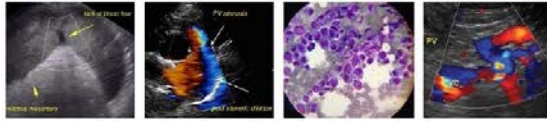


<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Reggie Collier	Diarrhea since last week, some vomiting, anorexia in last 12-24 hours, history of sensitive stomach and seizures meds: cerenia
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: BW-Pending.
Canine	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Weimaraner	<b>Urinary System</b>
<b>SEX</b>	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.
Neutered Male	The area of the prostate is examined without evident pathology.
<b>AGE</b>	The right kidney is normal in size (7.47 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.
3 Years	
<b>WEIGHT</b>	The left kidney is normal in size (6.38 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.
36 kg	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
Beth Johnson, DVM DACVIM	The right adrenal gland is normal in size (1.73 cm long x 1.86 cm at the cranial pole and 0.90 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
<b>IMAGING PERFORMED BY</b>	The left adrenal gland is normal in size (2.43 cm long x 0.62 cm at the cranial pole and 0.59 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Kelly Reschny	
<b>HOSPITAL NAME</b>	<b>Spleen</b>
Wellington AH	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.
<b>REFERRING VET</b>	<b>Liver</b>
Dr. Dennis	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.
<b>INVOICE</b>	
45417	
<b>DATE</b>	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.
2/22/23	<b>Gastrointestinal</b>
	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.



**PATIENT**

Reggie Collier

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

**BREED**

Weimaraner

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

**SEX**

Neutered Male

**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.

**AGE**

3 Years

**Free Abdomen**

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

**WEIGHT**

36 kg

The mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

- **Reactive mesenteric lymph nodes** – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

As is reportedly already pending, a general metabolic health screen is recommended in the form of a CBC/Chem panel, electrolytes, a Urinalysis and, if indicated based on urinalysis results, urine culture. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

**IMAGING PERFORMED BY**

Kelly Reschny

A fecal exam is recommended if not recently evaluated.

**HOSPITAL NAME**

Wellington AH

Given the reported chronic intermittent history of sensitive stomach, 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.

**REFERRING VET**

Dr. Dennis

Ultimately, pending lab results and improvement with supportive/symptomatic therapy versus progression, gastrointestinal biopsies via upper and lower GI endoscopy/colonoscopy may ultimately be warranted.

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In the meantime, supportive/symptomatic therapy is recommended in the form of antiemetics, gastroprotectants, empirical deworming with a 5-day course of Panacur, a probiotic such as Visbiome or Provable, and transition in diet based on trial and error response, beginning potentially with a hydrolyzed protein diet, knowing that some patients respond better to one brand over another, so sometimes several trials are warranted, or, if this patient has low albumin, a better initial diet may be an ultra-low-fat diet.

**DATE**

2/22/23



**PATIENT**

Reggie Collier

**SPECIES**

Canine

**BREED**

Weimaraner

**SEX**

Neutered Male

**AGE**

3 Years

**WEIGHT**

36 kg

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Wellington AH

**REFERRING VET**

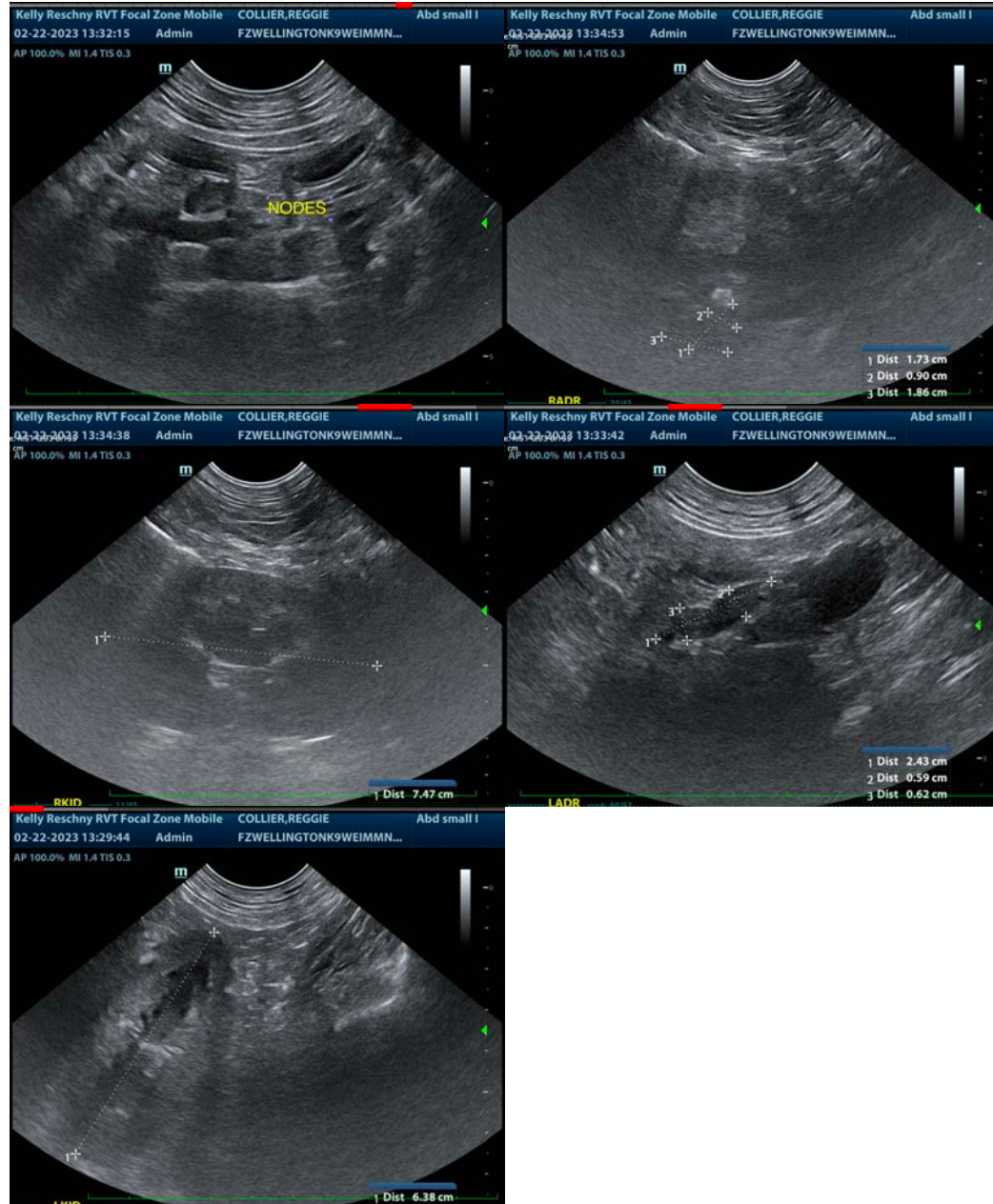
Dr. Dennis

**INVOICE**

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**DATE**

2/22/23



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