



PATIENT PRESENTING CLINICAL SIGNS

Gracie Forte Gastric fb vs gastritis

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED 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.

Shih Tzu X

SEX The right kidney is normal in size (3.97 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

AGE The left kidney is normal in size (4.03 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.

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Adrenal Glands

WEIGHT

11.2

The right adrenal gland is normal in size (1.48 cm long x 0.61 cm at the cranial pole and 0.47 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The left adrenal gland is normal in size (1.47 cm long x 0.42 cm at the cranial pole and 0.33 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

IMAGING PERFORMED BY

Jenn

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

HOSPITAL NAME

Rockaway AH

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.

REFERRING VET

Dr. Maniar

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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Gastrointestinal

DATE

1/26/23

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

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.



PATIENT

Gracie Forte

SPECIES

Canine

BREED

Shih Tzu X

SEX

Spayed Female

AGE

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The definitively visible colon is normal in wall thickness (< 0.2 cm) and layering. In the mid left abdomen, just medial to the spleen, there is a bowel loop believed to be colon that contains markedly echogenic contents with strong acoustic shadowing, which may represent very formed firm stool and gas. However, foreign material can't be definitively ruled out. If it is foreign material, the material is believed to be within the colon. The chance that this loop is small bowel versus colon is possible but considered not likely. There is no evidence of dilated bowel cranial to the luminal contents in question, further supporting lack of full obstruction.

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.

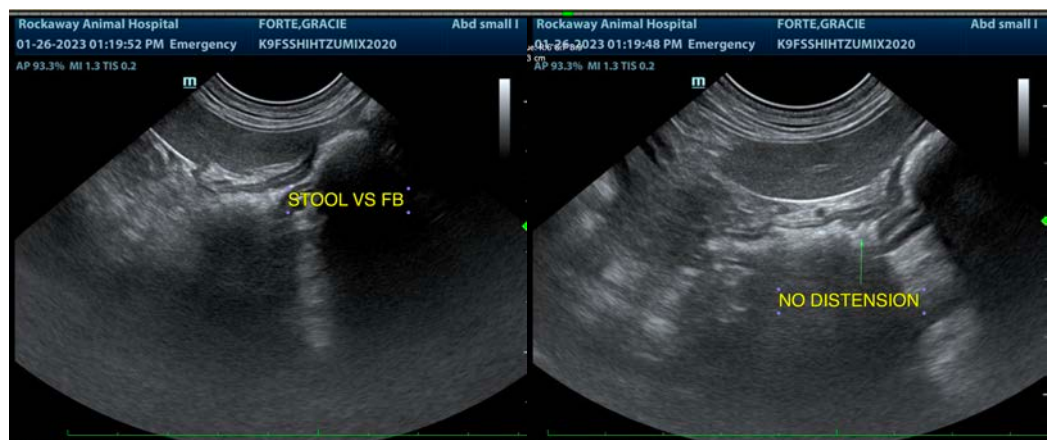
There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- The bowel loop described above is believed to be colon and likely contains normal but firm feces and gas. However, foreign material within the colon can't be ruled out. There is no distention cranial to the contents to signify an obstruction. This loop of bowel could be a small bowel loop with a non-fully obstructing foreign body, but that possibility is much lower on the list of differentials.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations depend in part on this patient's clinical signs. Assuming the clinical signs are GI in nature and potentially include vomiting or decreased appetite, etc., then supportive/symptomatic medical management of the clinical signs is recommended, combined with fluid therapy and fasting for another 12-24 hours. Recheck imaging should be performed at that time, or sooner if clinical signs persist. Alternatively, if the patient's clinical signs are consistent with constipation, that would make sense based on these images, and additional medical management of constipation may be recommended, including enema, stool softeners, etc. Abdominal radiographs may help further support colon versus small bowel as the loop in question.





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SPECIES

Canine

BREED

Shih Tzu X

SEX

Spayed Female

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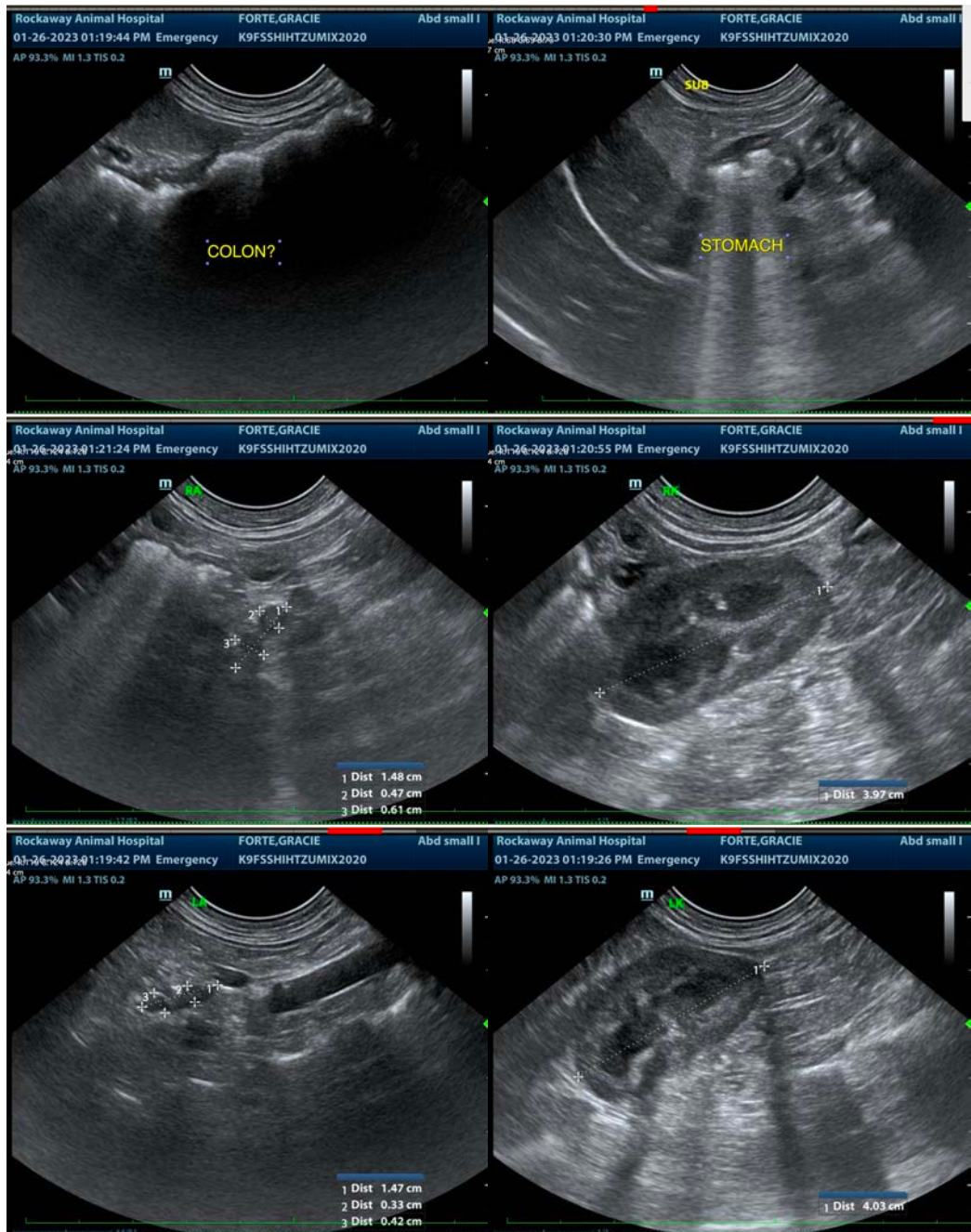
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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