



PATIENT

Leo Patel

PRESENTING CLINICAL SIGNS

Chronic intermittent vomiting and weight loss. Normal blood work and radiographs. Texas GI Panel pending.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Golden Doodle

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

The prostate is normal for a neutered dog.

SEX

Neutered male

Left kidney is normal in size (3.71 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Right kidney is normal in size (4.88 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

AGE

17 months

Adrenal Glands

WEIGHT

19.5 lbs

Left adrenal gland is normal in size (0.5 cm at cranial pole and 0.52 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (0.76 cm at cranial pole and 0.47 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Spleen

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

IMAGING PERFORMED BY

Dr. Brady

Liver

HOSPITAL NAME

Shiloh VH

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

REFERRING VET

Dr. Brady

Gastrointestinal

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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. No evidence of masses/nodules or foreign material present.

DATE

2/9/22

The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

Colon is normal in wall thickness (< 0.2 cm) and layering.



PATIENT

Pancreas

Leo Patel

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

SPECIES

Canine

Free Abdomen

Lymph nodes are normal with no observed enlargement.

BREED

Golden Doodle

ULTRASONOGRAPHIC FINDINGS

SEX

Primary Findings

Neutered male

- Gastritis – Microulceration cannot be ruled out.
- Otherwise, unremarkable abdomen.

AGE

17 months

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include the reportedly pending gastrointestinal malabsorption panel to Texas A&M GI laboratory to include TLI, PLI, folate and cobalamin as well as PCR panel for gastrointestinal infectious diseases given the patient’s young age. In the meantime, therapeutic recommendations include management of gastritis in the form of antiemetics, gastroprotectants as well as beginning diet trials starting with a bland easy to digest diet. If that is not effective in 2-4 weeks transitioning to a novel or hydrolyzed protein diet, etc. Empirical deworming with a 5 day course of Panacur is also recommended. Thoracic radiographs are recommended for further esophageal assessment if not recently performed.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Brady

HOSPITAL NAME

Shiloh VH

REFERRING VET

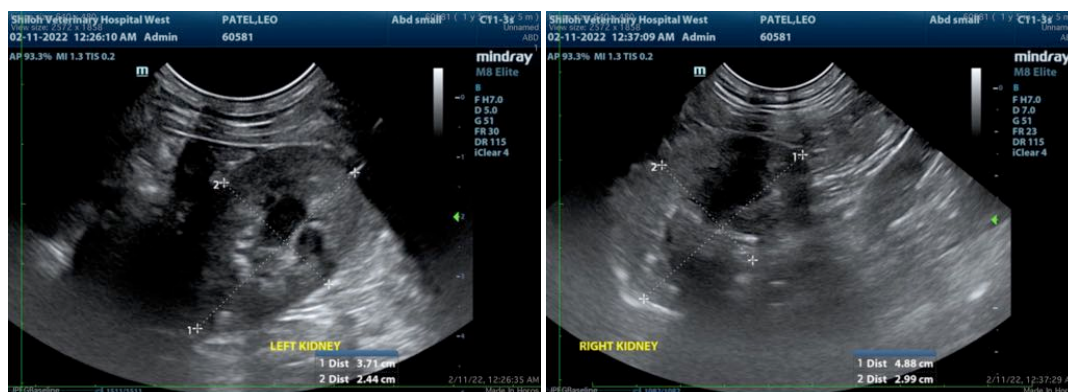
Dr. Brady

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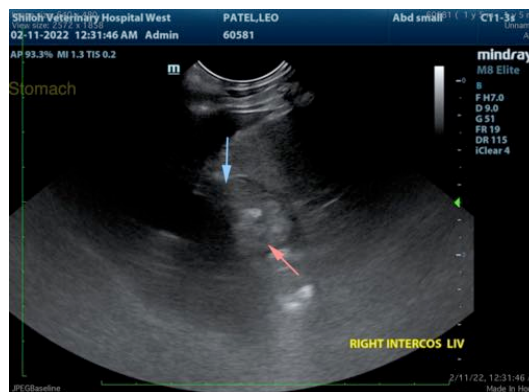
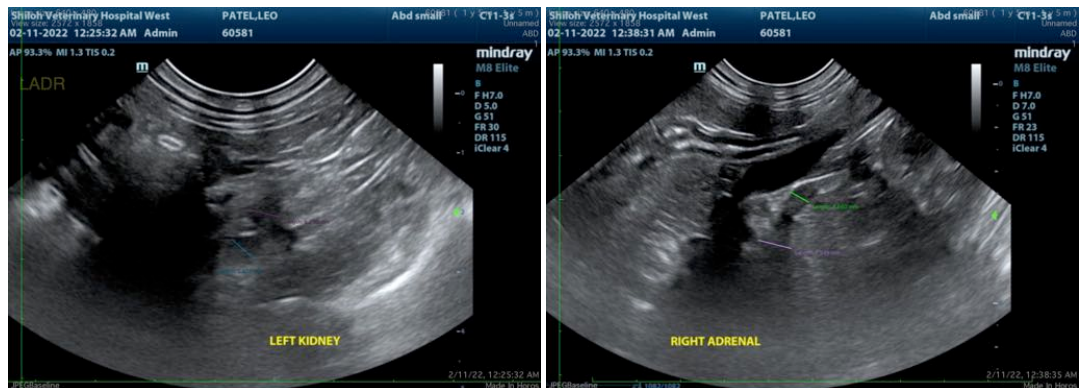
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

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