

PATIENT PRESENTING CLINICAL SIGNS

Bosco Schilthuis Presented with LH lameness, panting, lip smacking, doughy abdomen on palpation, moderately painful. Gave Methadone.

SPECIES

Canine Abnormal PE/Chem/CBC/UA Results: Bloodwork normal - CHem, T4, Cortisol, SDMA and Lytes, 4dx.

BREED

Doodle RADS: Possible rounded soft tissue opacity in the otherwise gas filled pylorus on the left lateral projection. 3 additional formed ovoid soft tissue objects noted in the fundus, resembling normal kibble. Recommended ACTH stim test and rads suggestive of possible delayed emptying if patient was truly fasted.

SEX

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Neutered Male

Urinary System

AGE

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.

3.5yr

WEIGHT

The right kidney is normal in size (5.83 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.

30.8kg

INTERPRETED BY

The left kidney is normal in size (6.32 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.

Beth Johnson, DVM
DACVIM

Adrenal Glands

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The right adrenal gland is normal in size (1.91 cm long, cranial 1.25 cm, caudal 0.79 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Crystal Hill, RVT

The left adrenal gland is normal in size (1.53 cm long, cranial 0.64 cm, caudal 0.46 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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Spleen

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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.

REFERRING VET

Dr. Vercaigne

Liver

INVOICE

The liver is subjectively mildly decreased 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.

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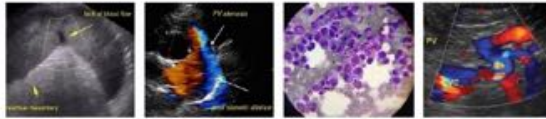
DATE

2/27/2023

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 layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material, or infiltrative disease. Pyloric outflow tract appears patent.



PATIENT

Bosco Schilthuis

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 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

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

Pancreas

BREED

Doodle

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.

SEX

Neutered Male

Free Abdomen

AGE

3.5yr

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

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

30.8kg

- Subjective mild microhepatica. This could be a normal patient variant and of no pathologic or clinical consequence. However, chronic end stage hepatopathies and vascular anomalies can also result in microhepatica.

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- Otherwise, this is an unremarkable/normal abdomen without any evident cause for the patient's reported nausea.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Crystal Hill, RVT

Abdominal radiographs are more sensitive/accurate assessment tool for evaluating liver size. Therefore, if radiographically the liver appears normal this is considered even more likely normal patient variant, especially given the also reported normal lab work. Having said that, bile acids could be considered to definitively assess liver function and/or evaluate any possible clinical suspicion of vascular anomaly.

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Beyond that other diagnostic recommendations given the reported gastrointestinal signs include 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. I believe a baseline cortisol was evaluated and reported normal. However, if not a baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

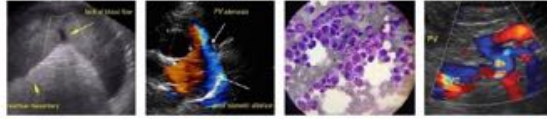
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In the meantime, supportive/symptomatic medical management of acute gastritis/gastroenteritis, possibly dietary indiscretion, parasitic disease, etc. is recommended in the form of antiemetics, gastroprotectants, empirical deworming with a 5-day course of Panacur, and a short-term transition to bland easy to digest diet etc. with monitoring for improvement. If clinical signs persist and a diagnosis is not obtained for the above recommended diagnostics, recheck imaging could be considered at that time.



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Canine

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Doodle

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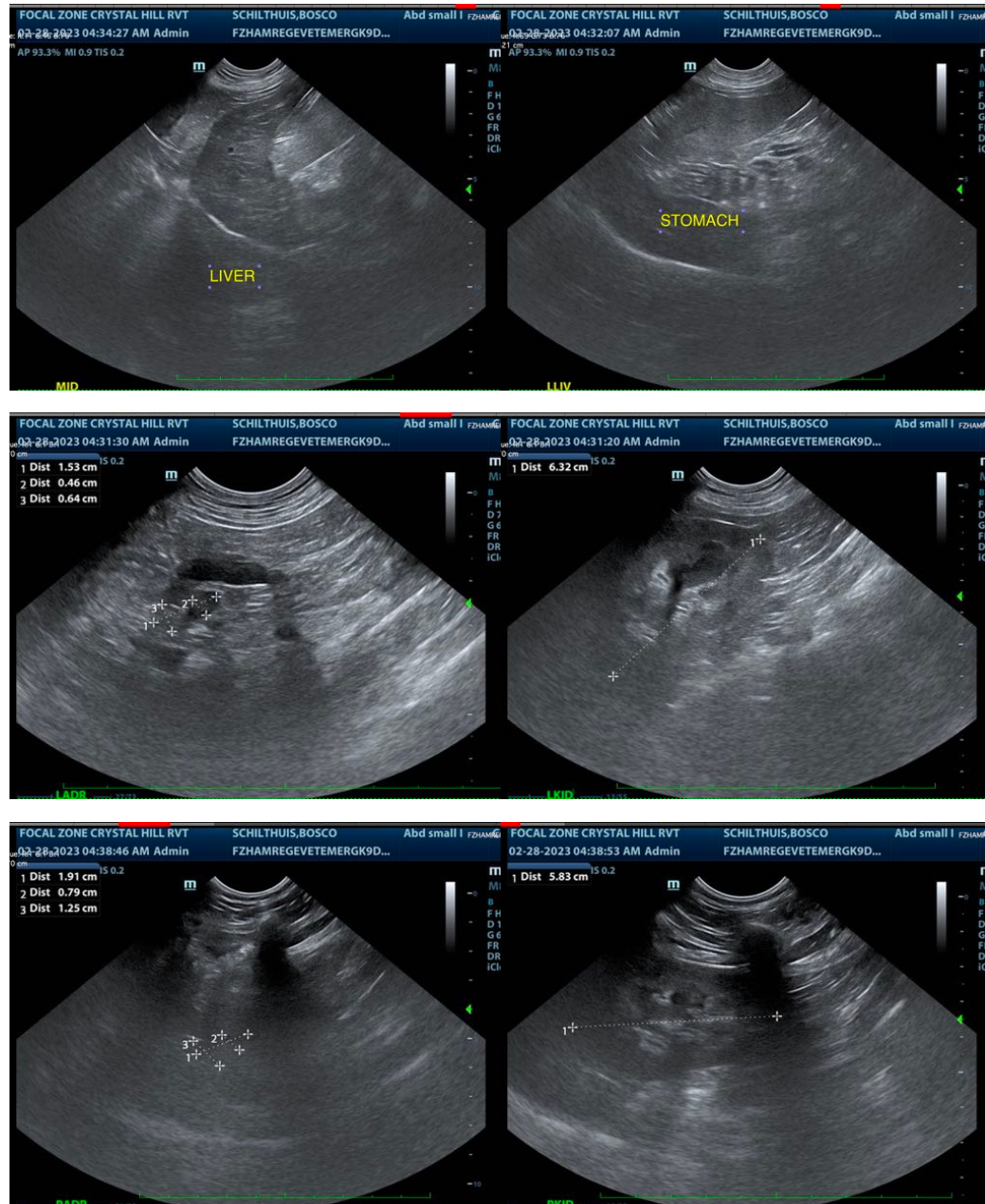
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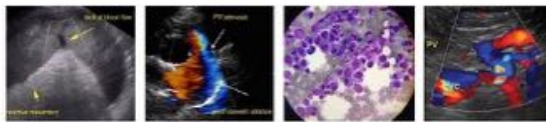
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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