



PATIENT

Coco Riggio

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

9 Years

WEIGHT

13.2 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Midland Park VH

REFERRING VET

Dr. John Shokoff

INVOICE

21091

DATE

2/13/23

PRESENTING CLINICAL SIGNS

History: Patient with history of G.I. issues presents for acting acutely uncomfortable, with a tense abdomen, and appears bloated per owner; one episode of fecal incontinence. Was seen at emergency yesterday with no obvious abnormalities noted on physical examination. Current med: on Pred. EOD for allergies.

Abnormal PE/Chem/CBC/UA Results: 9/22: elevated chol., elevated triglycerides, elevated amylase/PrecPSL and platelets. U/A: NSF's, USG 1.023 (10/22).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately 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.

Left kidney is normal is size (3.61 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.

Right kidney is normal is size (3.9 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 adrenal glands are enlarged (left adrenal gland measures 1.76 cm x 0.94 cm thick, right adrenal gland measures 2.39 cm long x 1.0 cm cranial pole x 1.3 cm caudal pole) with mild heterogenous parenchymal changes. Swollen capsular expansion is noted without evident capsular escape or vascular invasion.

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.

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.

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.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is moderately to markedly distended with primarily echogenic nonshadowing luminal contents, as well as gas. Additionally, however, there is a focal echogenic interface with distal progressively shadowing material



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concerning for possible hairball or similar fluid absorbing foreign material. There is no evidence of infiltrative disease visible.

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The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.

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The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

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Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Spayed Female

Free Abdomen

AGE

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

9 Years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

- Bilateral adrenal masses – This finding is consistent with adrenal hyperplasia secondary to pituitary dependent hyperadrenocorticism vs possible stress or even normal patient variant. Bilateral adenomas are also possible. Pheochromocytoma, adenocarcinoma, etc., bilaterally, is possible but considered less likely. This finding should be interpreted in combination with clinical signs of hyperadrenocorticism or other adrenal disease.

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- The appearance of the stomach may be normal ingesta and should be interpreted in combination with patients last meal, however, there is some suspicion for a nonobstructive foreign body, such as a small hairball or cloth-like foreign body. Additionally, the entire GI tract is subjectively more gas distended than is typically observed even in a postprandial state.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Kelly Vazquez

Recommendations include supportive/symptomatic medical management of an acute on chronic gastroenteritis flare up with antiemetics, gastroprotectants, and potentially a transition in diet to a bland easy to digest diet or if not already in place maybe a hydrolyzed protein diet based on trial-and-error response. If clinical signs persist, recheck imaging, ideally fasted, if possible, of the stomach and small bowel is recommended.

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Given the adrenal gland changes, if not recently evaluated, urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended. A blood pressure is also recommended if not recently evaluated. Further work up for possible adrenal disease/hyperadrenocorticism isn't necessarily indicated unless there are supporting clinical signs.

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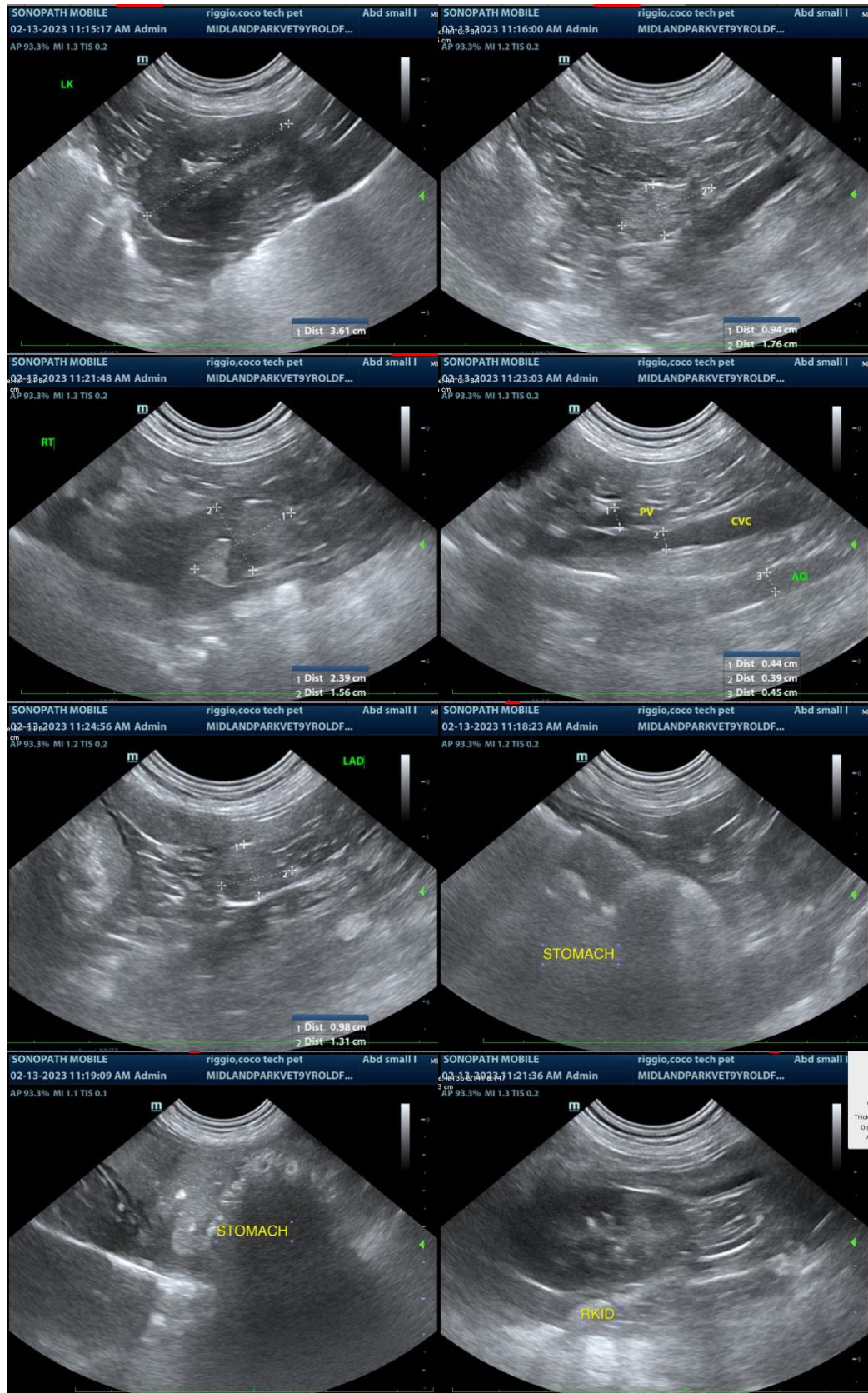
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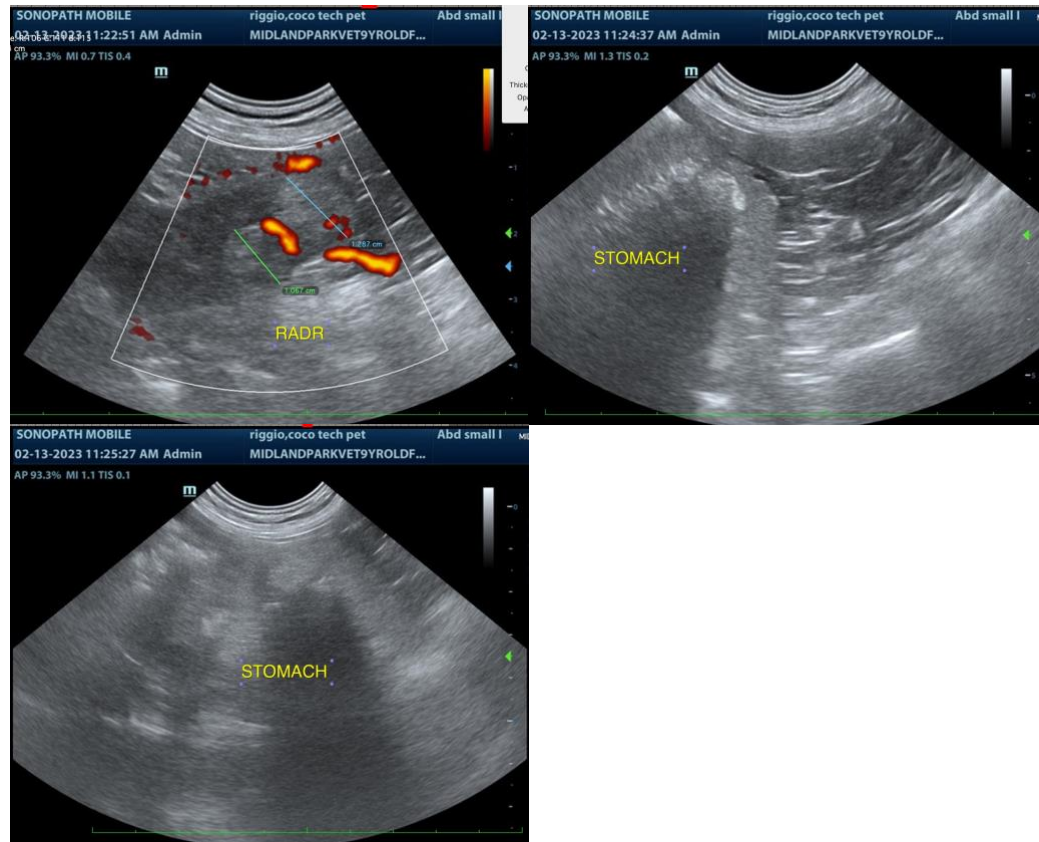
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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