

Portable Animal Wellness Sonography, Inc.

IMAGING PERFORMED BY

pawsonography@gmail.com 530-786-8340

PATIENT PRESENTING CLINICAL SIGNS

Casper Martinez Pt has been having diarrhea for over a month. O has been feeding rice, boiled chicken and shredded cheese the last 2 weeks. Could not get in earlier than today for an appointment. Pt has lost 5 lbs in a month and a half. Sedation torb/dex Exam No vomiting, eats ok, no abdominal distension, no lethargy, just chronic diarrhea. Abdominal radiographs. Did not eat this morning, but there appears to be food in the stomach. The spleen appears to be enlarged. Noted the colon seems to be pushed down in central abdomen. Discussed PE, Hx, dDx with owner. Discussed splenic enlargement, IBD, tumor in GI tract.

SPECIES

Canine

BREED

Pit Bull

SEX

Neutered Male

AGE

10 Years

WEIGHT

55 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Pine Creek VC

REFERRING VET

Dr. Denny Nolet

INVOICE

43097

DATE

11/30/22

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.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

The right kidney is normal in size (6.5 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 (6.2 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.

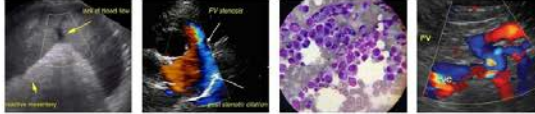
Adrenal Glands

The right adrenal gland is normal in size (0.40 cm at the cranial pole and 0.50 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 (0.40 cm at the cranial pole and 0.48 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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.



PATIENT *Liver*

Casper Martinez

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. A 1.2 cm x 2.0 cm hyperechoic nodule is noted adjacent to the gallbladder. Visible vasculature and biliary tree appear normal without distension or congestion.

SPECIES

Canine

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

BREED

Pit Bull

Gastrointestinal

SEX

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.

Neutered Male

AGE

10 Years

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.

WEIGHT

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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.

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Pancreas

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.

Free Abdomen

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

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The sublumbar and 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. The right measures 0.95 cm thick.

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PRIMARY FINDINGS

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- **Liver nodule** – Differentials for a discrete liver nodule include primarily benign changes such as nodular hyperplasia, fibrosis of an old hematoma, granuloma, myelolipoma, etc.; however, while considered less likely, primary hepatic neoplasia, infiltrative round cell neoplasia and metastatic disease can mimic benign lesions and cannot be definitively ruled out.

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- **Reactive sublumbar and mesenteric lymph nodes** – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

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PATIENT SECONDARY FINDINGS

Casper Martinez

- **Gallbladder debris** - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

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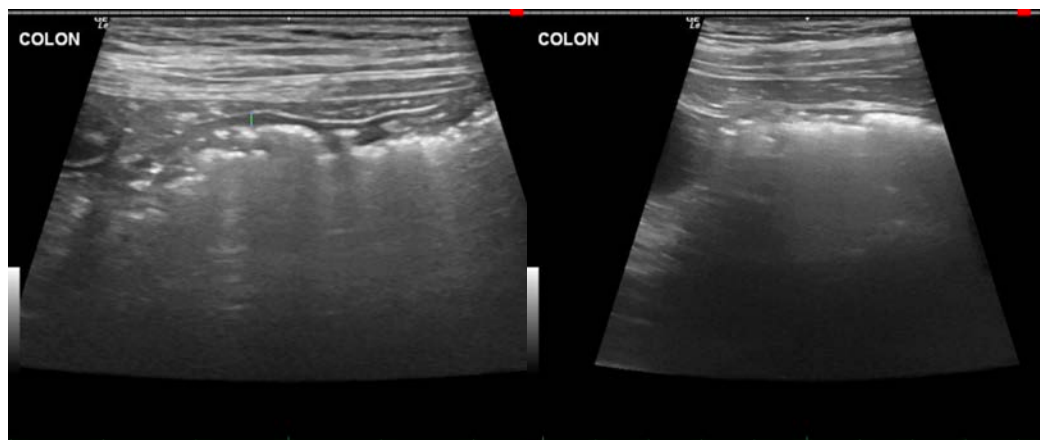
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In addition to an overall general health screen in the form of a CBC/Chem panel, electrolytes, and urinalysis (if not recently evaluated), 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.

A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.

In the meantime, empirical deworming with a 5-day course of Panacur is recommended, as well as a probiotic such as Visbiome or Provable, and potentially a transition in diet based on trial-and-error patient response, beginning with a hydrolyzed protein diet or potentially a fiber response colitis diet, etc.

Ultimately, if clinical signs persist, upper and lower GI gastroscopy, endoscopy/colonoscopy may be necessary to definitively diagnose and therefore manage this patient's chronic diarrhea.





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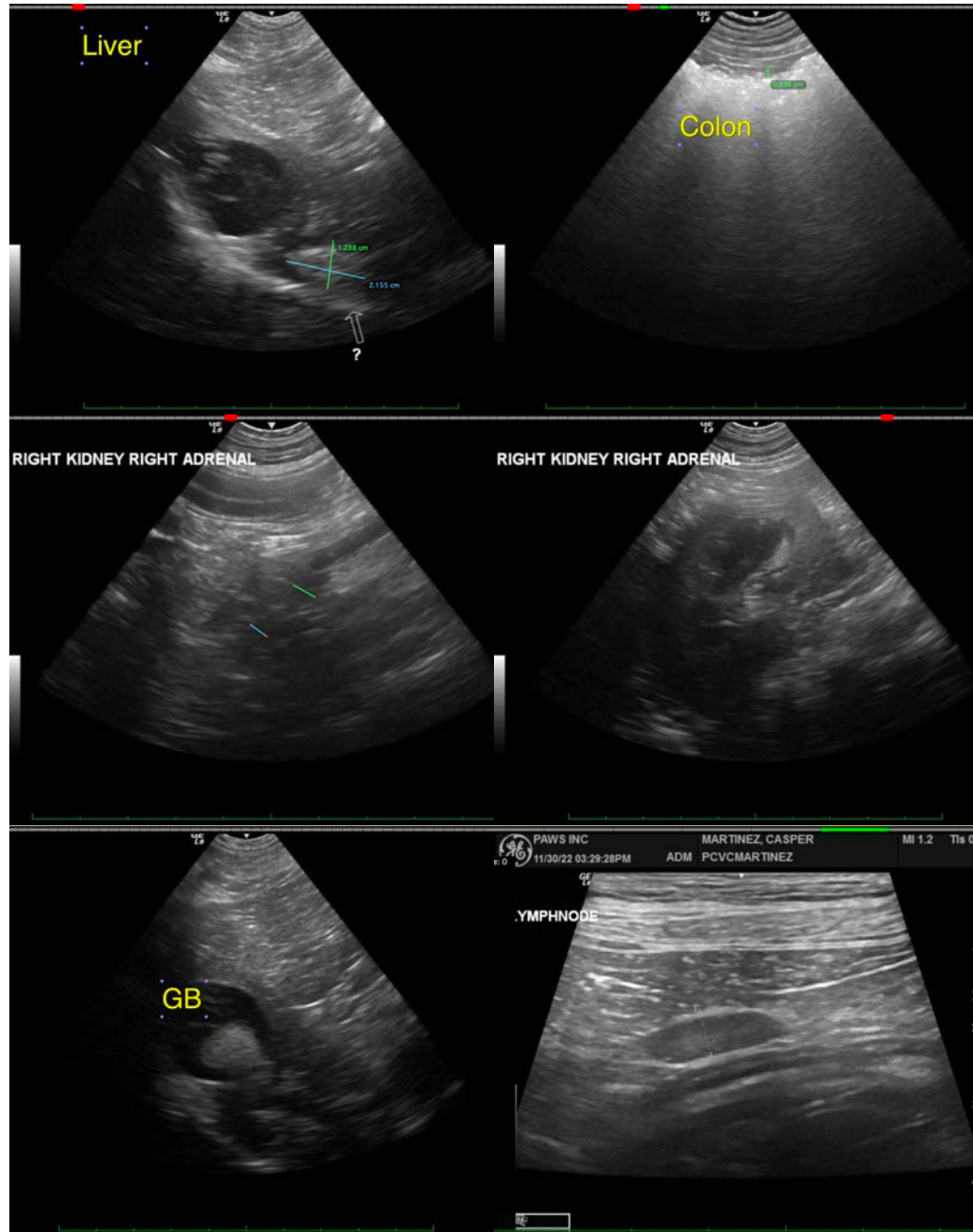
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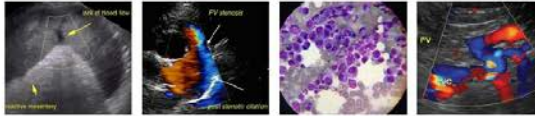
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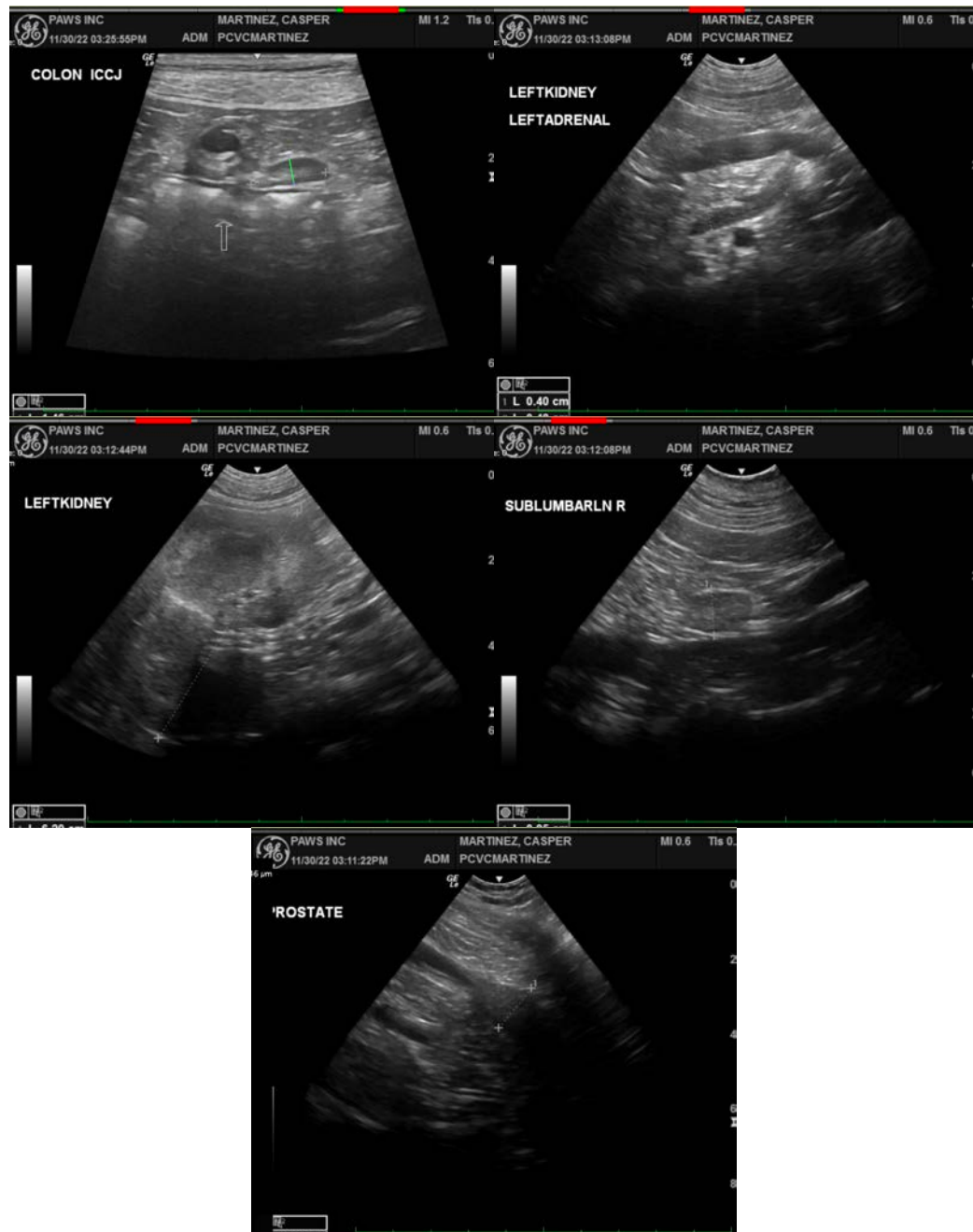
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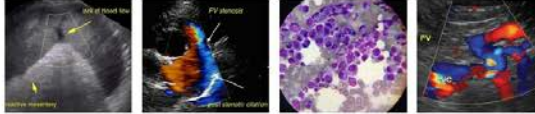
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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