



**PATIENT**

Joey Urena

**PRESENTING CLINICAL SIGNS**

Suspected radiolucent FB in/at pylorus, chronic vomiting. Current meds: Metronidazole, Clavamox

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: ALT 449, Phos 5.7

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Shih Tzu X

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.

**SEX**

Male

Prostate is normal in size for an intact male. Parenchyma is diffusely homogenous and relatively hyperechoic. Normal distinct margins and symmetrical bilobed shape are maintained.

**AGE**

7 Months

The right kidney is normal in size (5.14 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.

The left kidney is normal in size (4.27 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**

14.5 Pounds

**Adrenal Glands**

The right adrenal gland is normal in size (2.44 cm long x 0.95 cm at the cranial pole and 0.32 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (1.5 cm long x 0.35 cm at the cranial pole and 0.32 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Jessica Miller

**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.

**HOSPITAL NAME**

Tranquility VC

**Liver**

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. Blackman

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**

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 fluid and echogenic contents consistent with chyme and ingesta. There is also what appears to be chyme and some gas in the pylorus, but no definitively visible foreign material, infiltrative disease, or obstructive pattern appreciated.

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10/25/22



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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.

**SPECIES**

Canine

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

**Pancreas**

**BREED**

Shih Tzu X

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.

**SEX**

Male

**Free Abdomen**

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

Both mesenteric and medial iliac lymphadenopathy is noted, likely a normal variant for a puppy of this age.

**AGE**

7 Months

The testicles are visualized without evident pathology.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

14.5 Pounds

- Mildly fluid distended stomach – Partial delayed gastric emptying or a pyloric outflow obstruction can't be definitively ruled out, but there is no visible evidence of foreign material present in these images at this time.
- Mild lymphadenopathy – Consistent with young puppy.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the patient's reported liver enzyme increases, bile acids are recommended as well as testing for Leptospirosis if not recently evaluated. Given the gastrointestinal signs, 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, as well as a fecal exam +/- a fecal enteropathogen PCR panel to Texas A&M GI Laboratory for further evaluation of possible infectious disease, especially if any concurrent diarrhea has been done.

**IMAGING PERFORMED BY**

Jessica Miller

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In the meantime, supportive/symptomatic medical management of a non-specific hepatopathy and gastroenteritis is recommended in the form of antiemetics, gastroprotectants such as Omeprazole, hepatic nutraceuticals +/- broad-spectrum antibiotics with monitoring of ALT for improvement. Empirical deworming with a 5-day course of Panacur is also recommended. If vomiting persists, recheck imaging either with abdominal radiographs and/or recheck ultrasound are recommended.

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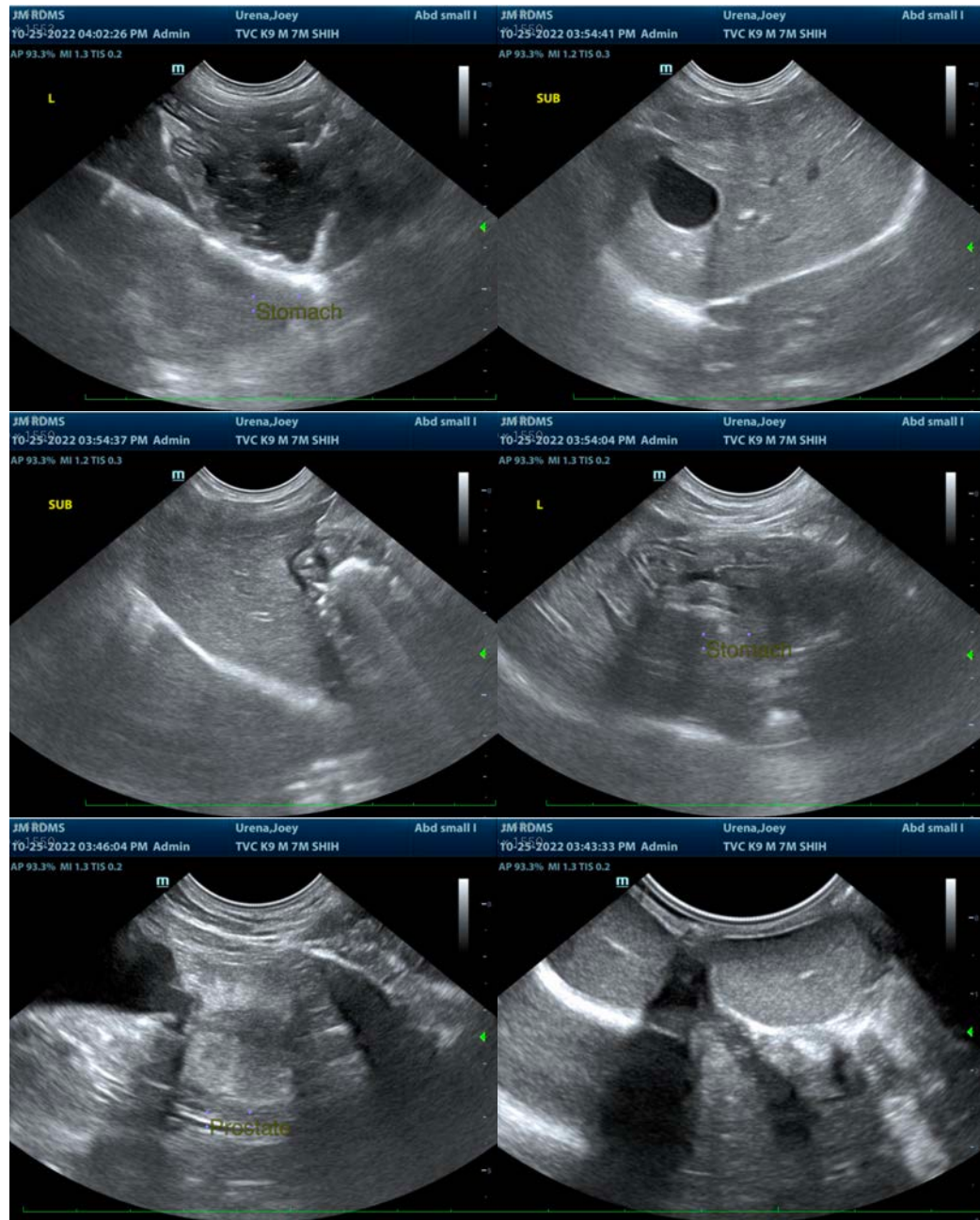
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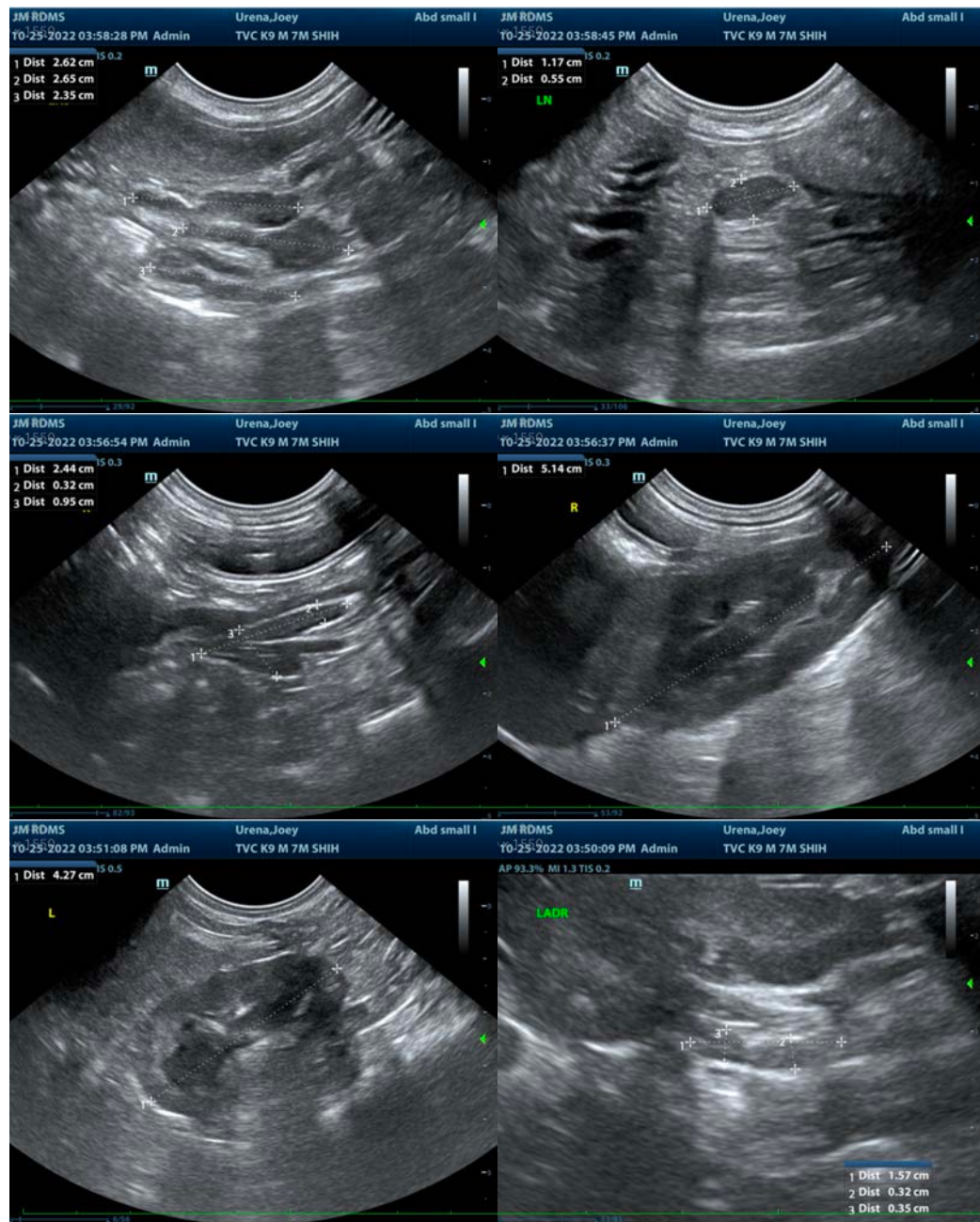
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
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