



PATIENT

Mayci Gaither

SPECIES

Canine

BREED

Lab

SEX

Spayed Female

AGE

4 Years

WEIGHT

88 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Reser

HOSPITAL NAME

Harvest Hills VH

REFERRING VET

Dr. Reser

INVOICE

45325

DATE

2/17/23

PRESENTING CLINICAL SIGNS

Dog has been lethargic and not eating for a day, brought in and had fever, did better the next day, but then lethargic again today and vomited once. Does chew on socks, but not known to eat them

Abnormal PE/Chem/CBC/UA Results: Dog is lethargic, tense in cranial abdomen, temp 105.0. CBC/Chem all normal, 4dx neg. Referred dog to ER, but did not go, came back 48 hours later, did better the prev. day, ate some, but then vomited today and wont eat again, Temp 102.8. Rads unremarkable.

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 right kidney is normal in size (7.0 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 (6.78 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 areas of both adrenal glands are examined without evident adrenal gland pathology.

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.

Liver

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.

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

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is mildly fluid distended 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 (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.



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

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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.

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Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

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Medial and caudal to the spleen, there are multiple slightly heterogeneous, hypoechoic structures surrounded by enhanced hyperechoic mesenteric fat, consistent with inflamed lymph nodes.

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ULTRASONOGRAPHIC FINDINGS

- **Reactive mesenteric and possibly splenic lymph nodes in the left cranial abdomen –** infiltrative neoplastic disease cannot be ruled out but is considered less likely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If possible to safely reach, and if patient's coagulation status is appropriate, fine needle aspirates of the enlarged lymph nodes described above could be considered.

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Without another obvious cause for this patient's reported fever, lethargy, etc., additional diagnostic considerations could include comprehensive infectious disease testing including vector borne diseases, etc., as well as gastrointestinal infectious disease testing in the form of a fecal enteropathogen PCR panel to Texas A&M GI Laboratory.

Additionally, other sources for a fever including joints, discospondylitis, occult urinary tract infection, etc. should be considered.

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In the meantime, supportive/symptomatic medical management with fluid therapy, antiemetics, gastroprotectants, appetite stimulants, broad-spectrum antibiotics, etc. is recommended, and if clinical signs persist, especially with the GI component, recheck imaging of the area described above is recommended.

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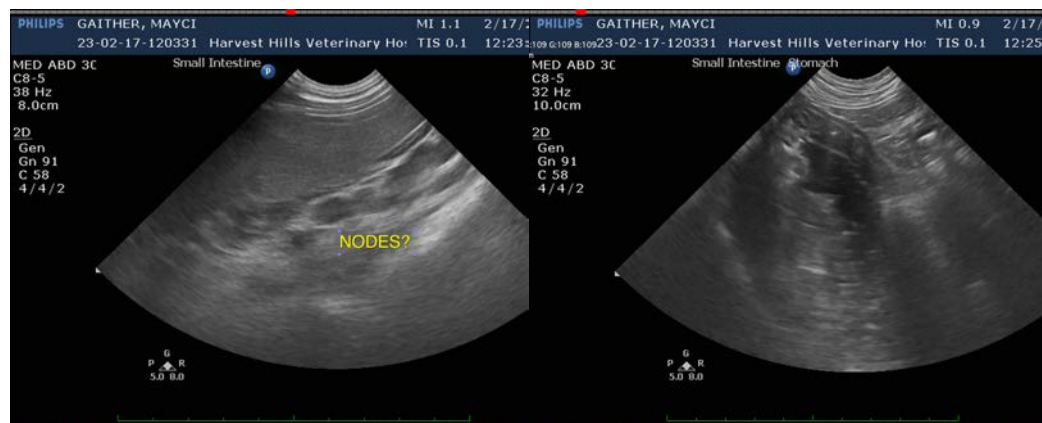
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Beth.Johnson@sonopath.com