



PATIENT	PRESENTING CLINICAL SIGNS
Capone Abrusci	Anorexia, diarrhea.
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	Urinary bladder is only mildly distended (empty). Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. If there are urinary signs and/or concern for urinary bladder pathology, reassessment after complete filling is recommended.
Malamute	
SEX	The area of the prostate is examined without evident prostatic pathology.
Neutered Male	
AGE	The right kidney is normal in size (6.06 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.
6	
WEIGHT	The left kidney is normal in size (7.38 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.
117	
INTERPRETED BY	Adrenal Glands
Beth Johnson, DVM DACVIM	The right adrenal gland is unable to be fully visualized in these images. The left adrenal gland is normal in size (2.6 cm long x 0.63 cm at the cranial pole and 0.53 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
IMAGING PERFORMED BY	Spleen
Jenn	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.
HOSPITAL NAME	Liver
Rockaway AH	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.
REFERRING VET	
Dr. Maniar	
INVOICE	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.
44642	
DATE	Gastrointestinal
2/1/23	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. 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.



PATIENT

Capone Abrusci

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

SPECIES

Canine

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.

BREED

Malamute

Free Abdomen

SEX

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

Neutered Male

There is no apparent lymphadenopathy noted in these images.

AGE

6

ULTRASONOGRAPHIC FINDINGS

- Relatively unremarkable/normal abdomen without an evident ultrasonographic cause for the patient's reported diarrhea and decreased appetite.

WEIGHT

117

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not already evaluated, a general metabolic health screen is recommended beginning with a CBC/Chem panel, electrolytes, and a urinalysis and, if indicated based on urinalysis results, urine culture. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

Additionally, if not recently evaluated, a fecal exam is recommended.

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.

Pending above results, additional considerations may include A fecal enteropathogen PCR panel to Texas A&M GI Laboratory further evaluation of possible infectious disease.

In the meantime, supportive/symptomatic medical management of gastroenteritis is recommended with antiemetics to rule out subclinical nausea as a cause of decreased appetite, gastroprotectants, empirical deworming with a 5-day course of Panacur, and a probiotic such as Visbiome or Provable.

If clinical signs persist, transition in diet, if tolerated and based on trial-and-error response, beginning with a hydrolyzed protein diet, could be considered, unless lab work reveals evidence of a protein losing enteropathy, in which case a low-fat diet may be a better first choice.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

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PATIENT

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REFERRING VET

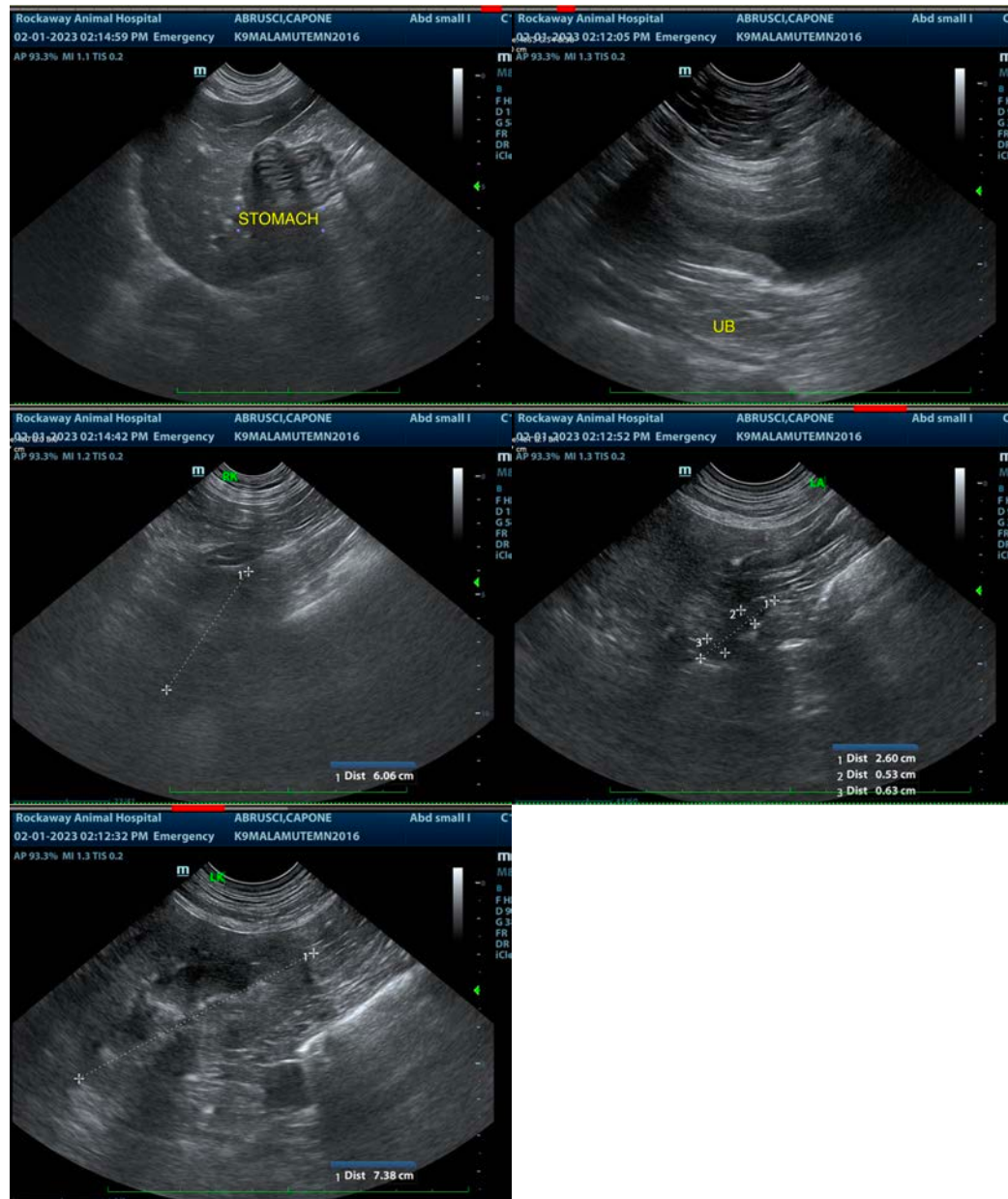
Dr. Maniar

INVOICE

44642

DATE

2/1/23



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
Beth.Johnson@sonopath.com