



PATIENT PRESENTING CLINICAL SIGNS

Tommy Scott Chronic diarrhea - 7-8/9 on fecal score. BAR and no blood. Suspect mix of small and large bowel diarrhea. Responsive to metronidazole, non-responsive to GI diet, hydrolyzed food or fibre. Abnormal PE/Chem/CBC/UA Results: TLI, B12 and Folate all WNL. CBC and Chem17 / lytes all WNL Fecal negative, diarrhea PCR Panel negative.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Airedale Terrier

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

Male

Prostate is normal in size for an intact male (2.6 cm thick). It has a normal homogenous echotexture and is hyperechoic in echogenicity, normal for intact male.

Right kidney is normal in size (6.0 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

1 Year

Left kidney is normal in size (6.6 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

21.3

Adrenal Glands

Right adrenal gland is normal in size (2.4 cm long x 0.66 cm at cranial pole and 0.37 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Left adrenal gland is normal in size (1.7 cm long x 0.34 cm at cranial pole and 0.39 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

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.

HOSPITAL NAME

Cedarview AH

Liver

REFERRING VET

Dr. Evan Bell

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 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

10/14/21



PATIENT ***Gastrointestinal***

Tommy Scott

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. 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

Airedale Terrier

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

SEX

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

1 Year

Free Abdomen

In the right cranial abdomen, there is a 2.0 cm x 1.5 cm heterogeneous, irregular structure composed of hyperechoic tissue and round hypoechoic nodules, most consistent with a cluster of enlarged, irregular lymph nodes.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

21.3

- Prostatomegaly – considered normal for an intact dog
- Right cranial abdominal lymphadenopathy – suggestive of reaction to an inflammatory/infectious disease in the area. Infiltrative neoplasia cannot be ruled out, but is considered less likely.
- Reported stomach changes are incidental and artifactual.

INTERPRETED BY

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DACVIM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the enlarged lymph nodes, recommendations include a fine needle aspirate of the enlarged lymph node cluster (if patient's coagulation status is appropriate). Pending the results of the cytology, and based on this patient's history and negative workup so far, antibiotic responsive diarrhea is a top differential for the patient's clinical signs, and a long-term course of Tylosin is recommended for duration of at least 4-6 weeks, and some dogs require several months of therapy before a clinical resolution is obtained. If long-term antibiotics are not effective, and/or a more immediate, short term approach is desired, a fecal transplant is also an appropriate therapy. If not already done, an empirical 5-day course of deworming with Panacur is also recommended, as false negative fecals can occur.

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PATIENT

Tommy Scott

SPECIES

Canine

BREED

Airedale Terrier

SEX

Male

AGE

1 Year

WEIGHT

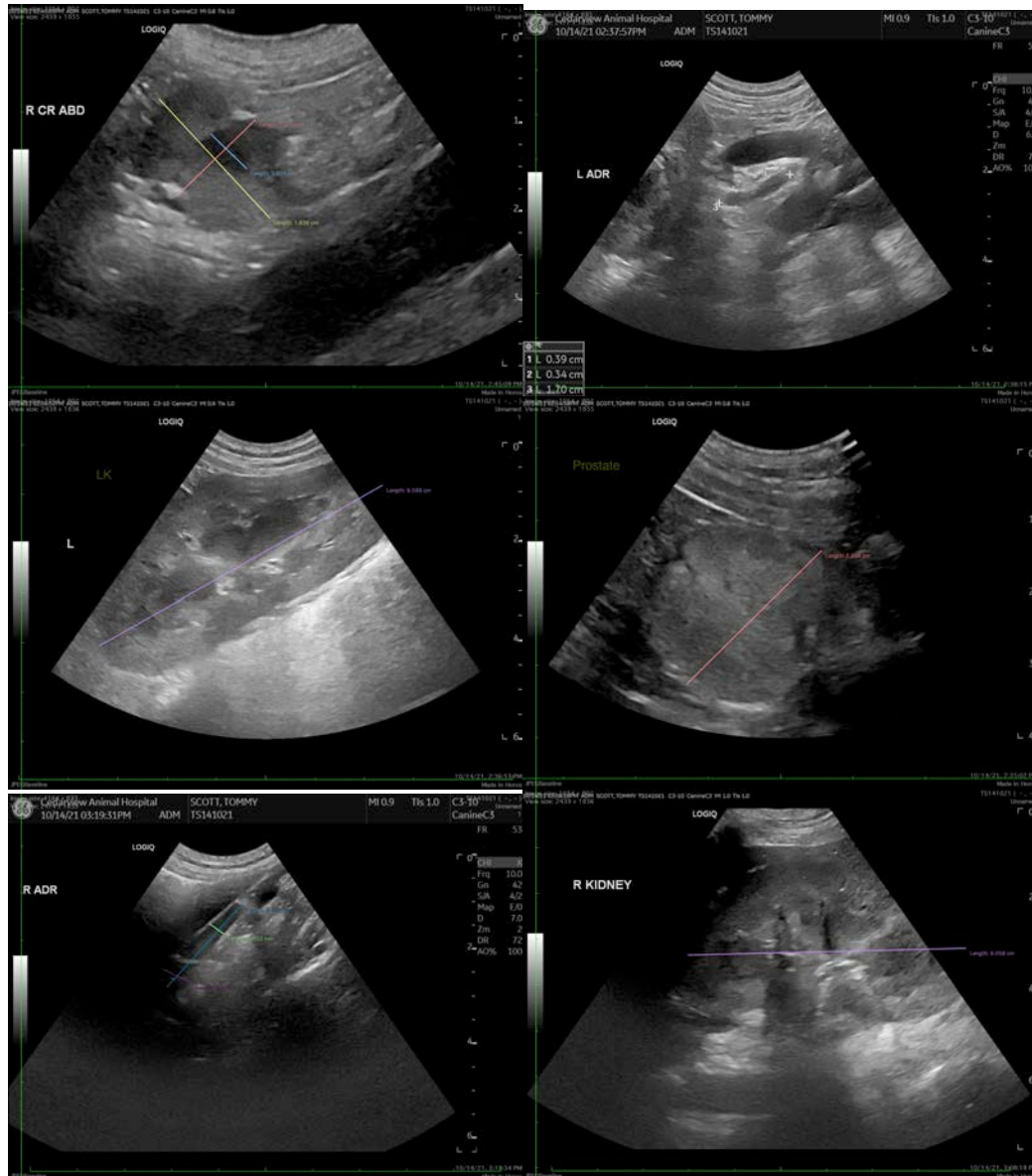
21.3

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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.

REFERRING VET

Dr. Evan Bell

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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