



PATIENT

Duke Hyland

PRESENTING CLINICAL SIGNS

Patient came in for vomiting 3 times after going home from hospital, anorexia only eating small amount of turkey at home, loose stool

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Golden Mix

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

SEX

Neutered male

Left kidney is normal in size (5.51 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 (5.3 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

AGE

4 years

Adrenal Glands

WEIGHT

38 lbs

Left adrenal gland is normal in size (2.03 cm long, 0.72 cm at cranial pole and 0.8 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (2.53 cm long x 0.74 cm at cranial pole and 0.59 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

Jenn

Liver

HOSPITAL NAME

Rockaway AH

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. Maniar

Gastrointestinal

INVOICE

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The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.

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.

DATE

2/15/22

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



PATIENT

Pancreas

Duke Hyland

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 Mix

ULTRASONOGRAPHIC FINDINGS

SEX

Unremarkable abdomen.

Neutered male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

4 years

Recommendations include general lab work including a CBC, serum chemistry panel with electrolytes and urinalysis if not recently performed. Given the gastrointestinal signs a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory is also recommended as is a baseline cortisol to rule out unlikely, but possible hypoadrenocorticism. If the baseline cortisol is less than 2 a full ACTH stimulation is recommended. In the meantime, empirical deworming with a 5 day course of Panacur is recommended followed by transition to a novel or hydrolyzed protein diet pending diagnostics as well as supportive care in the form of anti-emetics and gastroprotectants +/- appetite stimulants if necessary. Given the soft stool a probiotic can also be considered. If clinical signs persist beyond medical management and a diagnosis is not narrowed down then a recheck abdominal ultrasound is recommended.

WEIGHT

38 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

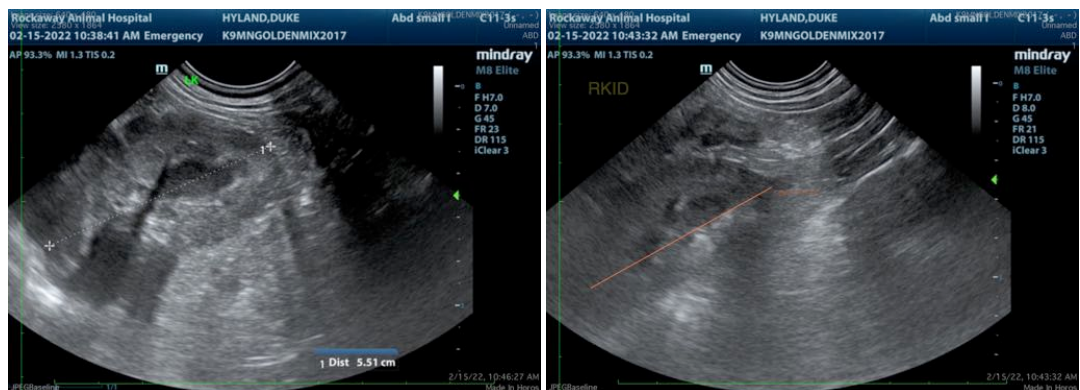
Dr. Maniar

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DATE

2/15/22





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SPECIES

Canine

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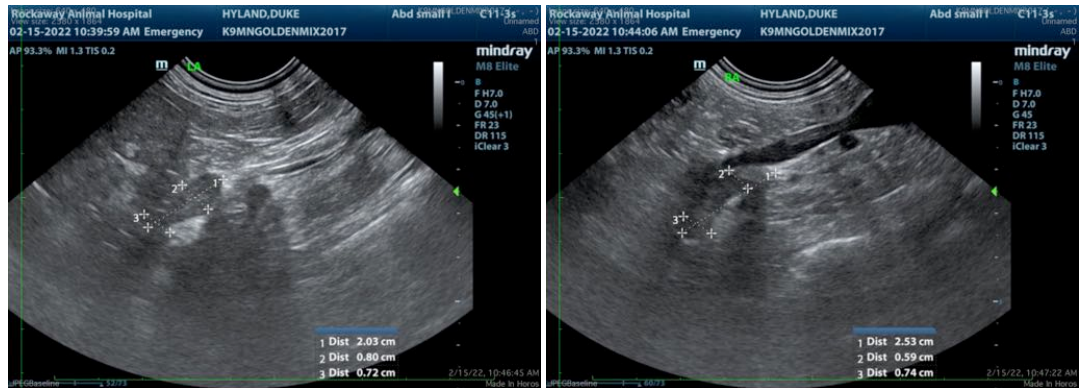
Dr. Maniar

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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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