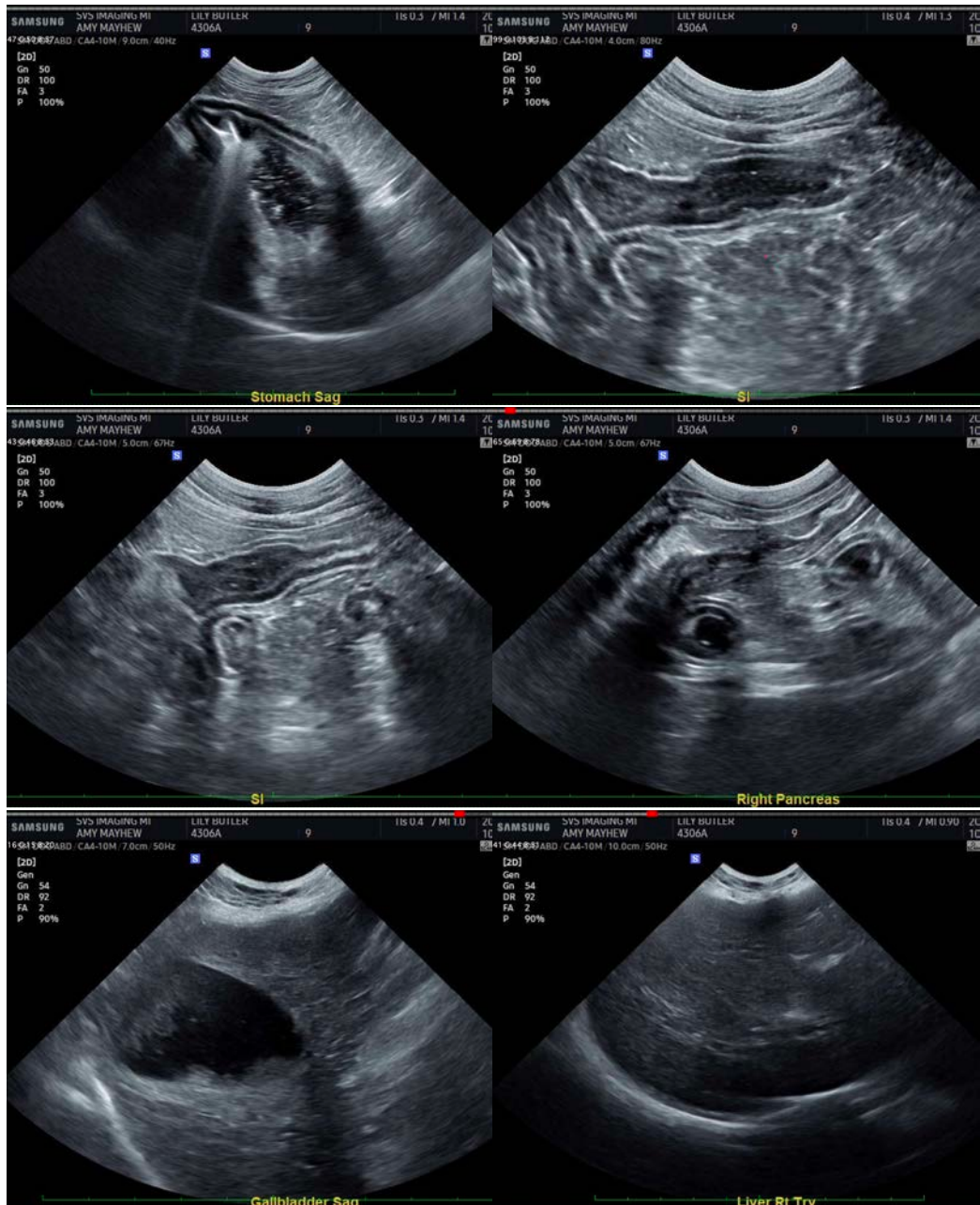
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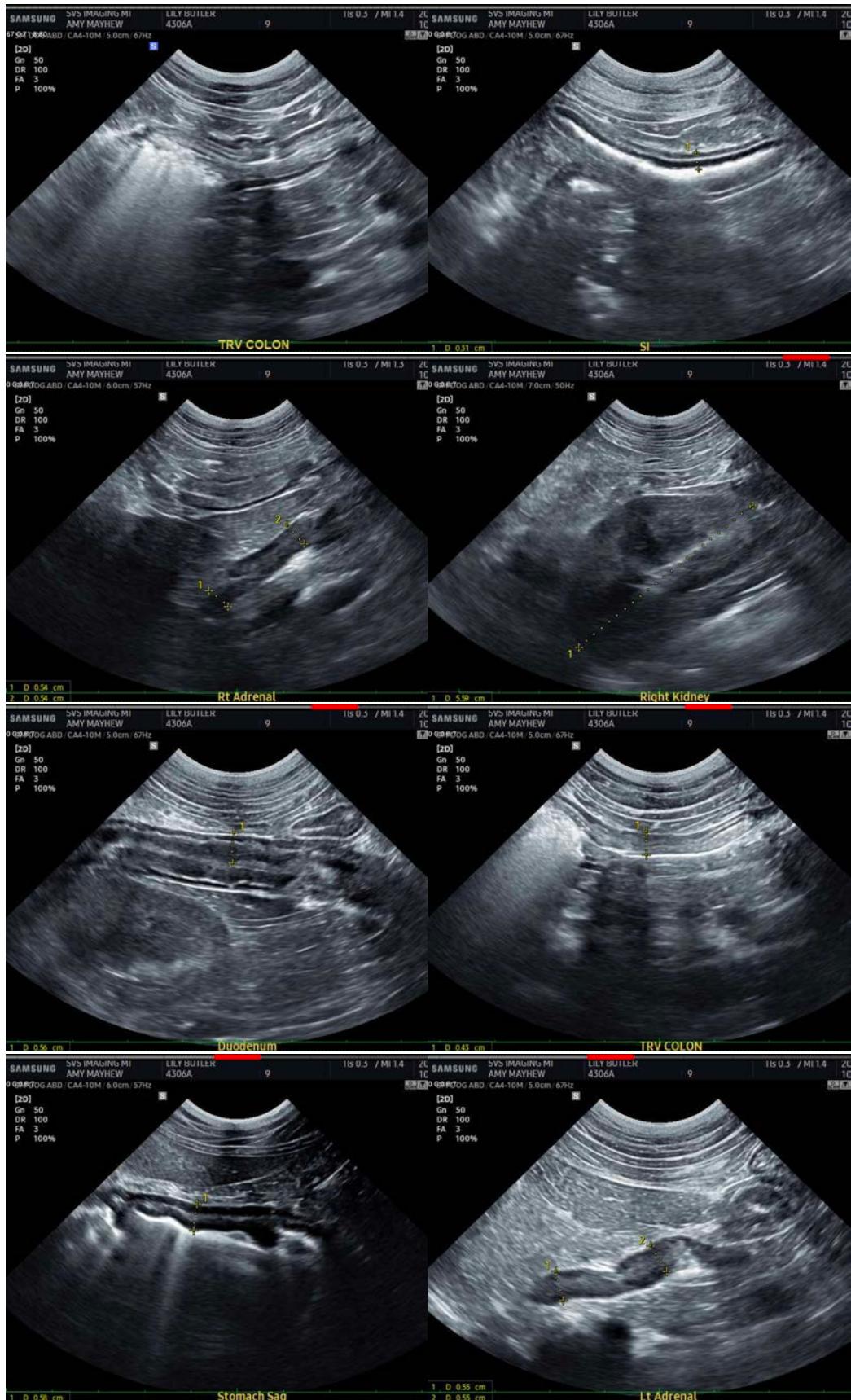
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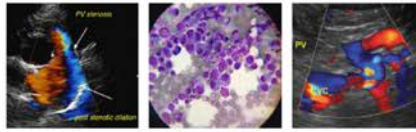
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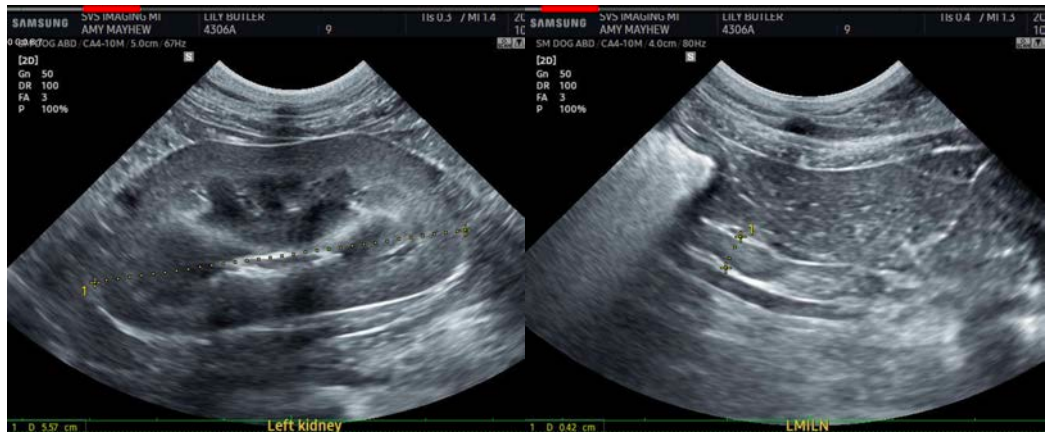
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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