



PATIENT PRESENTING CLINICAL SIGNS

Yuri Rowe P presented for anorexia of multiple day duration and lethargy. P dull, alert, responsive on exam. No pain response on abdominal palpation . TPR WNL. Chem 17/CBC/Lytes ran in house. Mild ALT increase, mild neutrophilia with bands, and mild monocytosis seen. Rest WNL

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: ALT: 159 U/L Neutrophils: 12.57 K/uL (bands confirmed on blood smear) Monocytes: 1.6 K/uL

BREED

Catahoula/Pit

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

Neutered Male

The area of the prostate is examined without evident pathology.

AGE

7 Years

The right kidney is normal in size (6.4 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

51 Pounds

The left kidney is normal in size (6.7 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

The area of the right adrenal gland is examined without evident pathology.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The caudal pole of the left adrenal gland is normal at 0.60 cm. The cranial pole is not well visualized.

Spleen

Spleen is generally normal in size and shape with a smooth capsular contour. Parenchyma is diffusely nodular in appearance characterized by small discrete hypoechoic nodules. Splenic vasculature appears normal.

IMAGING PERFORMED BY

Dr. Saum Hadi

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.

HOSPITAL NAME

Bethany Family PC

REFERRING VET

Dr. Saum Hadi

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

Fundic mucosal hypertrophy with hyperechoic mucosa and some mucosal remodeling is noted. There is no loss of mural detail. Layering is normal. There is mild luminal fluid accumulation. An oblong, soft tissue density structure is noted within the gastric lumen (see below for differentials).

DATE

10/8/22

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



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per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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

Pancreas

The observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Enhanced hyperechoic ill-defined surrounding fat is noted.

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Catahoula/Pit

Free Abdomen

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

SEX

Neutered Male

There is no apparent lymphadenopathy noted in these images.

PRIMARY FINDINGS

- Mild acute pancreatitis suspected
- **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.
- **Oblong soft tissue density within the gastric lumen** – This structure does not appear to be attached to the mucosa and appears to be free floating. There is no acoustic shadow appreciated to suggest definitive foreign material. However, a foreign body cannot be ruled out. Other differentials are clumps of ingesta or atypical ingesta such as a potato or the like.

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SECONDARY FINDINGS

- **Splenic micronodular hyperplasia pattern** – This nodular change is often associated with benign aging nodular hyperplasia. Infiltrative neoplasia, however, including both early hemangiosarcoma as well as round cell neoplasia cannot be ruled out.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no obvious visible liver pathology noted in these images. Differentials for the mildly increased ALT could be mild pancreatitis/gastritis, etc. However, testing for Leptospirosis is warranted, especially if medical management of pancreatitis/gastritis, etc. does not result in normalization of the ALT.

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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. If a full GI panel is not possible, then a quantitative PLI is recommended.

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In the meantime, recommendations include supportive/symptomatic medical management of mild acute pancreatitis and gastritis with antiemetics, gastroprotectants, pain management if warranted based on physical exam +/- broad-spectrum antibiotics and fluid therapy. Fasting is recommended for the next 24 hours followed by recheck imaging of the stomach to help better differentiate the origin of the gastric density described above.

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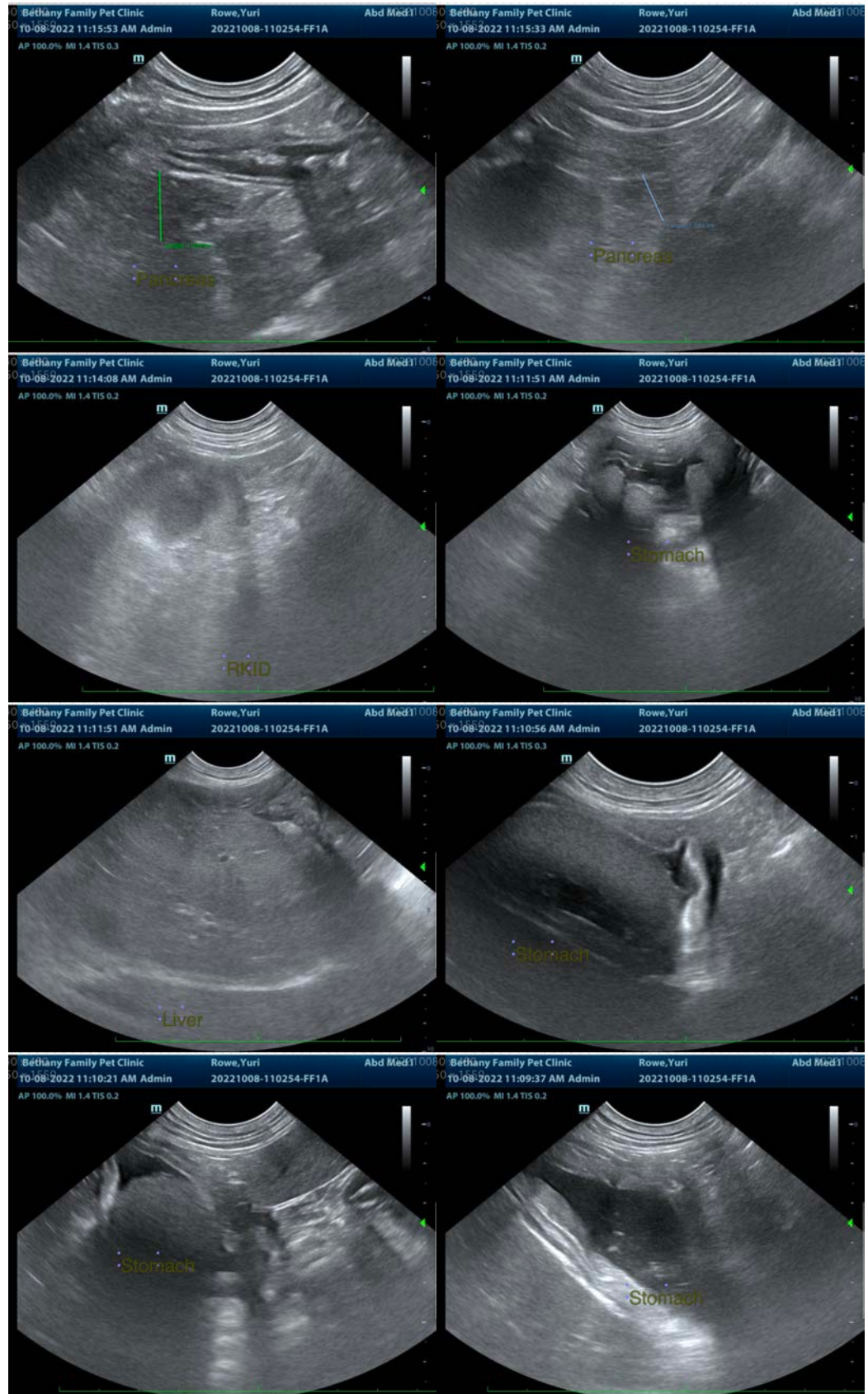
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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