

PATIENT PRESENTING CLINICAL SIGNS

Mia Illman Off food, lethargic, tar like stool.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED 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.

Chihuahua

SEX The right kidney is normal in size (3.18 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.

Intact Female

AGE The left kidney is normal in size (3.26 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.

11 Years

WEIGHT Adrenal Glands

7.4 Pounds The right adrenal gland is normal in size (1.58 cm long x 1.17 cm at the cranial pole and 0.61 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 (1.62 cm long x 0.53 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

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.

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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.

REFERRING VET

Dr. Wilson

Gallbladder is moderately distended with anechoic bile as well as mild to moderate suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

INVOICE

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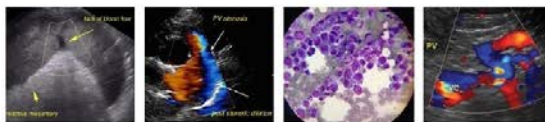
Gastrointestinal

DATE

2/2/23

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is 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



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

Mia Illman

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

Canine

Pancreas

BREED

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.

Chihuahua

SEX

Free Abdomen

Intact Female

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

AGE

There is no apparent lymphadenopathy noted in these images.

11 Years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

- **Mild to moderate gallbladder debris** - 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. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

7.4 Pounds

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

There is no ultrasonographically visible explanation in these images for this patient's reported melena. Recommendations include a fecal exam if not recently evaluated. If there has been any chronicity to this patient's gastrointestinal signs, a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function, as well as a fecal enteropathogen PCR panel to Texas A&M GI Laboratory for further evaluation of possible infectious disease.

Kelly Reschny

HOSPITAL NAME

A baseline cortisol is also recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

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In the meantime, supportive/symptomatic medical management of hemorrhagic gastroenteritis is recommended with antiemetics, gastroprotectants including Sucralfate, a probiotic such as Visbiome or Provable, empirical deworming with a 5-day course of Panacur, and potentially an antibiotic such as Metronidazole or Tylosin. Additionally, transition to a short-term bland, easy to digest diet may help alleviate clinical signs.

Dr. Wilson

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If clinical signs persist, upper GI gastroscopy/endoscopy may need to be considered for further visual evaluation and biopsies of the stomach and small bowel.

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Canine

BREED
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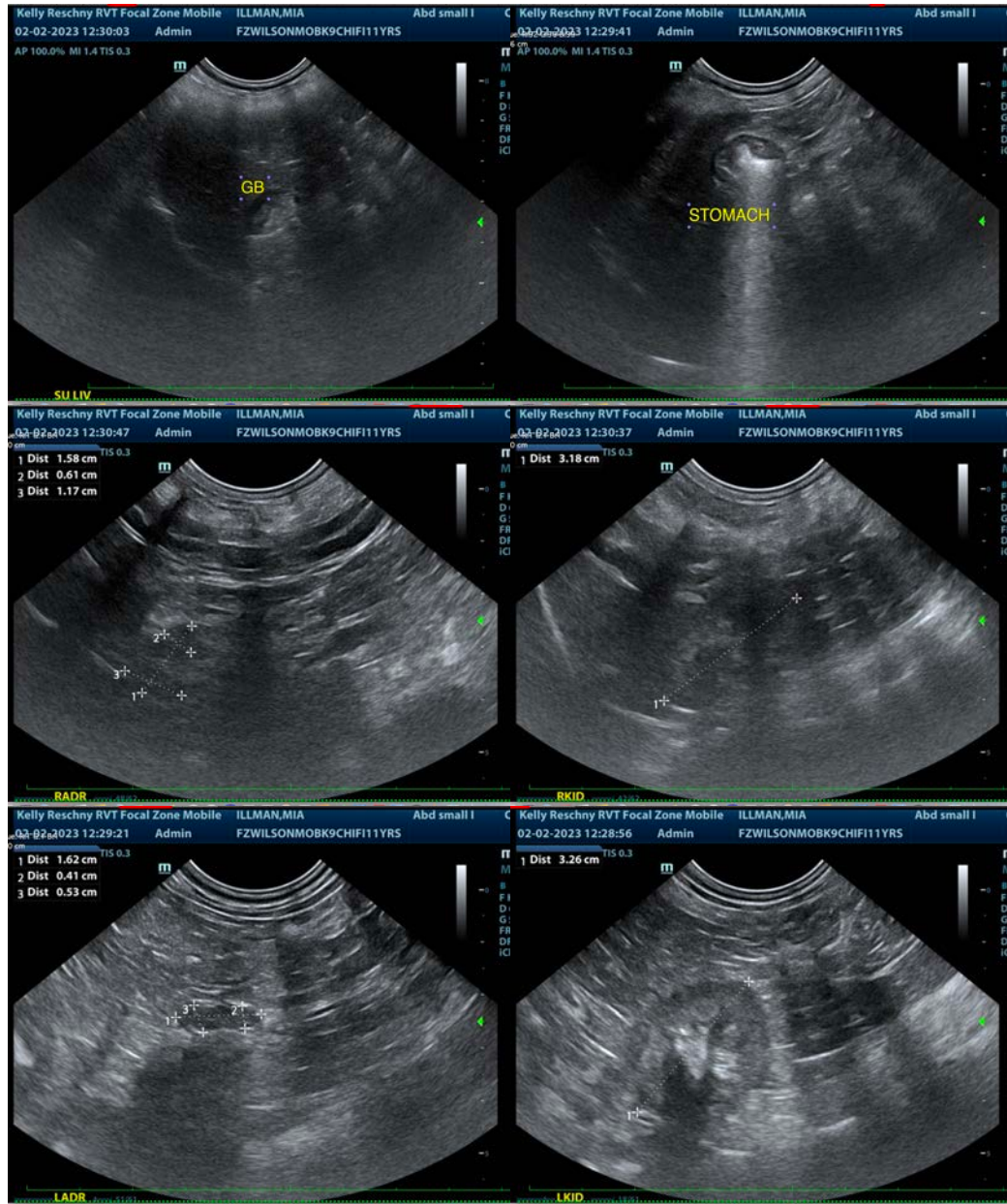
WEIGHT
7.4 Pounds

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REFERRING VET
Dr. Wilson



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

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