



PATIENT PRESENTING CLINICAL SIGNS

William Woods

Chronic vomiting, daily for a few months. Always improves on medications (Sucralfate, Omeprazole, Cerenia, FortiFlora) but recurs when meds stopped. Pet needs to be fed in small meals or he will vomit. Sometimes regurgitation. Good appetite. Very early renal disease (borderline azotemia, low USG, monitored for several months and stable). Known bladder stones (tiny), chronic. Tried Urinary diet but could not stay on one urinary diet consistently due to recurrent GI issues. BW last done in November, showed borderline azotemia (Cr 161, Ur WNL), very mild ALT/ALK P elevation. Full body (3 view chest, 3 view abdomen) Rads last done in December, unremarkable aside from tiny bladder mineralizations. Current Medications Sulcrate

SPECIES

Canine

BREED

Collie X

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered Male

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Additionally, multiple small, shadowing cystoliths are noted. There is also a 0.67 cm in length mineral density with shadow that could represent a conglomeration of the small cystoliths, or one larger cystoliths. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

AGE

11 Years

WEIGHT

18 kg

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

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, or infarcts observed. The right kidney measures 5.61 cm. The left kidney measures 5.74 cm. Multiple tiny, non-obstructive nephroliths are present bilaterally.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Adrenal Glands

The right adrenal gland is normal in size (1.68 cm long x 1.2 cm at the cranial pole and 0.42 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Kelly Reschny

The left adrenal gland is normal in size (2.65 cm long x 0.59 cm at the cranial pole and 0.62 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

HOSPITAL NAME

BPH Stoney Creek

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.

REFERRING VET

Dr. Mellish

Liver

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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.

DATE

1/3/23

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.



PATIENT *Gastrointestinal*

William Woods 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.

SPECIES

Canine 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.

BREED

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

SEX

Pancreas

Neutered Male 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.

AGE

11 Years *Free Abdomen*

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

WEIGHT

18 kg There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder debris with multiple small cystoliths
- Age related kidney changes with multiple small non-obstructive nephroliths noted bilaterally
- Otherwise, relatively unremarkable abdomen with an obvious structural cause noted in these images for this patient's chronic vomiting.

INTERPRETED BY

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DACVIM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

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A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

HOSPITAL NAME

BPH Stoney Creek

A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

REFERRING VET

Dr. Mellish

Upper GI endoscopy could be considered for further evaluation of the stomach and pylorus for both additional visual observation as well as biopsies, and/or a barium swallow could be considered for further evaluation of possible delayed gastric emptying.

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In the meantime, continued medical management with antacid therapy and small frequent meals as tolerated is recommended. Additionally, transition in diet, if not already evaluated and if tolerated, could be considered, beginning with a hydrolyzed protein diet or potentially a bland, easy to digest diet, etc. based on trial and error response.

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Empirical deworming with a 5-day course of Panacur is also recommended.



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REFERRING VET

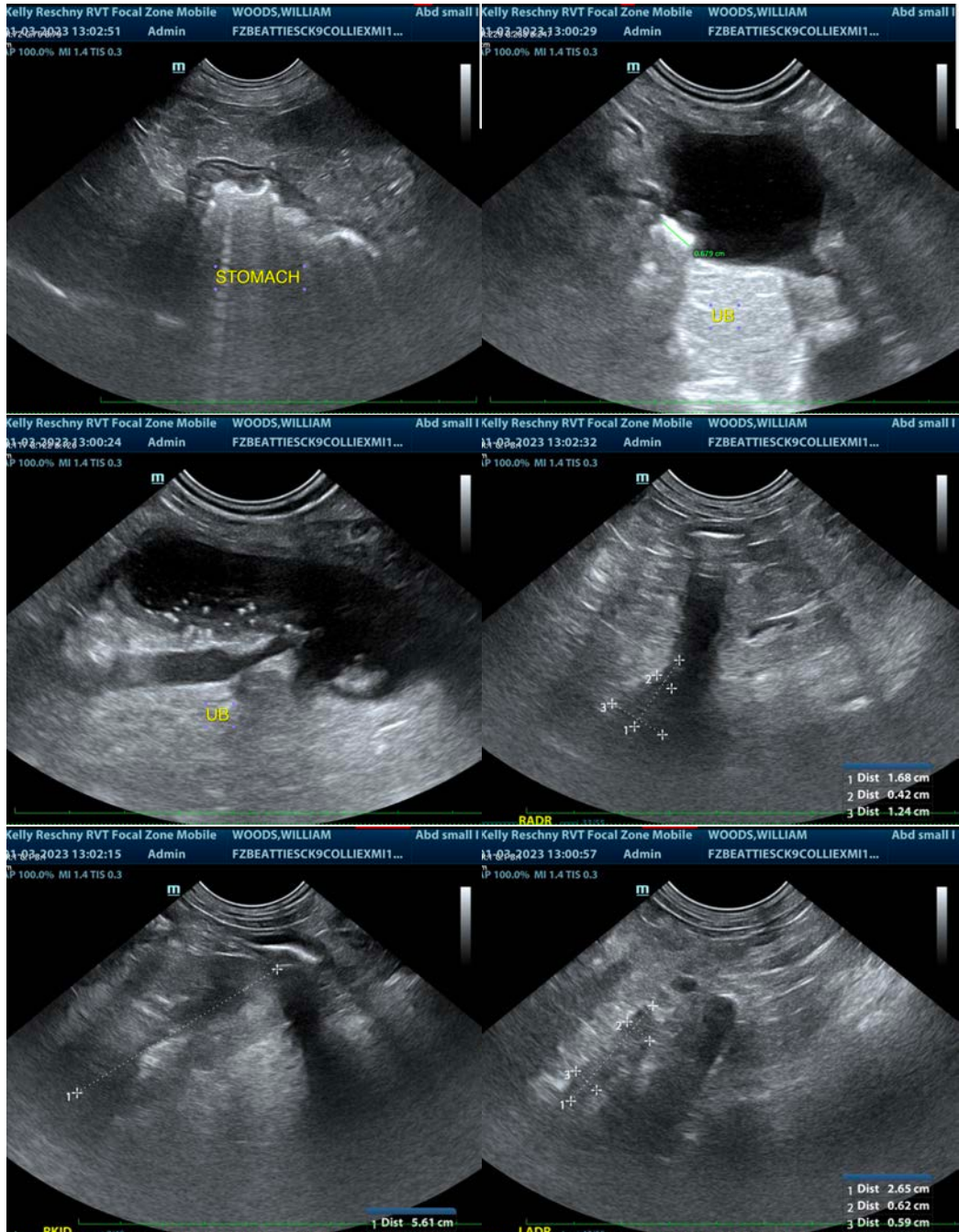
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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