



**PATIENT PRESENTING CLINICAL SIGNS**

Roxy Phipany Hx of pancreatitis, P currently has diarrhea that is non-responsive to metronidazole. Current meds: Metro 250mg q12h

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Canine Urinary System**

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.

**BREED**

Border Collie X Right kidney is normal in size (5.75 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.

**SEX**

Spayed Female Left kidney is normal in size (5.42 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.

**AGE**

9 Years Right adrenal gland is normal in size (2.19 cm long, 1.33 cm at cranial pole and 1.06 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**WEIGHT**

51.5 Pounds Left adrenal gland is normal in size (2.15 cm long, 0.50 cm at cranial pole and 0.56 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**Spleen**

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.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**Liver**

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**

Tranquility VC

**REFERRING VET**

Dr. Jones

GB contains a moderate amount of non-dependent, mildly aggregated/inspissated sludge. Hypo to anechoic cystic areas are noted between the gallbladder sludge and luminal wall. The wall is otherwise smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion.

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33433

**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 empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

**DATE**

12/14/21



**PATIENT** The small bowel is at the upper limit of normal to increased wall thickness with the duodenum ranging from 0.45-0.60 cm and other jejunal loops ranging from 0.37-0.45 cm. Normal layering is intact. Motility appears adequate. Small intestinal motility appears adequate. There are no luminal contents noted within the small intestines. There is no evidence of obstruction or foreign material noted.

Roxy Phipany

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

Canine

**Pancreas**

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.

**BREED**

Border Collie X

**Free Abdomen**

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

Spayed Female

Early mucocele – 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. The non-dependent nature of this sludge combined with the cystic areas are suggestive, however, of possible emerging cystic mucosal hyperplasia or early gallbladder mucocele.

**AGE**

9 Years

Diffusely thick small bowel with intact normal layering – most consistent with infiltrative inflammatory disease. Infiltrative neoplasia cannot be ruled out, but is considered less likely.

**WEIGHT**

51.5 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommendations include routine CBC/Chem/UA with special focus on albumin level given the concern for infiltrative bowel disease, as well as a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M Gu laboratory. A fecal exam is also recommended followed by an empirical 5-day course of Panacur to deworm the patient regardless of fecal results. A diet change to a hydrolyzed or novel protein diet could be considered with a slow transition to prevent making the diarrhea worse.

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Ultimately, biopsies of the intestines (either surgical full thickness biopsies or endoscopic biopsies) may be required to obtain a definitive diagnosis. If biopsies are not pursued, other empirical therapies could contain cobalamin supplementation and empirical steroids. If clinical signs of mucocele such as decreased appetite, vomiting, abdominal pain and/or laboratory changes consistent with a mucocele such as increased ALP, total bilirubin, etc. are present and/or develop, monitoring of the gallbladder is recommended with potential cholecystectomy if clinical signs and/or laboratory changes warrant it.



**PATIENT**

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**SPECIES**

Canine

**BREED**

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**SEX**

Spayed Female

**AGE**

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**WEIGHT**

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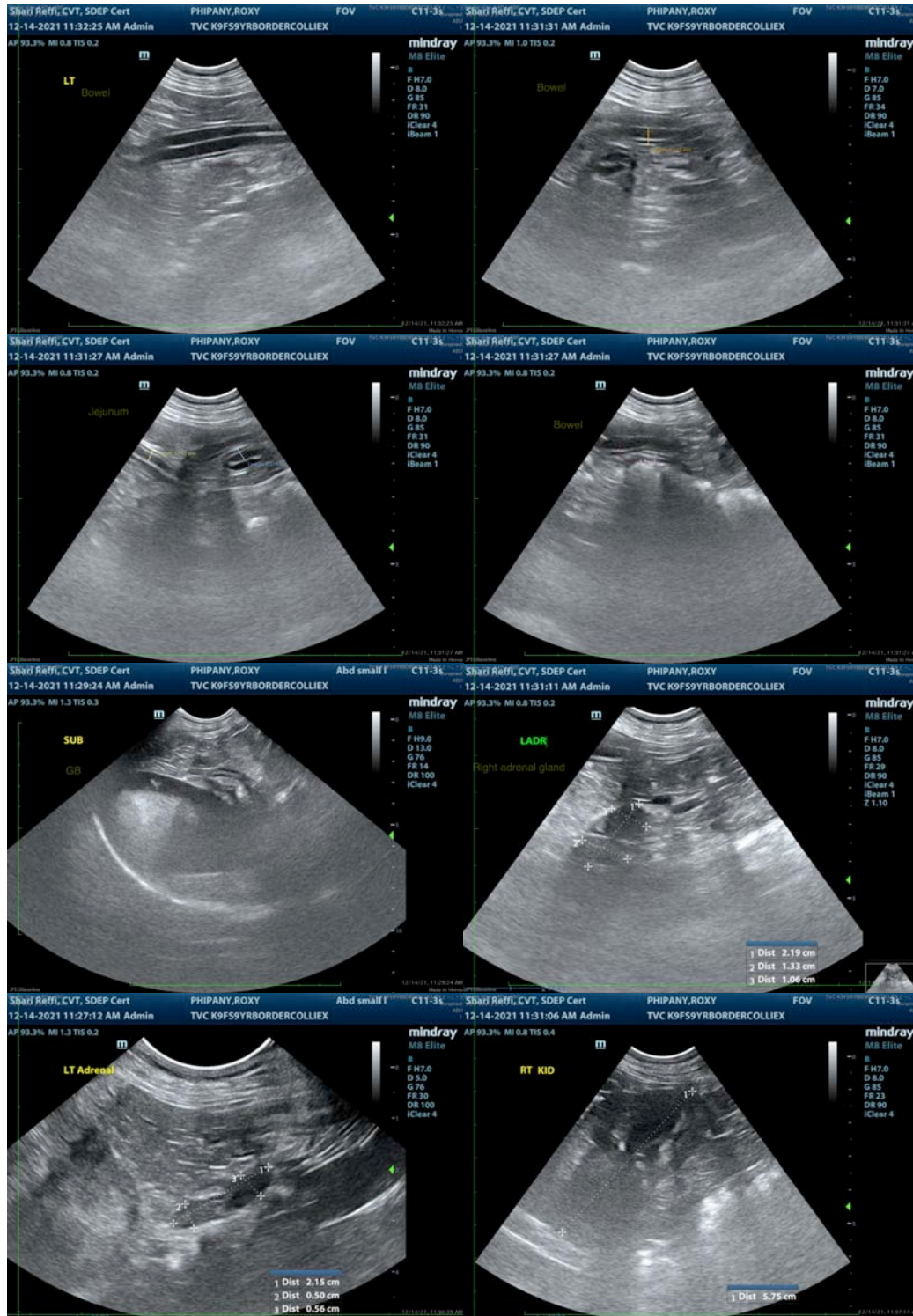
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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