



PATIENT

Gracie Meredith

PRESENTING CLINICAL SIGNS

History: recurrent vomiting sometimes with blood; decreased appetite; sometimes the stool has fresh blood as well; symptoms seem to improve with sucralfate, famotidine and a bland diet but then recurs

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: CBC/Chem – WNL

BREED

Toy Poodle

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately 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

7 years

Left kidney is normal is size (3.5 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.

AGE

7 years

Right kidney is normal is size (3.26 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

3.18 kg

Adrenal Glands

Left adrenal gland is normal in size (0.37 cm at cranial pole and 0.19 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
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Right adrenal gland is normal in size (0.33 cm at cranial pole and 0.29 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

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Dr. Trudeau

Spleen

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.

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Liver

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.

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Gallbladder is moderately distended with anechoic bile as well as 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.

DATE

10/12/22



PATIENT	<i>Gastrointestinal</i>
Gracie Meredith	The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
SPECIES	The visible small intestines are normal in wall thickness and layering. 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.
Canine	
BREED	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
Toy Poodle	
SEX	<i>Pancreas</i>
7 years	The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.
AGE	<i>Free Abdomen</i>
7 years	There is no evidence of free peritoneal effusion noted in these images.
WEIGHT	The mesenteric and sublumbar 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.
3.18 kg	
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
Beth Johnson, DVM DACVIM	Primary Findings
	<ul style="list-style-type: none"> • Reactive mesenteric and sublumbar lymph nodes.
IMAGING PERFORMED BY	Secondary Findings
Dr. Trudeau	<ul style="list-style-type: none"> • 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.
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REFERRING VET	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Dr. Trudeau	Given this patient's reported history of hematemesis and hematochezia combined with reactive lymphadenopathy a fecal exam and fecal PCR panel are recommended.
INVOICE	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.
40060	A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.
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In the meantime, empirical therapeutic recommendations include anti-emetics and gastroprotectants as well as a probiotic such as Probiotic or Visbiome combined with empirical deworming with a 5 day course of Panacur and permanent transition to a new based on trial and error response using bland, easy to digest diet or perhaps a hydrolyzed protein diet if the bland diet is not long term helpful. Ultimately, if a diagnosis is not obtained from the above mentioned diagnostics and/or clinical signs persist beyond diet transition, etc. upper and lower gastroscopy, endoscopy and colonoscopy may be necessary for further evaluation and biopsies of the gastrointestinal tract.



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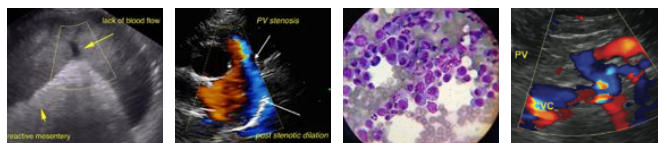
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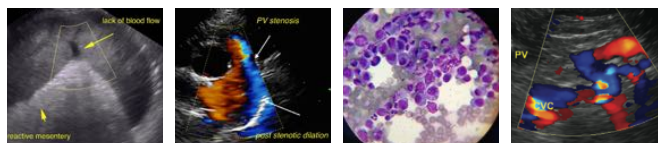
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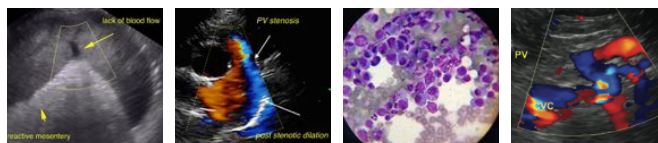
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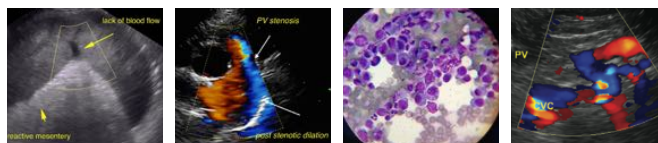
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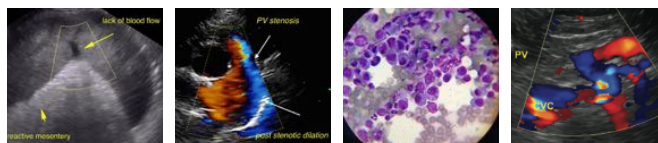
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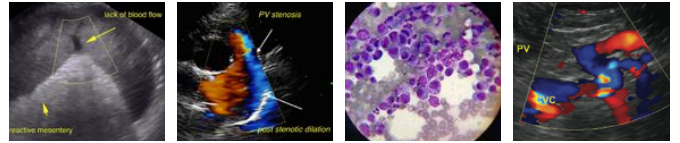
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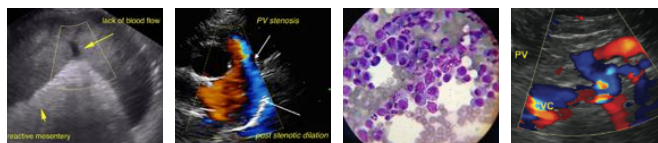
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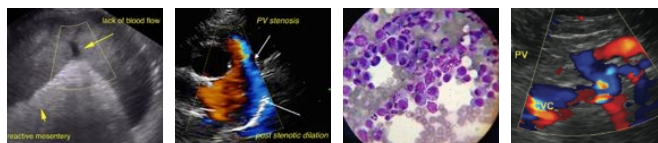
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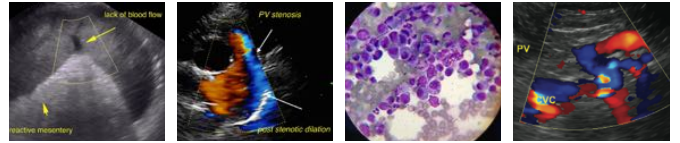
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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