



PATIENT

Samson Noriega

SPECIES

Canine

BREED

English Bulldog

SEX

Neutered Male

AGE

10 Years

WEIGHT

60 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Dorris

HOSPITAL NAME

County Line VC

REFERRING VET

Dr. Fowler

INVOICE

21223

DATE

2/20/23

PRESENTING CLINICAL SIGNS

History: P is rehabilitation patient for joints/mobility. Presented to clinic 2/9/23 for increased urination/urinary accidents. UA ran that day and p given 150mg Cefpodoxime SID x10 days. Urination has improved but p still dribbling urine. P is also vomiting about once/weekly for the past 3 weeks- usually undigested food. On physical exam, concern for abdominal mass. Owner also reports that pet has been staring off into space recently, seems more cranky, and has recently exhibited new behaviors such as chewing up shoes.

Abnormal PE/Chem/CBC/UA Results: Urinalysis done 2/9/23 showed 50 Ery/uL of Blood, 3/HPF of WBC, 22/HPF RBC; all other values WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately 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.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

Left kidney is normal is size (6.36 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.

Right kidney is normal is size (7.33 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 adrenal glands are unable to be well visualized in these images.

Spleen

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

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.

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 visible stomach wall is normal in thickness and layering. The stomach is mildly distended and contains an echogenic interface with distal progressively shadowing material consistent with hairball density (or similar fluid absorbing material) noted.



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The small bowel wall is difficult to fully assess in these images and a zoomed in image, potentially using a linear probe, would be helpful, however, contents appear to be some ingesta and some gas, also partially limiting visualization. Having said that, the visible small intestines demonstrate apparent normal thickness and wall layering.

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The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

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The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. 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 peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

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- Gastric Hairball – similar density soft foreign material cannot be ruled out. Normal ingesta/gas is also considered possible and this finding should be interpreted in combination with the last time patient ate, as well as radiographic images and progression vs improvement, etc.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patients reported urinary history, a recheck urinalysis, as well as urine culture is recommended a week to 10 days after finishing the reported course of antibiotics currently in place, to assure full clearance of a urinary tract infection if there was one present.

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Additionally, if not recently evaluated, a general metabolic health screen is recommended in the form of a CBC/chemistry panel and electrolytes.

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Given this patients reported behavior change (i.e., staring into space, etc.), a blood pressure is recommended.

Ultimately, further neurologic evaluation, including advanced imaging, such as an MRI, etc., may be warranted.

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In the meantime, given this patients vomiting, potential gastric foreign body may be responsible. Recommendations include supportive/symptomatic medical management, followed by additional 12-24 hours of fasting and then if vomiting is persistent, both abdominal x-rays +/- recheck abdominal ultrasound to help further differentiate possible foreign body vs normal ingesta, gas or other. If a foreign body is not the underlying cause of the vomiting, next recommended diagnostics step includes a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory, for further evaluation of GI and pancreatic function.

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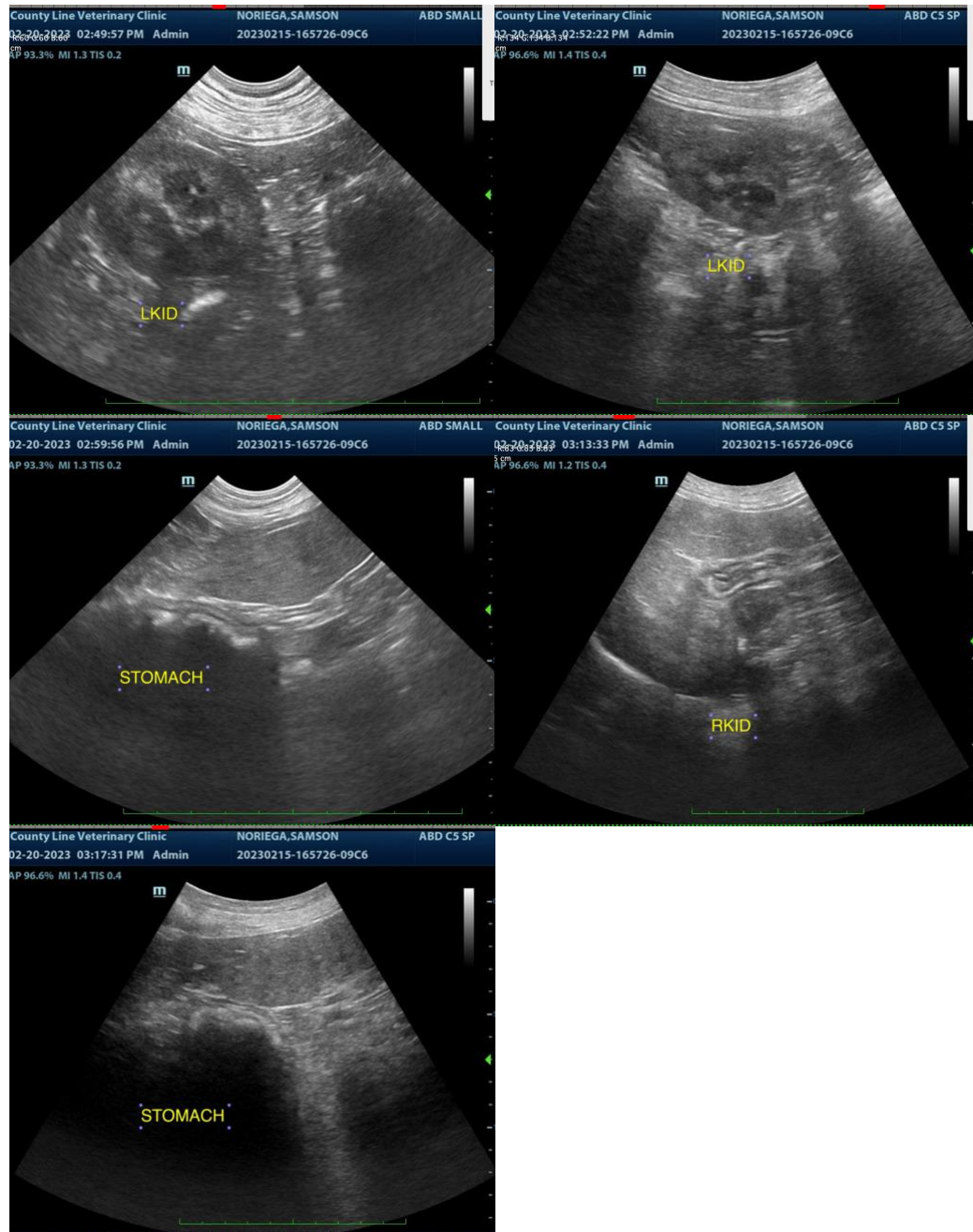
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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