

**PATIENT**

Johnny Lakenen

SPECIES

Canine

BREED

Beagle

SEX

Neutered Male

AGE

6 Years

WEIGHT

25.5 Pounds

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

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VETWixom Family Pet –
Dr. Foster**INVOICE**

44495

DATE

1/25/23

PRESENTING CLINICAL SIGNS

Current Medications: Proheart 12 given Nov/2022 Patient History: Teeth chattering on and off since the end of December 2022, becoming more frequent, no known triggers, owner feels he is uncomfortable when it happens and notices a metallic smell to his breath. He also lip smacks during these episodes. No other changes. Did a trial of Omeprazole, but caused him to be lethargic and have diarrhea per owner, so stopped and is currently on a bland diet.

Abnormal PE/Chem/CBC/UA Results: Mild tartar/gingivitis upper arcade, no oral masses or FB's observed; tense cranial abdomen on palpation Rule outs for teeth chattering-dental disease, gastrointestinal disease (gastric reflux, hiatal hernia, GI ulceration, gastritis, pancreatitis, IBD, other), pain, neurologic, other Chem/CBC/T4 NSF on 1.23.23 3 view chest rads pending.

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.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

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 (5.55 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 (0.40 cm at the cranial pole and 0.37 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 (0.42 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.

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.

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.

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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. However, it is mildly distended with very echogenic reverberation artifact from intraluminal gas and free fluid, more so than is expected in a reportedly fasted patient.

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.

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.

Free Abdomen

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.

PRIMARY FINDINGS

- **Mildly fluid and gas distended stomach** – Rule outs include normal patient variant depending on prandial state versus gastric ileus or mild gastritis, even microulceration can't be definitively ruled out. There is no evidence of an outflow obstruction, but a partial outflow obstruction is considered possible.

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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Empirical medical management of gastritis, potentially microulceration and/or GERD, is recommended in this patient, including antiemetics and gastroprotectants. Given the lack of tolerance of Omeprazole, Famotidine or Pepcid could be tried combined with Sucralfate, and is reportedly already in place, a bland, easy to digest diet. Additionally, empirical deworming with a 5-day course of Panacur is recommended.

In the meantime, further workup for possible pain including dental pain, potentially cervical or other neurological/orthopedic pain should be investigated as a potential cause for the chattering.

Additionally, while atypical in presentation, further evaluation for possible masticatory myositis could

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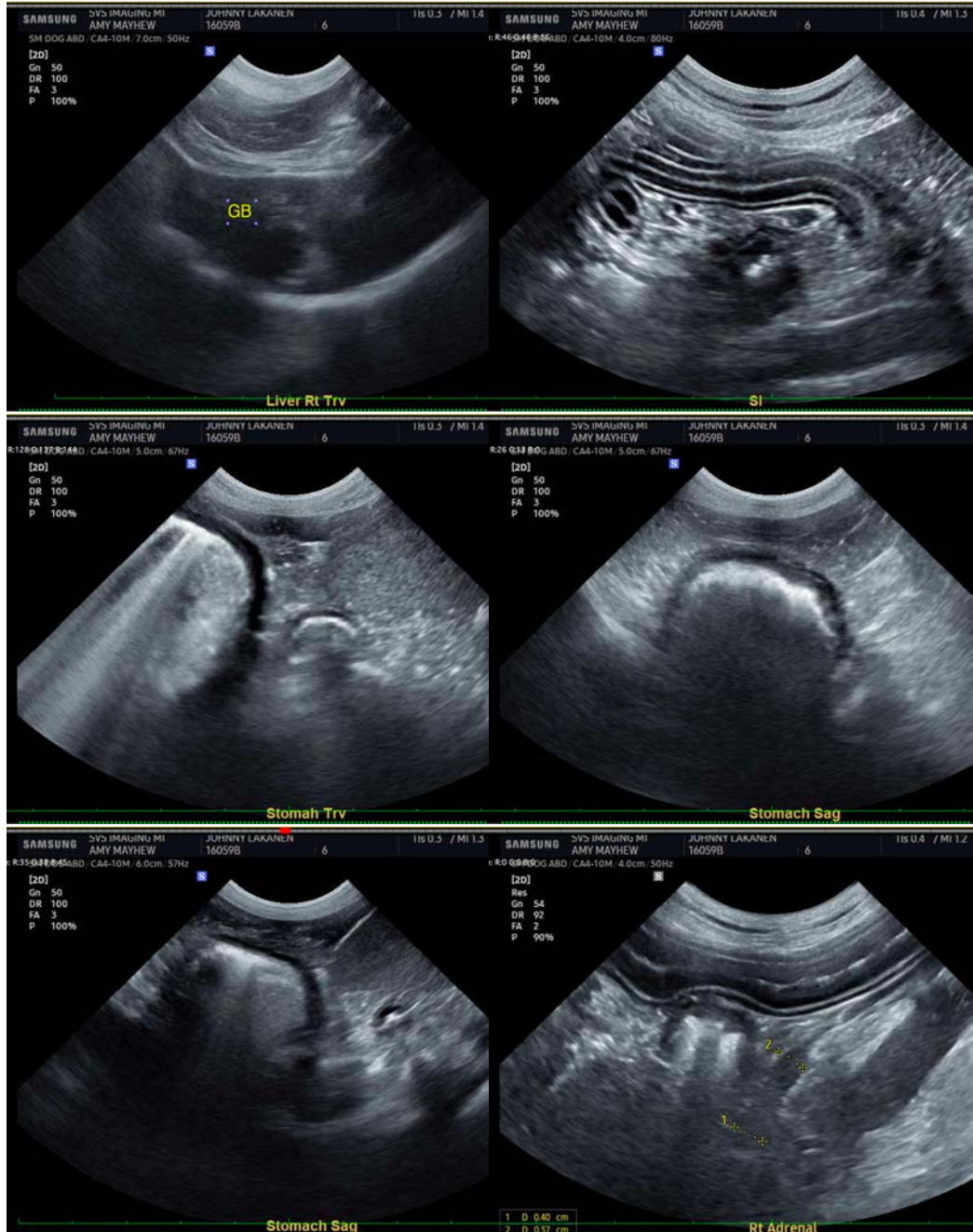
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be considered.



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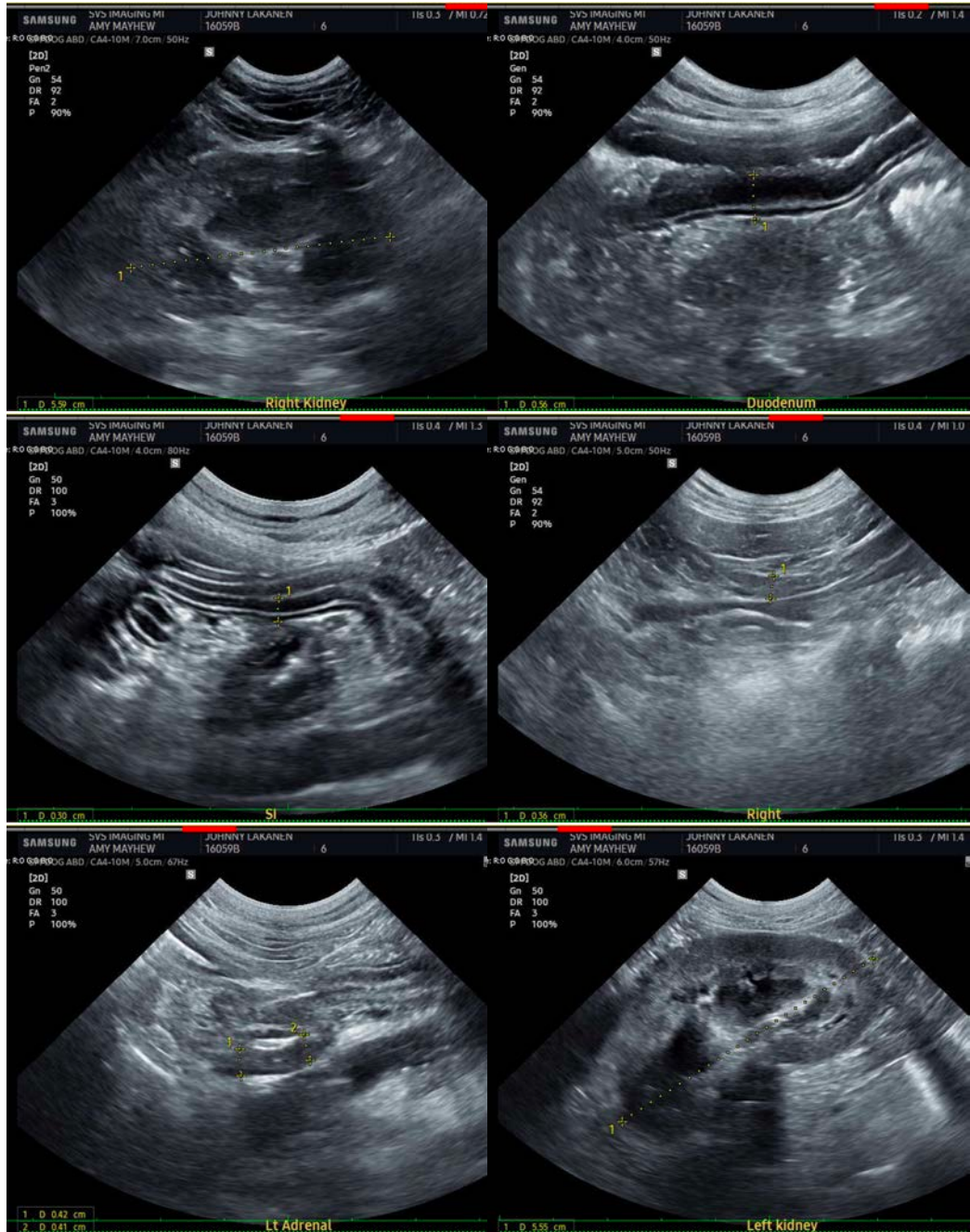
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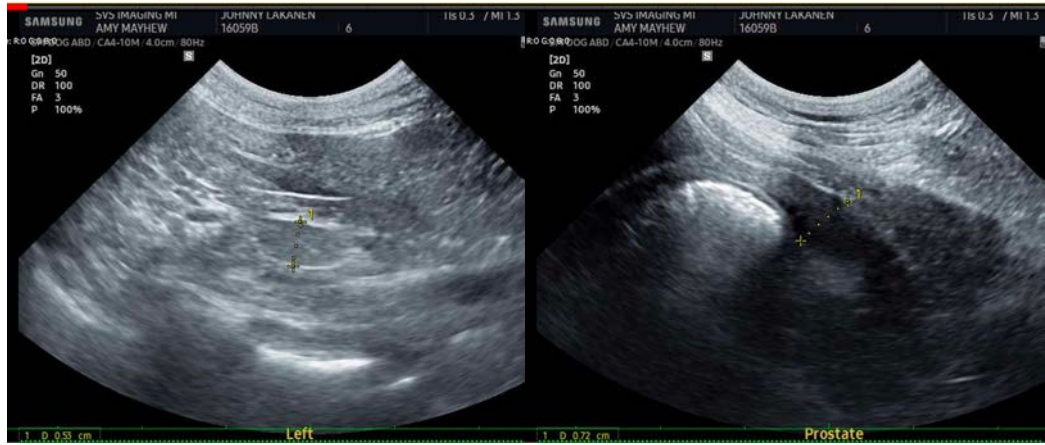
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Beth.Johnson@sonopath.com