



<b>DATE</b>	<b>PRESENTING CLINICAL SIGNS</b>
2/13/23	History: Known to be hyper when owner comes home Saturday: came running outside to greet the owner – cough real deep then fell over - last around 5-7 seconds then jumped back up like normal - has a little bit of loose stool earlier - seemed like he was snoring a bit more than usual This AM: initially seemed fine and ate breakfast - when family member visited - ran around, collapsed in the hall way, don't think he went unconscious - was shaking and breathing hard and after a few minutes passed Has had a runny nose over the past week Known to has episode where he won't eat then he will vomit bile - this week was eating dirt/mulch and he vomited after Known picky eater
<b>PATIENT</b>	
Royal Novotny	
<b>SPECIES</b>	
Canine	
<b>BREED</b>	Current Medications: Gabapentin, Omeprazole, Buprenorphine . Lab Results: See attached. Radiographs: Cardiomegaly Mild spondylosis; Splenomegaly Decreased serosal detail Date of Previous IntraPet Ultrasound: No previous. Sedation: Not required to complete full diagnostic ultrasound. Stat Report: Not requested. Imaging Performed By: Rachel Brillhart, RDMS.
Saint. Bernard Mix	
<b>SEX</b>	
Neutered Male	
<b>AGE</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
1/25/15	<b>Urinary System</b> 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.
<b>WEIGHT</b>	The area of the prostate is examined without evident prostatic pathology.
118 Pounds	
<b>INTERPRETED BY</b>	Left kidney is normal is size (7.23 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.
Beth Johnson, DVM DACVIM	Right kidney is normal is size (7.27 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.
<b>HOSPITAL NAME</b>	<b>Adrenal Glands</b> Left adrenal gland is normal in size (3.02 cm long x 0.87 cm at cranial pole and 0.84 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.
Animal Emergency Hospital	Right adrenal gland is normal in size (2.97 cm long x 0.68 cm at cranial pole and 0.7 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.
<b>REFERRING VET</b>	<b>Spleen</b> 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.
Dr. Nacke-Horney	<b>Liver</b>
<b>INVOICE</b>	
21085	

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 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. 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.

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

### ***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.

### ***Free Abdomen***

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

### ***Other***

There is no evidence of heart base or pericardial pathology noted in these images at this time. If cardiac function evaluation is desired, a full echo is recommended.

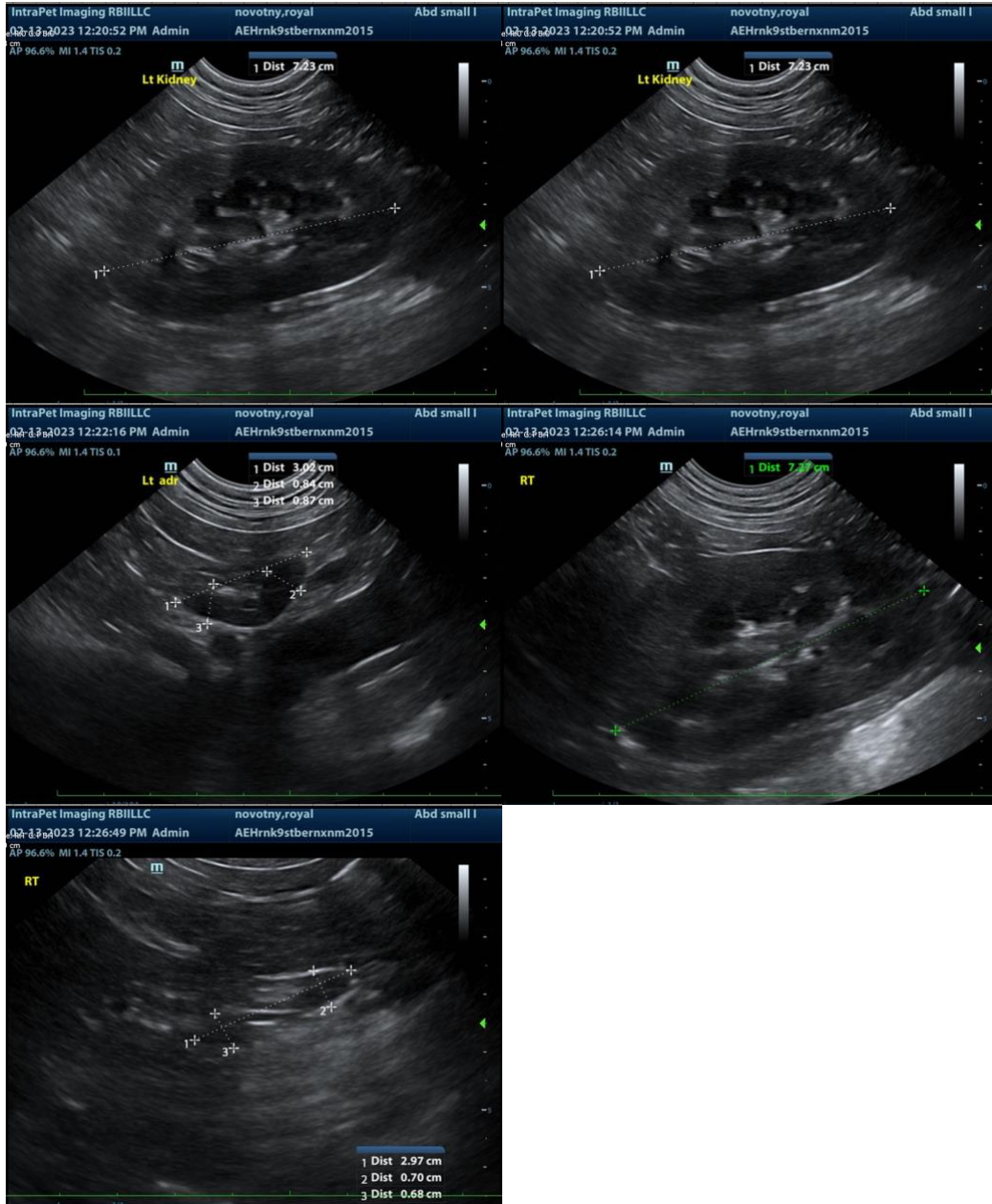
## **ULTRASONOGRAPHIC FINDINGS**

- This is an unremarkable/normal abdomen without an evident ultrasonographic cause for the patients reported collapse.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If not already evaluated, an echocardiogram is recommended, as is potentially and electrocardiogram, given the reported collapse. Blood pressure is also recommended if not recently evaluated.

Additionally, given the reported CBC changes, a pathology review of the cells is indicated.



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.

**Beth Johnson, DVM DACVIM**

Beth.Johnson@SonoPath.com