

PATIENT PRESENTING CLINICAL SIGNS

Chug Gross

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

5 Years

WEIGHT

21 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

BPH of South Eugene

REFERRING VET

Dr. Wright

INVOICE

35678

DATE

2/16/22

Chronic diarrhea, intermittent vomiting (one episode of possible hematemesis per O), hyporexia that began late January, presented 1/31/22 for first visit with Dr. Wright for these issues. - Pet has always been afebrile and tense on abdominal palpation (pet is very anxious about any touching/restraint, so difficult to differentiate pain v. anxiety). - 3/4 dental calculus, pink/moist mm. normal vitals
Abnormal PE/Chem/CBC/UA Results: 1/31/22: - CBC Chem lytes: NSF - cPL snap negative - STAT Radiology Consult: The liver is small. The spleen, kidneys and urinary bladder are normal. There is no prostatomegaly. The GI tract is unremarkable. No masses are seen. Serosal detail is normal. No other significant abnormalities are seen. The included thoracic and skeletal structures are normal.
CONCLUSIONS: Microhepatitis is present. This finding could be a normal variant or could be secondary to chronic lymphocytic plasmacytic hepatitis. A portosystemic shunt is unlikely in absence of supportive clinical signs. The abdomen is normal. The absence of radiographic changes combined with the history and normal lab work suggests a diagnosis of gastroenteritis. Soft tissue foreign material that is silhouetting with the bowel and therefore not visible and GI tract ulceration should also be considered.
RECOMMENDATIONS: Depending on the patient's response to supportive therapy, an upper GI series or abdominal sonography should be considered. Jennifer Hanson, DVM, Dip. ACVR. - Owner declined follow-up imaging due to finances until today. No repeat blood work.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately 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.

The region of the prostate was evaluated without any evident pathology.

The right kidney is normal in size (4.9 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.

The left kidney is normal in size (4.57 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 right adrenal gland is normal in size (1.87 cm long x 0.78 cm at the cranial pole and 0.55 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (1.76 cm long x 0.42 cm at the cranial pole and 0.41 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

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.



PATIENT *Liver*

Chug Gross The liver is subjectively small 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.

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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.

Gastrointestinal

Gastric 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.

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.

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

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.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Microhepatica – Differentials include normal anatomic variant versus chronic active hepatitis versus vascular anomaly. There is no evidence in this study of a vascular anomaly such as a portosystemic shunt, and the presence of one is considered less likely, but possible.
- Gastritis – Microulceration cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the gastrointestinal signs, recommendations include a gastrointestinal malabsorption panel to include TLI, PLI, folate and cobalamin to Texas A&M GI laboratory. A baseline cortisol is also recommended with that same panel. If the baseline cortisol is <2.0, a full follow up ACTH stimulation test is also recommended. In addition to that, given the persistent microhepatica, bile acids is recommended to more sensitively assess liver function.

In the meantime, medical management recommendations include treatment of gastritis with antiemetics as well as gastroprotectants such as antacid and sucralfate. Empirical deworming with a 5 day course of Panacur as well as the addition of Provable for the reported diarrhea is also recommended. Given the chronicity of the gastritis, empirical therapy for helicobacter could also be



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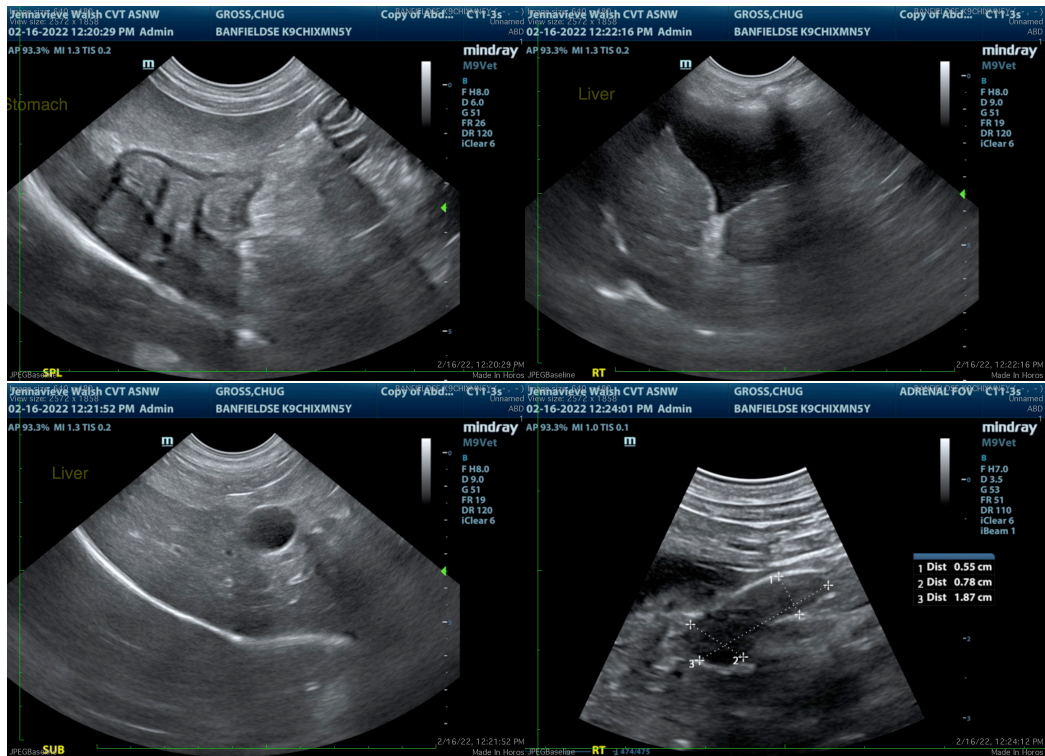
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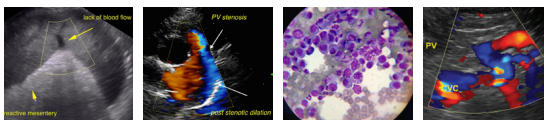
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considered. If clinical signs persist, transition to a novel or hydrolyzed protein diet could be considered. If clinical signs persist beyond trial and error dietary therapy, endoscopy may be considered for further evaluation of the GI tract and gastrointestinal biopsies.





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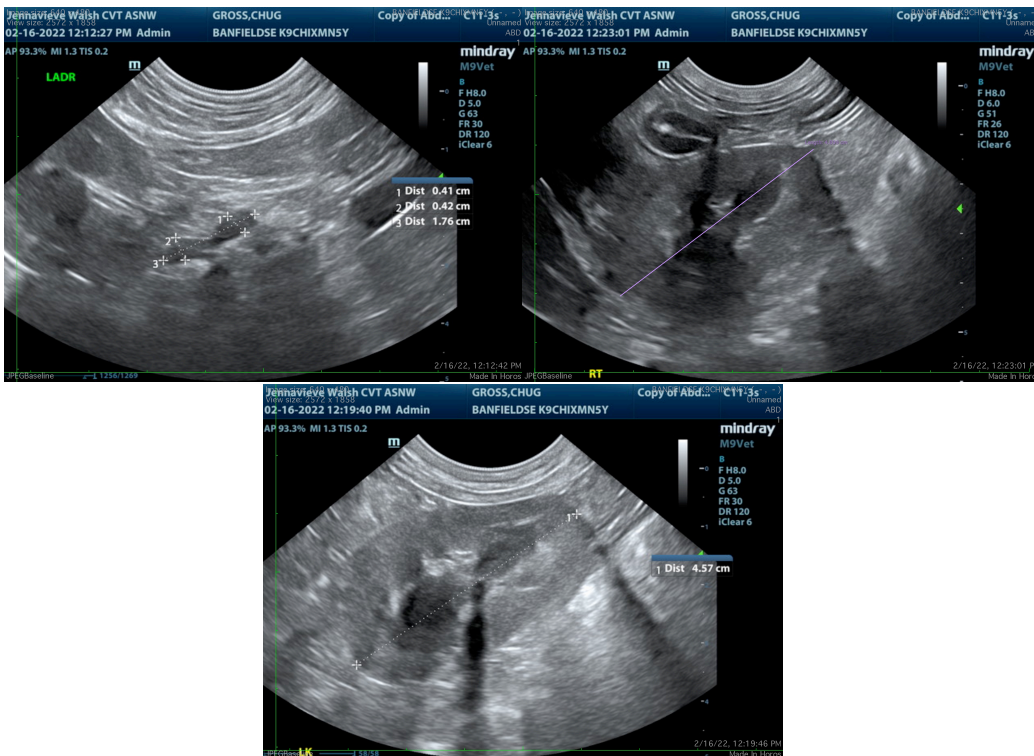
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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