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| PATIENT | PRESENTING CLINICAL SIGNS |
| Daisy Tracy | Acute onset of vomiting, hematochezia, loss of appetite Abnormal PE/Chem/CBC/UA Results: Glucose 145, RBC elevated 94.2 M/uL. HCT 61%. |
| SPECIES | ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN |
| Canine | 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. |
| BREED | |
| Goldendoodle | |
| SEX | |
| Spayed Female | The right kidney is normal in size (6.3 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 or infarcts observed. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. |
| AGE | |
| 10 Years | The left kidney is normal in size (5.1 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 or infarcts observed. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. |
| WEIGHT | Adrenal Glands |
| 43 Pounds | The right adrenal gland is normal in size (2.29 cm long x 0.50 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. |
| INTERPRETED BY | |
| Beth Johnson, DVM DACVIM | The left adrenal gland is normal in size (1.9 cm long x 0.42 cm at the cranial pole and 0.85 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. |
| IMAGING PERFORMED BY | Spleen |
| Dr. Peter Nelson | 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. |
| HOSPITAL NAME | Liver |
| Valley Vet Services | The 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. |
| REFERRING VET | |
| Dr. Michelle Bartus | GB contains a moderate amount of non-dependent, mildly aggregated/inspissated sludge. Hypo to anechoic cystic areas are noted between the gallbladder sludge and luminal wall. The wall is otherwise smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion. |
| INVOICE | Gastrointestinal |
| 35721 | 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. |
| DATE | |
| 2/17/22 | |



PATIENT

Daisy Tracy

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.

SPECIES

Canine

The visible colon is normal in wall thickness (< 0.2 cm) and layering. It is moderately distended with sonolucent fluid, consistent with the reported diarrhea.

Pancreas

BREED

Goldendoodle

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.

SEX

Spayed Female

Free Abdomen

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

PRIMARY FINDINGS

AGE

10 Years

- Gastritis – Microulceration cannot be ruled out.
- Early mucocele – Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. The non-dependent nature of this sludge combined with the cystic areas are suggestive, however, of possible emerging cystic mucosal hyperplasia or early gallbladder mucocele.

WEIGHT

43 Pounds

SECONDARY FINDINGS

- Non-obstructive dystrophic mineralization.
- Moderately fluid distended colon – Consistent with the reported diarrhea.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Dr. Peter Nelson

Recommendations include medical management of suspected hemorrhagic gastroenteritis with fluid therapy, antiemetics, gastroprotectants such as antacids and sucralfate, as well as a probiotic to address the diarrhea. Given the reported hematochezia, an antibiotic such as Metronidazole may also be warranted. Empirical deworming with a 5-day course of Panacur is recommended, as is a temporary transition to a bland, easy to digest diet. Given this patient's breed and clinical signs, a baseline cortisol is a reasonable diagnostic as well to rule out less likely but possible hypoadrenocorticism. If the baseline cortisol is <2.0, a follow up full ACTH stimulation test is recommended.

HOSPITAL NAME

Valley Vet Services

REFERRING VET

Dr. Michelle Bartus

The gallbladder changes are mild and likely not contributing to clinical signs. However, if after management of acute gastritis, hemorrhagic gastroenteritis, etc. clinical signs persist, especially if there are any laboratory changes to suggest a progression of gallbladder disease such as increased Alk Phos and/or total bilirubin, further intervention of the gallbladder, potentially with a cholecystectomy may be a future need. If clinical signs do improve, a recheck ultrasound of the gallbladder is still recommended in 3-4 months to monitor possible progression of the gallbladder, sooner if clinical signs and/or laboratory values change.

INVOICE

35721

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PATIENT

Daisy Tracy

SPECIES

Canine

BREED

Goldendoodle

SEX

Spayed Female

AGE

10 Years

WEIGHT

43 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Peter Nelson

HOSPITAL NAME

Valley Vet Services

REFERRING VET

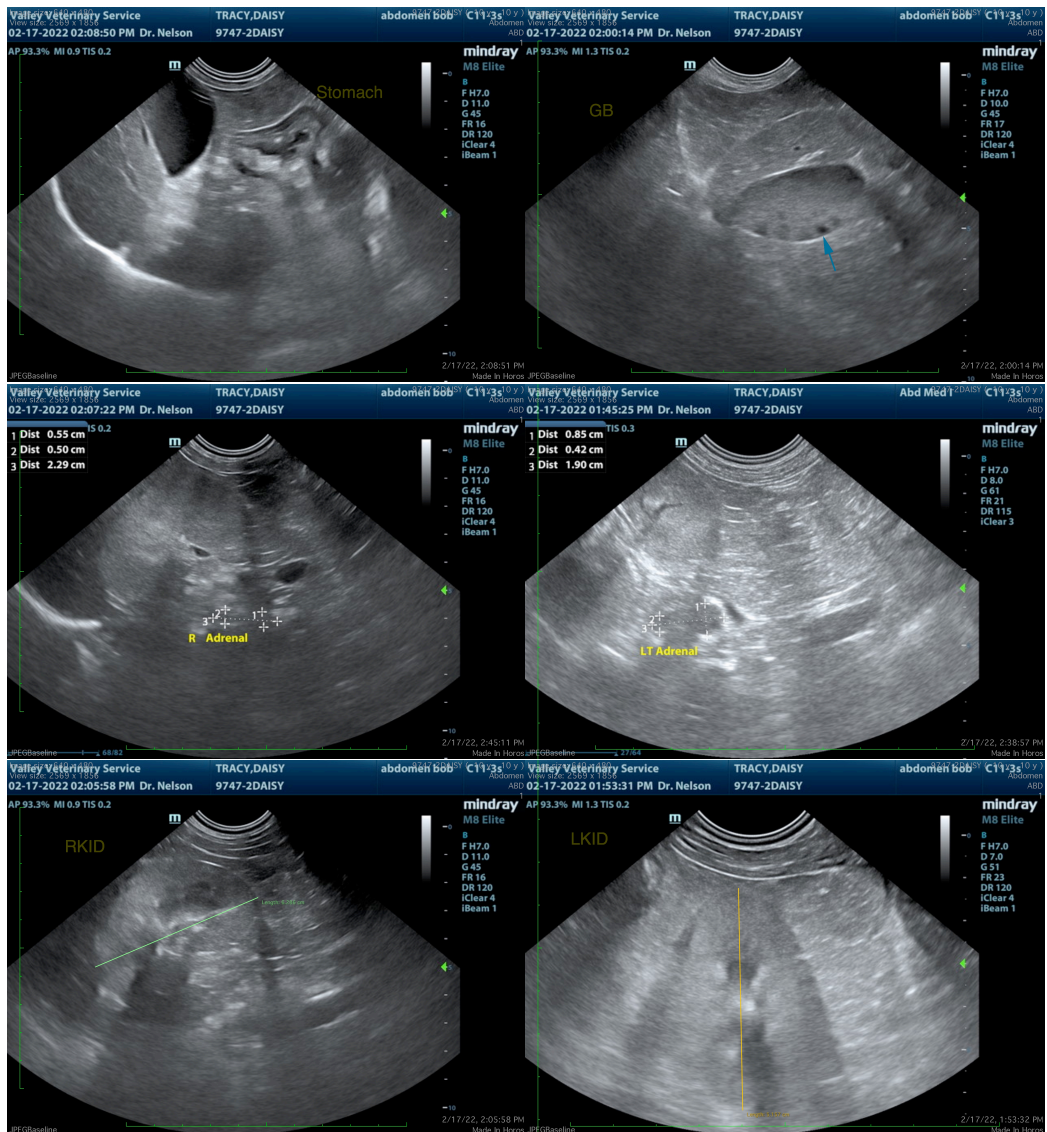
Dr. Michelle Bartus

INVOICE

35721

DATE

2/17/22



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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