



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Purdey Guiffre	Vomiting. Tense belly. Owner pulled rope-like object from dog's mouth but felt dog had ingested similiar item prior to. Assess for FB, pancreatitis.
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>**Note: This report is based primarily on stills. There are a few videos of the spleen and pancreas area, but the remainder are stills.</b>
<b>BREED</b>	<b>Urinary System</b>
Pointer	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.
<b>SEX</b>	The right kidney is normal in size (5.88 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.
Spayed Female	The left kidney is normal in size (5.79 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>	<b>Adrenal Glands</b>
1 Year	The right adrenal gland is normal in size (0.6 cm at the crania pole and 0.38 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
<b>WEIGHT</b>	The left adrenal gland is normal in size (0.4 cm at the cranial pole and 0.38 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
17 kg	<b>Spleen</b>
<b>INTERPRETED BY</b>	The spleen is subjectively large in size with normal smooth margins. Parenchyma is normal and homogeneous in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.
Beth Johnson, DVM DACVIM	<b>Liver</b>
<b>IMAGING PERFORMED BY</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.
Dave Stasiuk	<b>Gastrointestinal</b>
<b>HOSPITAL NAME</b>	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.
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Dr. Lisa Hamill	
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1/25/22	



**PATIENT**

Purdey Guiffre

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.

**SPECIES**

Canine

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

**Pancreas**

**BREED**

Pointer

The pancreas is prominent in size and mildly irregular in shape with a diffusely coarse echotexture and heterogeneous to hypoechoic echogenicity. No evidence of peripancreatic inflammation in the form of hyperreactive mesentery or free fluid.

**SEX**

Spayed Female

**Free Abdomen**

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

**AGE**

1 Year

In the mid abdomen, there is an ovoid, heterogeneous nodule that measures 0.6 cm thick x 2.0 cm long that is likely a mesenteric lymph node.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

17 kg

Splenomegaly – Can be associated with congestion caused by sedation if sedated, but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis or lymphoid hyperplasia as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

Prominent, heterogeneous/nodular pancreas – Rule outs include normal variant versus resolving mild pancreatitis, although without sign of active inflammation versus chronic pancreatitis, although that seems less likely in a one year old dog.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

Mid abdominal nodule – Appears to be a lymph node and reactive.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

Dave Stasiuk

Note: In these still images there is no evidence of foreign material or obstructive pattern.

**HOSPITAL NAME**

Resolution Vet  
Ultrasound

Recommendations for this patient include a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory to further assess the gastrointestinal tract and pancreas, as well as a baseline cortisol to rule out unlikely but possible hypoadrenocorticism, as well as a fine needle aspirate of the spleen and mesenteric lymph node if possible and if patient's coagulation status is appropriate.

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In the meantime, empirical deworming with a 5 day course of Panacur followed by supportive medical management of presumed gastroenteritis/mild pancreatitis with antiemetics, gastroprotectants, appetite stimulants if necessary folded by transition to a different diet based on trial and error success, beginning with a novel or hydrolyzed protein diet. If that is not successful, a bland, easy to digest diet or low-fat diet may be indicated.

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**PATIENT**

Purdey Guiffre

**SPECIES**

Canine

**BREED**

Pointer

**SEX**

Spayed Female

**AGE**

1 Year

**WEIGHT**

17 kg

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dave Stasiuk

**HOSPITAL NAME**

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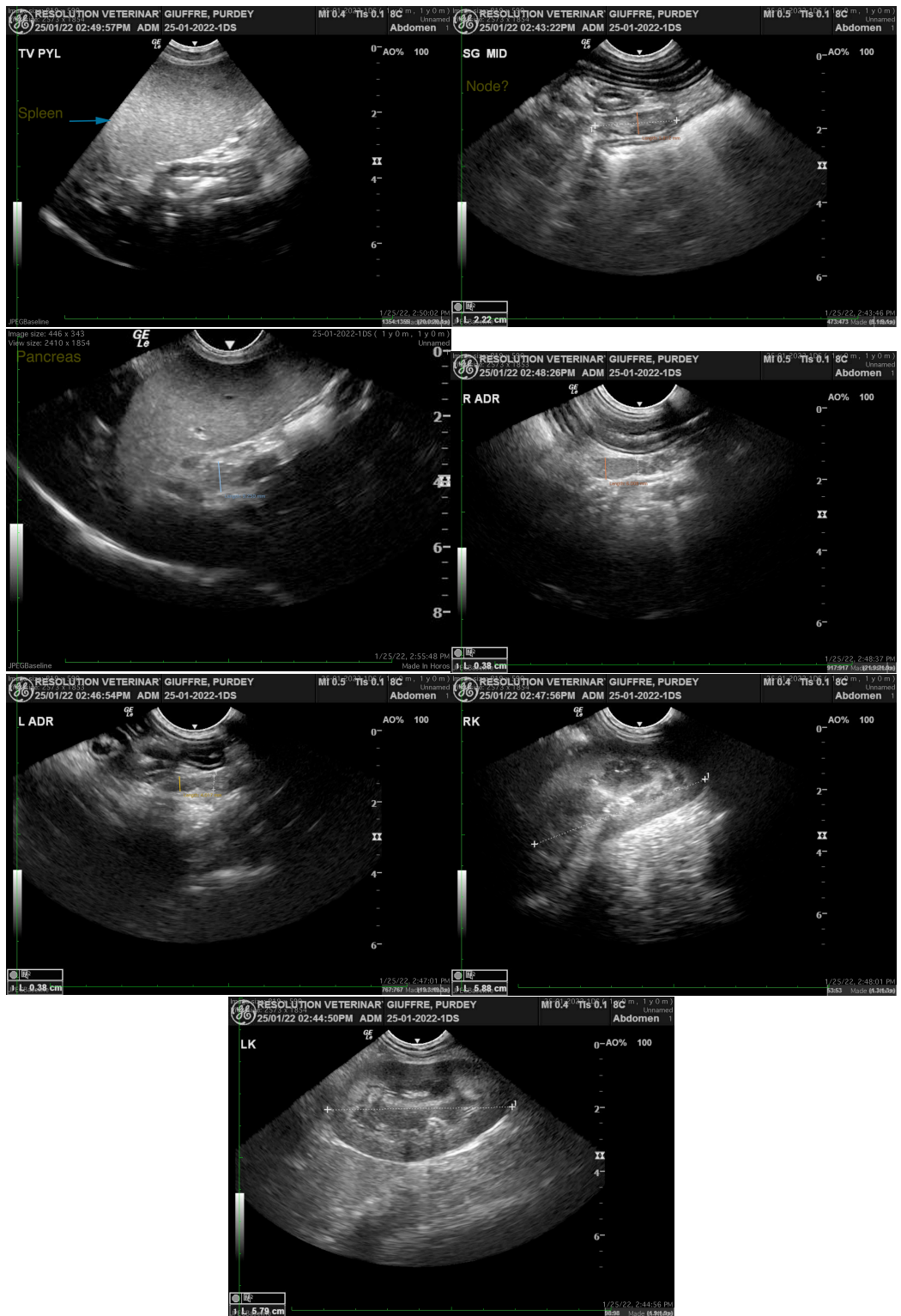
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**PATIENT**

Purdey Guiffre

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.

**SPECIES**

Canine

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

**BREED**

Pointer

**SEX**

Spayed Female

**AGE**

1 Year

**WEIGHT**

17 kg

**INTERPRETED BY**

Beth Johnson, DVM  
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**IMAGING PERFORMED BY**

Dave Stasiuk

**HOSPITAL NAME**

Resolution Vet  
Ultrasound

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