

PATIENT

Tucker Schwarcz

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

7 Months

WEIGHT

10 pounds

PRESENTING CLINICAL SIGNS

- Went to groomer this past weekend (today is Wednesday), then acting painful in his right hind-limb trying to bite at it and getting nippy as if painful.
- Went to CTVSEH and did not find a cause.
- Owner gave previous carprofen from previous neuter.
- Owner states he had some diarrhea with this before and they used gabapentin more so and the diarrhea went away.
- Diarrhea and vomiting started.
- Went to CTVSEH. Parvo negative at CTVSEH, treated with SQF and Cerenia injection (given ~0300hrs this morning).
- Leukocytosis on City Limits RDVM labwork
- X-rays taken - some fluid/gas filled GI tract
- Sent here for hospitalized treatment and +/- AUS.
- Last meal was 3pm yesterday
- Bloody diarrhea and some hematemesis today
- No known ingestion of any chemicals/plants/trash/foreign material/etc.
- Vx UTD
- No other meds currently
- Did go to doggy daycare ~9 days prior

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Jenna

HOSPITAL NAME

Emergency Animal
Hospital of Crystal
Falls

REFERRING VET

Dr. Sabelhaus

INVOICE

13962

DATE

02/25/24

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 in size (3.5 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.

Right kidney is normal in size (4.1 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.

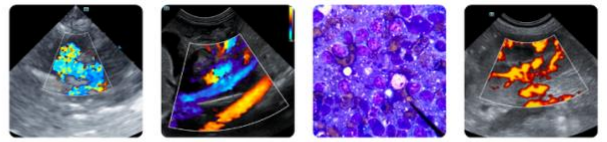
Adrenal Glands

The adrenal glands are unable to be well visualized in these images.

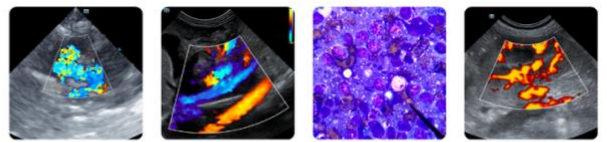
Spleen

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



PATIENT	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.
Tucker Schwarcz	
SPECIES	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.
Canine	
BREED	Gastrointestinal
Shih Tzu	Fundic mucosal hypertrophy with hyperechoic mucosa and some mucosal remodeling is noted. There is no loss of mural detail. Layering is normal. There is mild luminal fluid accumulation. No evidence of masses/nodules or foreign material present.
SEX	
Neutered Male	The visible small intestines are normal in wall thickness and layering. 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.
AGE	
7 Months	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
WEIGHT	Pancreas
10 pounds	The pancreas that is observed 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.
INTERPRETED BY	Free Abdomen
Beth Johnson, DVM DACVIM	There is no visible free peritoneal effusion noted in these images.
IMAGING PERFORMED BY	There is no apparent pathologic lymphadenopathy noted in these images.
Jenna	ULTRASONOGRAPHIC FINDINGS
HOSPITAL NAME	<ul style="list-style-type: none">Gastritis- Consistent with irritation secondary to dietary indiscretion or intolerance, infection (bacterial, viral, other), parasitic or protozoal disease, toxin, other metabolic disease such as pancreatitis, other. Microulceration cannot be ruled out.
E,ergency Animal Hospital of Crystal Falls	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
REFERRING VET	The changes described above are subtle and non-specific. Therefore, further gastrointestinal workup recommendations include if not recently evaluated, a general metabolic health screen (CBC, chemistry panel with electrolytes and urinalysis) is recommended.
Dr. Sabelhaus	
INVOICE	A routine fecal/Giardia exam is recommended if not recently evaluated.
13962	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.
DATE	
02/25/24	A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease. Contact lab for recommendations on how long to discontinue antibiotics (if indicated) prior to obtaining a stool sample for submission.



PATIENT

Tucker Schwarcz

Pending results of above, bile acids could be considered if patient's total bilirubin is not increased. If a diagnosis is still not obtained, a baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

SPECIES

Canine

- In the meantime, supportive/symptomatic medical management of clinical signs is recommended, including anti-emetics, gastroprotectants (+/- sucralfate, especially with any history of hematemesis), an appetite stimulant and fluid therapy if indicated, etc.

BREED

Shih Tzu

- Additionally, empirical deworming with a 5-day course of Panacur is recommended.
- A full course of empirical Helicobacter triple therapy could be considered.
- A probiotic, such a visbiome or proviable, may be helpful.
- Finally, if tolerated, a transition in diet could be considered, based on trial-and-error response with some options to consider including a gastrointestinal biome diet vs a hydrolyzed protein diet (sometimes several trials with different brands are necessary) vs an easy to digest, bland or low-fat diet vs other.

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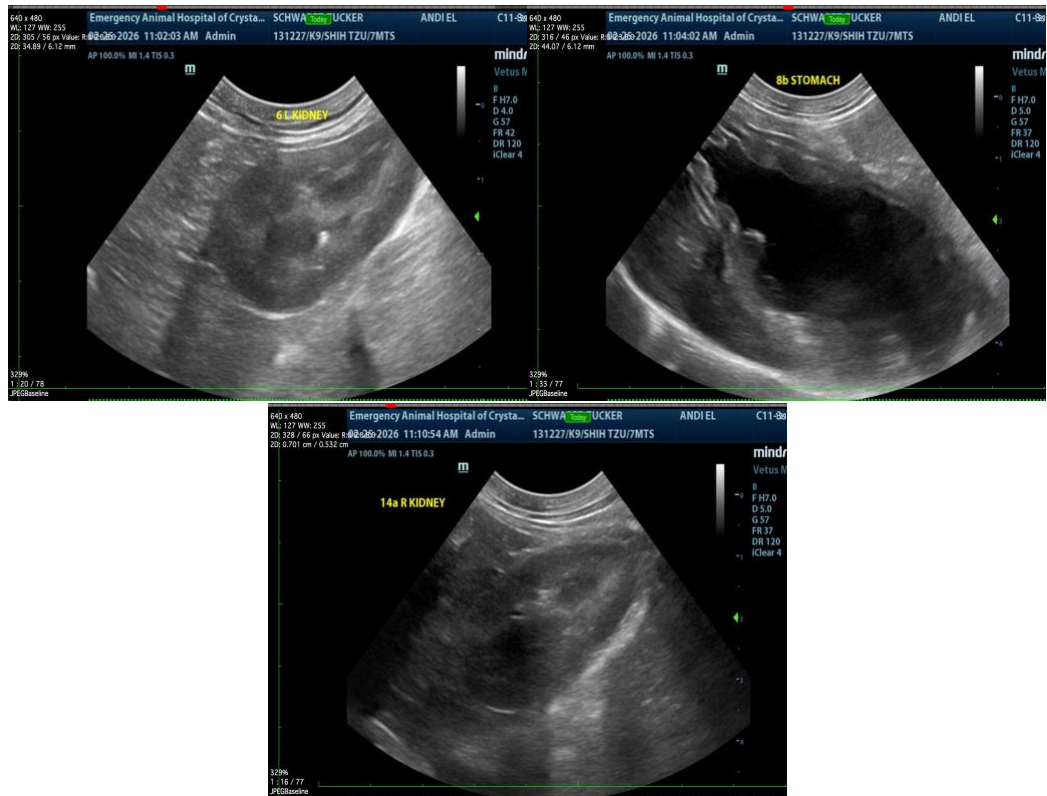
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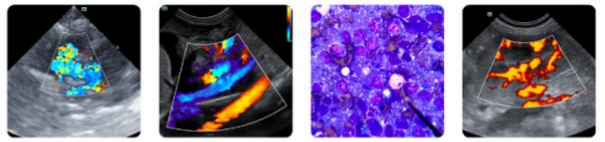


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@sonopath.com



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