

PATIENT PRESENTING CLINICAL SIGNS

Clementine Reid
Presented for diarrhea with some blood, vomiting, dehydration and lethargy. Presented 8-10% dehydrated, doughy abdomen on palpation
Abnormal PE/Chem/CBC/UA Results: Current concern is persistent hypochloremia after rehydration with IVF and metabolic alkalosis. Please see attached BW

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Boston Terrier

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.

SEX

Spayed Female

The right kidney is normal in size (3.67 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.

AGE

8 Years

The left kidney is normal in size (4.18 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

WEIGHT

6.4 kg

The right adrenal gland is normal in size (2.05 cm long x 1.18 cm at the cranial pole and 0.69 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The left adrenal gland is normal in size (1.46 cm long x 0.36 cm at the cranial pole and 0.34 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

IMAGING PERFORMED BY

Kelly Reschny

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.

Liver

HOSPITAL NAME

Niagara Vet
Emergency Clinic

The liver is subjectively mildly decreased in size with slightly irregular, scalloped 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.

REFERRING VET

Dr. Lawton

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.

INVOICE

35674

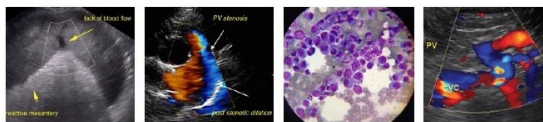
Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

DATE

2/16/22

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



PATIENT

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per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The colon is moderately distended with sonolucent fluid and hyperechoic mineral/sandy debris.

SPECIES

Canine

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.

BREED

Boston Terrier

Free Abdomen

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

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

- Mildly scalloped microhepatica – Differentials include normal patient/anatomic variant versus chronic active hepatitis or fibrosis. A vascular anomaly is not visible in these images, but cannot be definitively ruled out.
- Fluid/debris/sand distended colon – Consistent with reported hemorrhagic diarrhea.

AGE

8 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

6.4 kg

Given this patient's liver changes, recommendations include bile acids to further assess liver function. If not recently performed, a CBC and serum chemistry panel are also recommended. Given the amount of fluid in the colon, differentials for the ongoing dehydration/acid base abnormalities include fluid losses greater than fluid intake. Management recommendations include more aggressive rehydration and electrolyte correction as well as trying to prevent any further vomiting and/or diarrhea with antiemetics, gastroprotectants, probiotic (if not already in place), etc.

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REFERRING VET

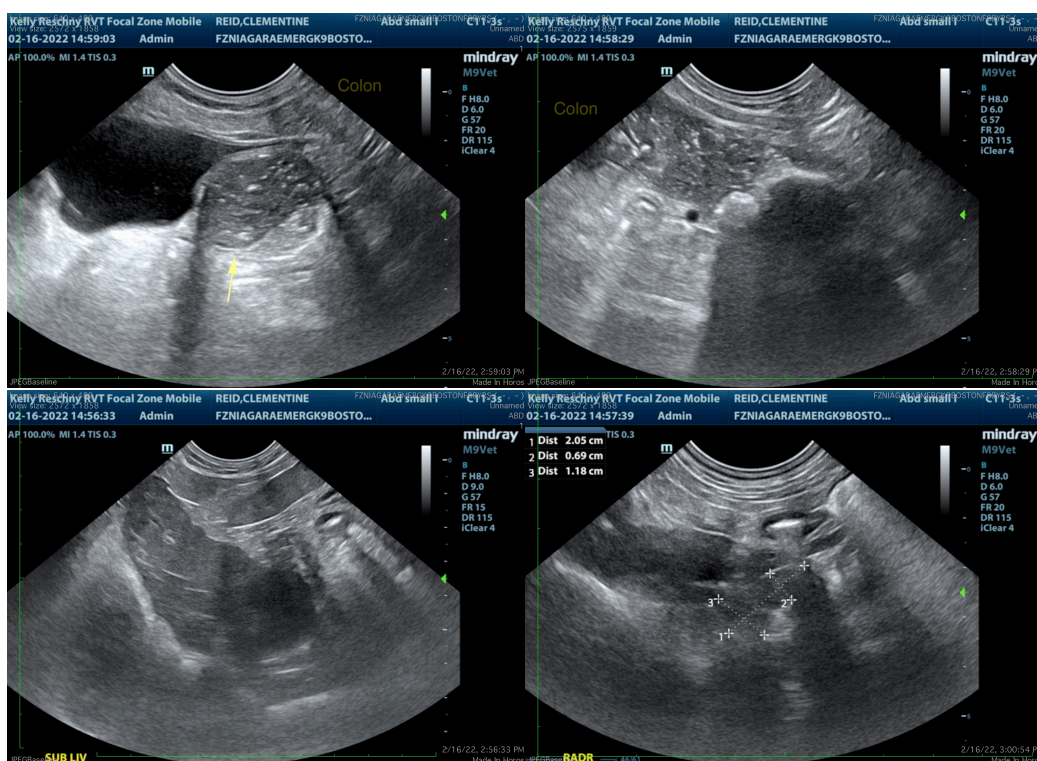
Dr. Lawton

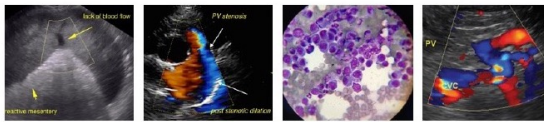
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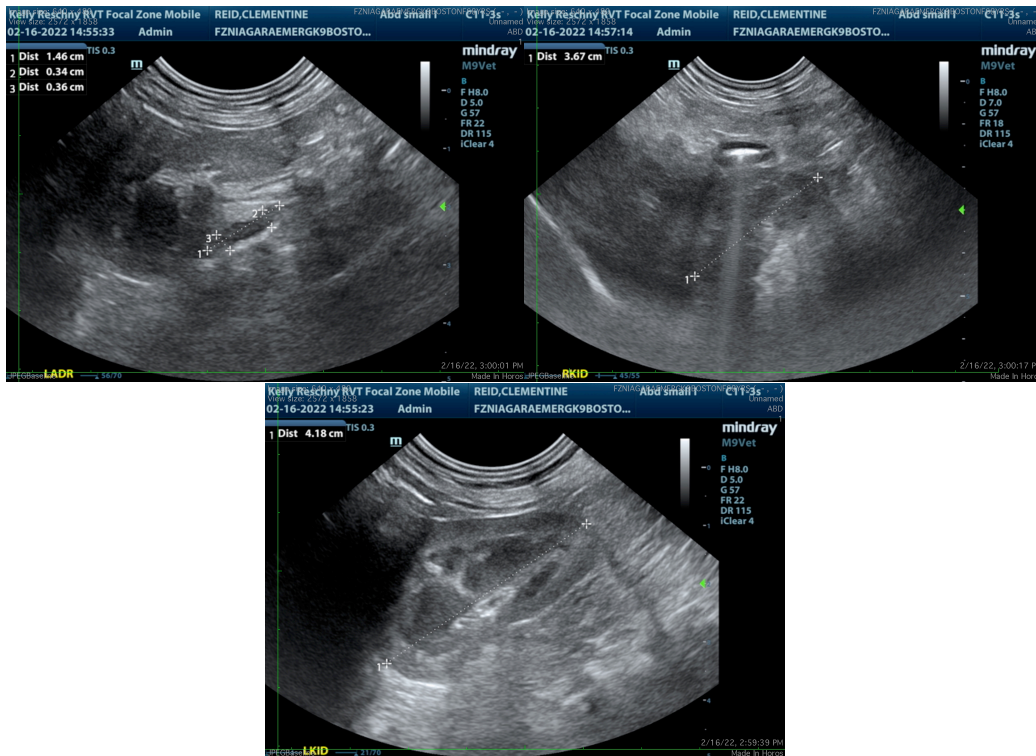
Dr. Lawton

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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.

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