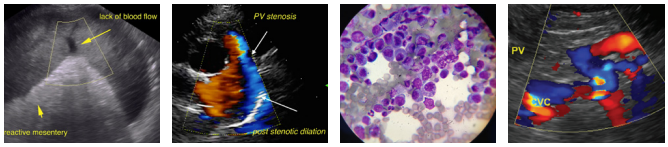
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Harlow Norgren

SPECIES
Canine

BREED
Goldendoodle

SEX
Spayed Female

AGE
2 Years

WEIGHT
35 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Michelle Bartus

HOSPITAL NAME
Valley Vet Service

REFERRING VET
Dr. Michelle Bartus

INVOICE
35843

DATE
2/23/22

PRESENTING CLINICAL SIGNS

Came to my colleague as a second opinion for poor appetite & weight loss. Dog has never eaten well, per owner; always finicky, but worse recently. Intermittent soft stools and vomiting. Dog has been taking 30 mg Fluoxetine for anxiety issues.
Abnormal PE/Chem/CBC/UA Results: TLI 45.2 (2.5-40) Cobalamin, Folate & Spec Cpl are WNL. Previous vet Chem/CBC were WNL. U/A Sp. Gr. >1.050 Trace Prot, UBG 4 mg/dL, BIL 3 mg/dl, Bld 10 (cysto sample)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately distended. It has a normal uniform wall thickness (<0.2 cm). Contents include primarily anechoic fluid combined with both gravity dependent and suspended echogenic non-shadowing debris within the fluid. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (6.5 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 (6.0 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.

Adrenal Glands

The right adrenal gland is normal in size (0.64 cm at the cranial pole and 0.58 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.60 cm at the cranial pole and 0.54 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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.

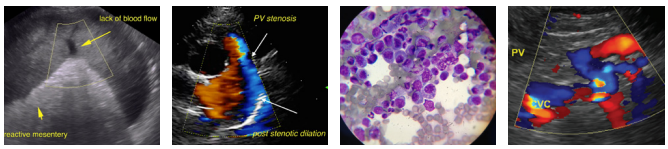
Liver

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 empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Harlow Norgren

SPECIES

Canine

BREED

Goldendoodle

SEX

Spayed Female

AGE

2 Years

WEIGHT

35 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Michelle Bartus

HOSPITAL NAME

Valley Vet Service

REFERRING VET

Dr. Michelle Bartus

INVOICE

35843

DATE

2/23/22

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.

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

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.

Free Abdomen

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

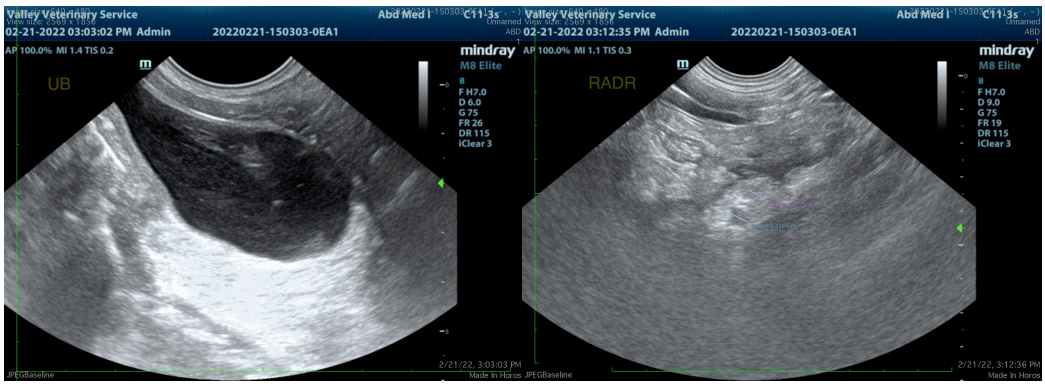
ULTRASONOGRAPHIC FINDINGS

- Urinary bladder sediment – Urine changes are most consistent with cellular debris or crystalluria.

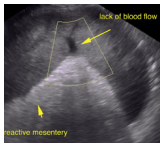
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

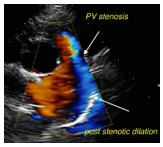
A urine culture could be considered given the urinary bladder debris to rule out an occult urinary tract infection. A baseline cortisol is recommended, and if the baseline level is <2.0, a full ACTH stimulation test would be recommended to rule out hypoadrenocorticism as a cause for inappetence. Given this patient's young age and the chronicity of clinical signs, a fecal PCR panel to Texas A&M GI laboratory could be considered.

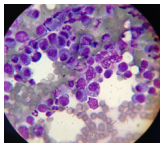
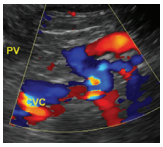
Therapeutic recommendations include discontinuing the Fluoxetine, if possible, as Fluoxetine can cause decreased appetite. Other therapeutic recommendations include empirical deworming with a 5-day course of Panacur as well as supportive medical management in the form of an antiemetic and an appetite stimulant to promote appetite for a diet transition in case the gastrointestinal signs are secondary to a food insensitivity or food intolerance. Diets are used on a trial and error basis with at least 2-4 weeks necessary to assess response to diet. The recommend first option is transition to a novel or hydrolyzed protein diet.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Harlow Norgren

SPECIES

Canine

BREED

Goldendoodle

SEX

Spayed Female

AGE

2 Years

WEIGHT

35 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Michelle Bartus

HOSPITAL NAME

Valley Vet Service

REFERRING VET

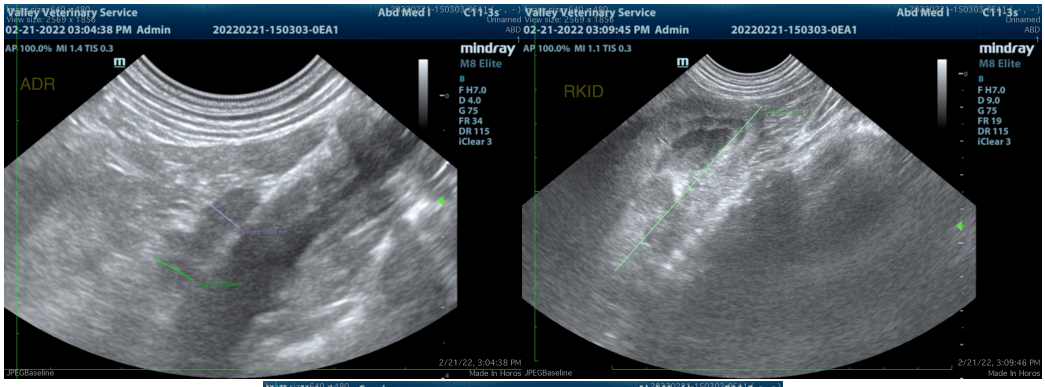
Dr. Michelle Bartus

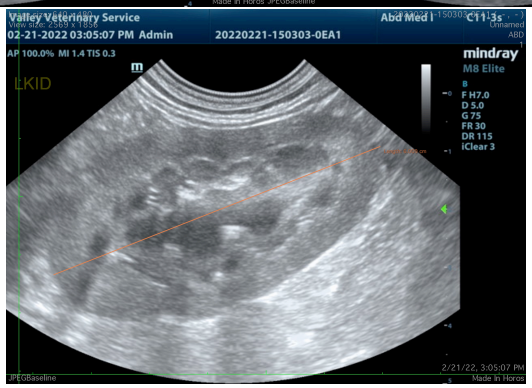
INVOICE

35843

DATE

2/23/22





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
Beth.Johnson@sonopath.com