



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Beetle Howanec	at our hospital for a recheck after being hospitalized for pancreatitis yesterday. O stated P had a normal bowel movement last night, but this morning had more diarrhea. P is ataxic at home, needing help going outside, and fell over once this morning. O also stated P is very lethargic, hypersalivating, and whining a lot at home. Previous Health Concerns: allergies Current Medications: cytopoint, gabapentin 300mg , metronidazole 500mg, Provable , cerenia
<b>SPECIES</b>	
Canine	
<b>BREED</b>	
Labrador Retriever	Abnormal PE/Chem/CBC/UA Results: HR: 56 Cardiovascular: bradycardia, no murmurs or arrhythmias noted Recheck Radiographs- no obvious signs of obstruction, mild gas in SI + colon, subjectively inflamed SI Kidney Panel: Ca 8.7 L; TP 5.4 L CBC - RDW 11.9 L EPOC - pH 7.347 L; Lact 3.32 H
<b>SEX</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Neutered Male	<b>Urinary System</b>
<b>AGE</b>	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.
5 Years	Prostate is normal in size, echotexture and echogenicity for a neutered male.
<b>WEIGHT</b>	The right kidney is normal in size (7.41 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.
32.2 kg	The left kidney is normal in size (7.37 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.
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
Beth Johnson, DVM DACVIM	The adrenal glands are difficult to fully visualize in these images. The caudal pole of the left adrenal gland is visible and measures 0.46 cm thick.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Erin Wicks	Spleen is subjectively large 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. The spleen is folded upon itself, which is a positional non-pathologic variant.
<b>HOSPITAL NAME</b>	<b>Liver</b>
Shores VEC	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.
<b>REFERRING VET</b>	
Dr. Christian	
<b>INVOICE</b>	
42491	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.
<b>DATE</b>	<b>Gastrointestinal</b>
11/3/22	The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta.



<b>PATIENT</b>	There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
Beetle Howanec	
<b>SPECIES</b>	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	
<b>BREED</b>	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
Labrador Retriever	
<b>SEX</b>	<b><i>Pancreas</i></b> 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.
Neutered Male	
<b>AGE</b>	<b><i>Free Abdomen</i></b> There is no evidence of free peritoneal effusion noted in these images. There is no apparent lymphadenopathy noted in these images.
5 Years	
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
32.2 kg	<ul style="list-style-type: none"> <li><b>Suspected flat adrenal glands</b> – This can be a normal patient variant and/or a sign of exogenous cortisol administration. If exogenous steroids are not being administered, hypoadrenocorticism (either relative or absolute) should be considered.</li> </ul>
<b>INTERPRETED BY</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
Beth Johnson, DVM DACVIM	Lack of visibly ultrasonographic evidence of pancreatitis and/or gastrointestinal disease does not definitively rule it out. However, severe pancreatitis resulting in this patient's severe clinical signs is considered less likely based on lack of visible ultrasound changes.
<b>IMAGING PERFORMED BY</b>	Recommendations include further evaluation of the pancreas and gastrointestinal tract with A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory.
Erin Wicks	
<b>HOSPITAL NAME</b>	A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.
Shores VEC	
<b>REFERRING VET</b>	Given this patient's hypocalcemia and neurologic signs, an ionized calcium is recommended, as is a blood pressure if not recently evaluated.
Dr. Christian	
<b>INVOICE</b>	Given the combination of gastrointestinal signs and neurologic signs, etc., could this patient have been exposed to a toxin that may have resulted in the described clinical signs?
42491	
<b>DATE</b>	While awaiting pending results, further neurologic evaluation, etc., symptomatic/supportive care is recommended in the form of antiemetics, gastroprotectants, fluid support, electrolyte/calcium abnormalities management, pain management if indicated, +/- broad-spectrum antibiotics, etc.
11/3/22	



**PATIENT**

Beetle Howanec

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

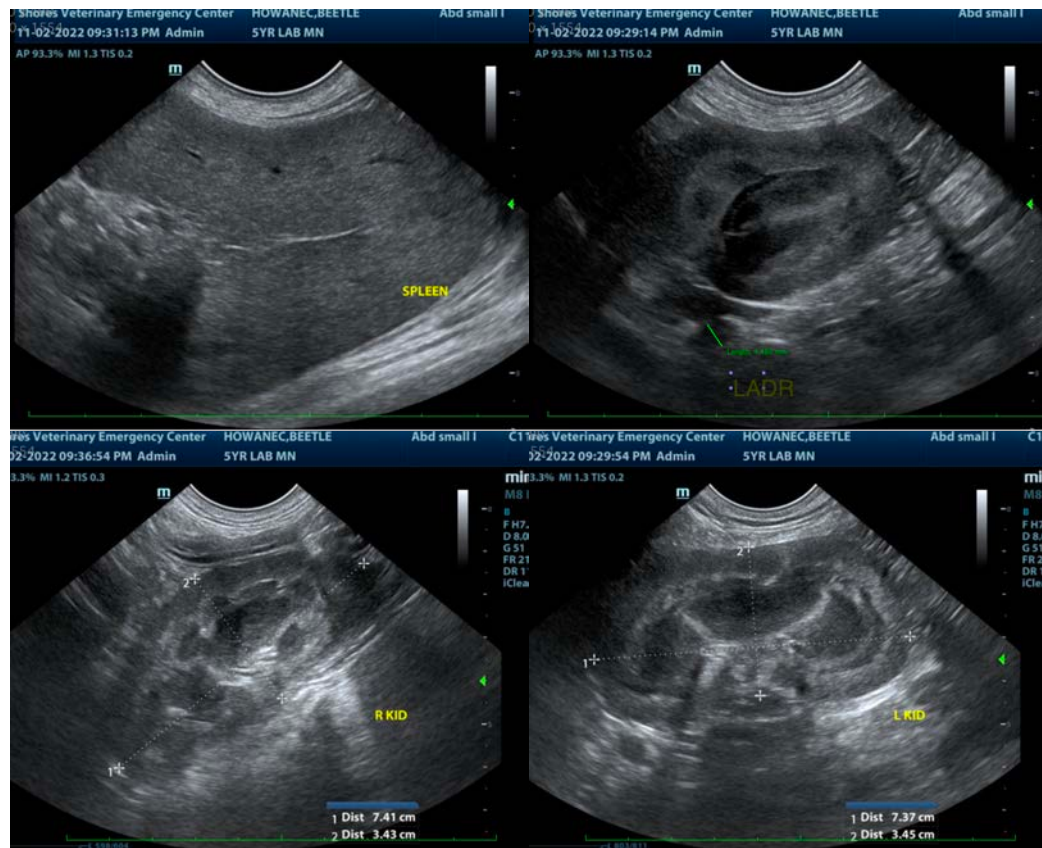
Neutered Male

**AGE**

5 Years

**WEIGHT**

32.2 kg



**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

Dr. Christian

**INVOICE**

42491

**DATE**

11/3/22

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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