



PATIENT PRESENTING CLINICAL SIGNS

Tobias Tucker Tobias was brought in today for vomiting. Scott states that Toby has been on and off his food for about a month now and would have bouts where he would only eat when hand fed, then would eat fine for a while, then would only eat if hand fed. As of Today Scott stated Tobias has vomited twice and there was blood in the vomit. Scott stated that Tobias does get into things occasionally and does like pine cones. Tobias had also been lethargic this morning and did not come down to eat when the other dogs were fed and did not want a piece of steak.

Canine Abnormal PE/Chem/CBC/UA Results: PE: BLOODY, SOFT FECES seems to be a little lethargic. BLOOD WORK IS PENDING

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Norwegian Buhund

Urinary System

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.

SEX

Neutered Male

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

AGE

6 Years 5 Months

Right kidney is normal in size (4.6 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.

WEIGHT

44.6 Pounds

Left kidney is normal in size (5.2 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

Right adrenal gland is normal in size (1.9 cm x 0.76 cm at cranial pole and 0.80 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Left adrenal gland is normal in size (2.5 cm x 0.76 cm at cranial pole and 0.67 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

HOSPITAL NAME Spleen

Elizabeth AH

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 Liver

Dr. Kim Allyn

The liver is subjectively small in size. Margins are sharp and smooth. It has a normal homogeneous echotexture. Parenchyma appears diffusely hypoechoic, characterized by more prominent than normal portal vein walls. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

INVOICE NUMBER

34042

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.

DATE

1/6/22



PATIENT

Tobias Tucker

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 distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. 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

Norwegian Buhund

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

SEX

Neutered Male

Pancreas

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

6 Years 5 Months

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

WEIGHT

44.6 Pounds

- Hypoechoic microhepatica – The hepatic changes are mild and may be normal patient variant. Other differentials include chronic hepatitis. Changes should be interpreted in combination with laboratory changes that indicate liver disease and/or decreased function.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Given this patient's chronic intermittent vomiting, hematemesis and hematochezia, a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin in addition to a baseline cortisol are recommended. If liver enzymes are high and/or there are any other indicators of decreased liver function, bile acids should be considered, and if high, ultimately liver biopsy may be indicated. However, if there is no laboratory indication of liver disease, ultrasound changes again are mild and may be normal patient variant.

HOSPITAL NAME

Elizabeth AH

Empirical deworming with a 5-day course of Panacur is recommended followed possibly by a diet change starting with a novel or hydrolyzed protein diet. If novel or hydrolyzed protein diet is not successful after several weeks, the next trial could include a higher fiber diet. Ultimately, if there is no therapeutic resolution and/or progression, upper and lower GI biopsies are indicated.

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Tobias Tucker

SPECIES

Canine

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Neutered Male

AGE

6 Years 5 Months

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HOSPITAL NAME

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REFERRING VET

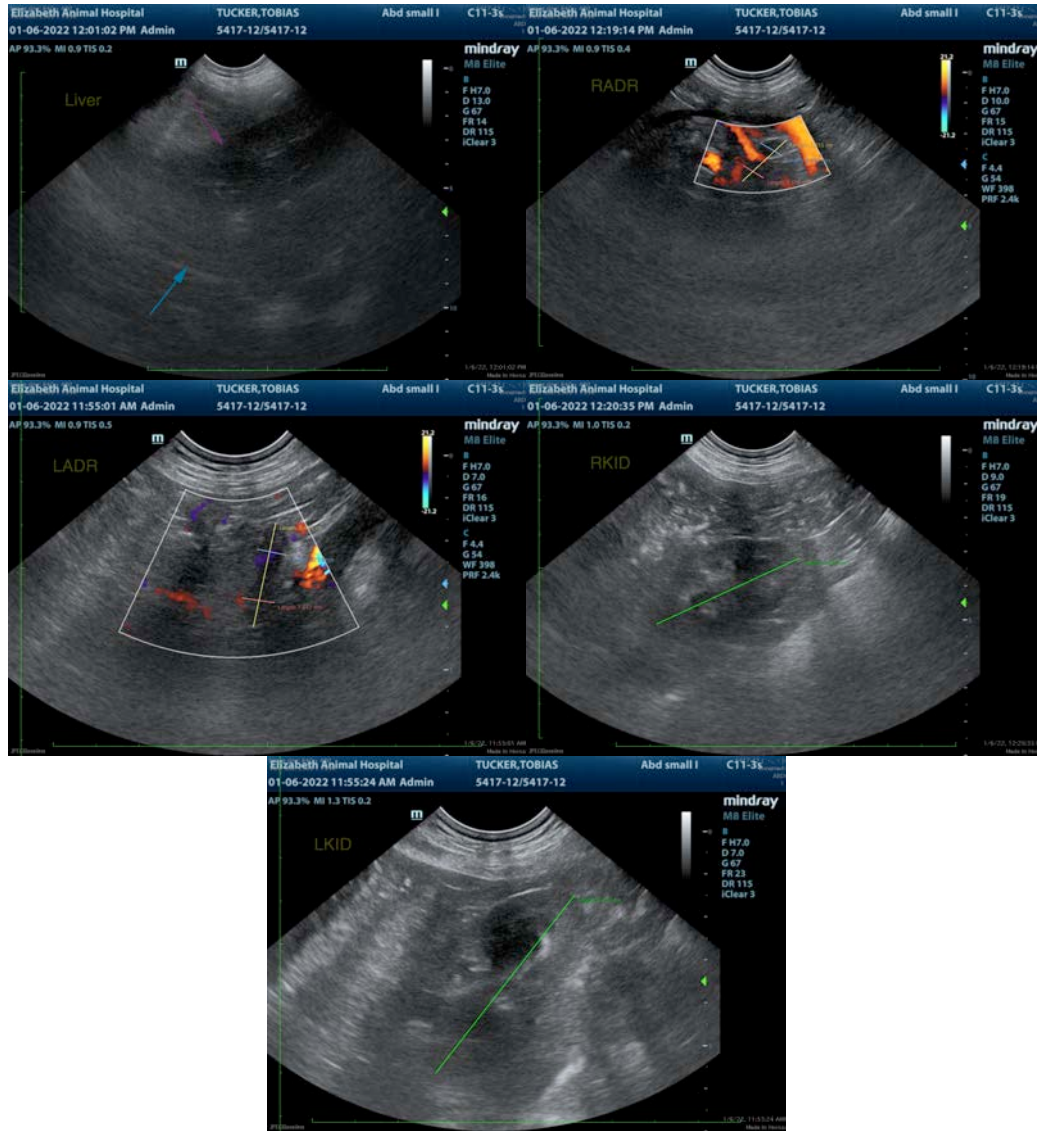
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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