



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Phoebe Small
Vomiting today, eventually with blood clots. History of chewing up and potentially ingesting pieces of a bath mat this week. Normally drinks a lot of water per owner

SPECIES
Canine
Abnormal PE/Chem/CBC/UA Results: Radiographs showed a large spleen, small liver, some concern for plication mid/caudal abd on lateral view; CBC/Chem normal Passed large amt bloody stool just prior to ultrasound (initially formed then liquid)

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Chih X
Urinary System

SEX
Spayed Female
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. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

AGE
2 Years
The right kidney is normal in size (4.43 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
4.6 kg
The left kidney is normal in size (4.23 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

INTERPRETED BY
Beth Johnson, DVM
DACVIM
The right adrenal gland is normal in size (1.4 cm at the cranial pole and 0.45 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY
Dr. Callihan
The left adrenal gland is normal in size (0.32 cm at the cranial pole and 0.35 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

HOSPITAL NAME
Animal Emergency Care
Spleen is subjectively mildly decreased in size with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal. A normal 1:1 portal vein to vena cava ratio noted.

Liver

REFERRING VET
Dr. Johnson
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.

INVOICE
41927
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.

DATE
Gastrointestinal

10/8/22



PATIENT	Fundic mucosal hypertrophy with hyperechoic mucosa and some mucosal remodeling is noted. There is no loss of mural detail. Layering is normal. There is moderate luminal fluid accumulation. No evidence of masses/nodules or foreign material present. The pyloric outflow tract appears empty/patent.
Phoebe Small	
SPECIES	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.
Canine	
BREED	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
Chih X	
	Pancreas
SEX	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.
Spayed Female	
	Free Abdomen
AGE	There is no evidence of free peritoneal effusion noted in these images.
2 Years	The mesenteric 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.
WEIGHT	PRIMARY FINDINGS
4.6 kg	<ul style="list-style-type: none"> • Gastritis – Consistent with irritation secondary to dietary indiscretion or intolerance, infection (bacterial, viral, other), parasitic or protozoal disease, toxin, other metabolic disease such as pancreatitis, other. Microulceration cannot be ruled out. • Hypersplenism – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered. • Subjective mild microhepatica – Rule out normal patient variant given the normal portal vein to vena cava ratio versus much less likely end stage liver disease or atypical vascular anomaly. • Reactive mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.
INTERPRETED BY	
Beth Johnson, DVM DACVIM	
IMAGING PERFORMED BY	
Dr. Callihan	
HOSPITAL NAME	
Animal Emergency Care	
REFERRING VET	SECONDARY FINDINGS
Dr. Johnson	<ul style="list-style-type: none"> • Urinary bladder debris
INVOICE	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
41927	There is no evidence of foreign material or small bowel plication noted in these images at this time. The stomach is mildly distended, which could indicate partial outflow obstruction. However, there is no visible evidence of this at this time, and a more likely differential is gastric stasis secondary to gastroenteritis.
DATE	Therefore, recommendations include supportive/symptomatic medical management of acute gastritis/gastroenteritis, potentially hemorrhagic gastroenteritis, with an empirical deworming course of 5 days of Panacur, antiemetics, gastroprotectants including both an antacid and sucralfate, as well as
10/8/22	



PATIENT

Phoebe Small

a probiotic such as Provable or Visbiome, and transition to a short-term bland, easy to digest diet. If clinical signs persist, additional diagnostic considerations could include bile acids, given the subjectively mildly small liver, a baseline cortisol, followed by a full ACTH stimulation test if baseline cortisol is <2.0, a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory, and/or a fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.

SPECIES

Canine

Ultimately, if clinical signs persist and a diagnosis is not obtained, recheck abdominal imaging is recommended, and/or upper and lower gastroscopy/endoscopy/colonoscopy could be considered for further evaluation of the gastrointestinal lining and biopsies.

BREED

Chih X

SEX

Spayed Female

AGE

2 Years

WEIGHT

4.6 kg

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DACVIM

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency Care

REFERRING VET

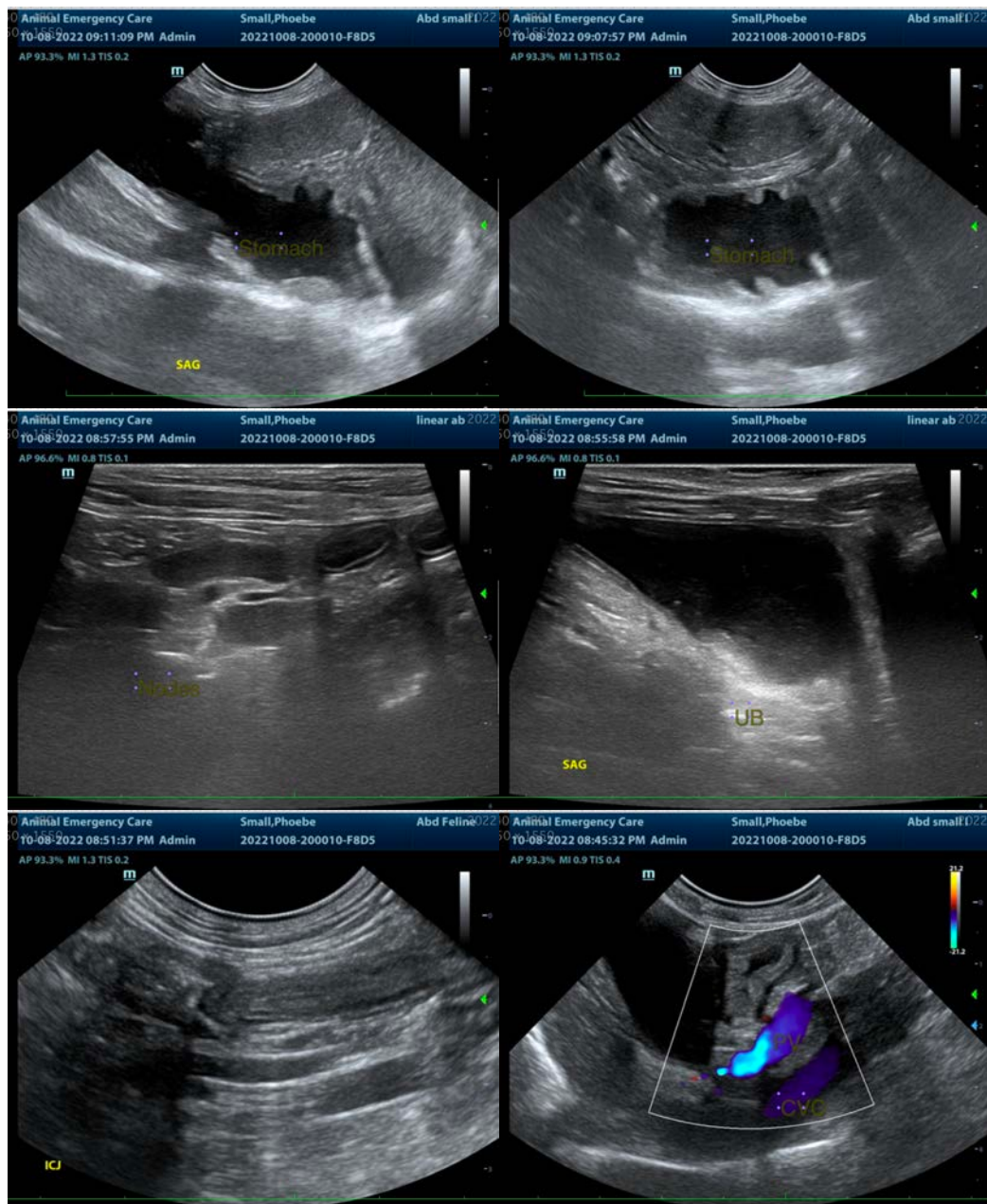
Dr. Johnson

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SPECIES

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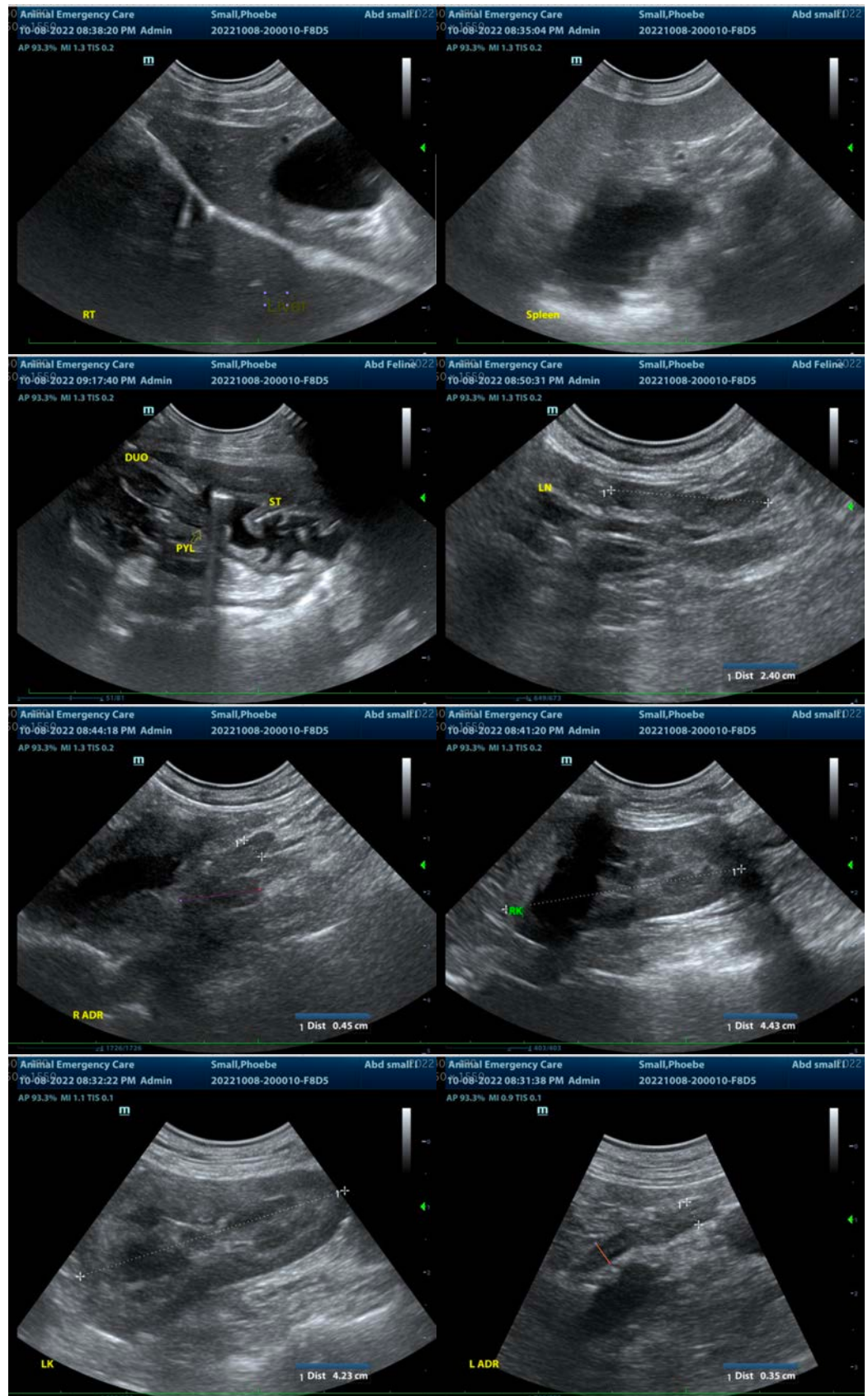
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PATIENT

Phoebe Small

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.

SPECIES

Canine

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.

BREED

Chih X

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com

SEX

Spayed Female

AGE

2 Years

WEIGHT

4.6 kg

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