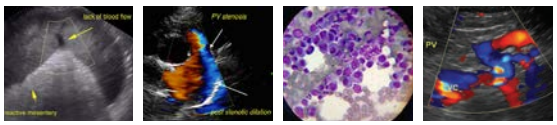
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

**PATIENT**

Delilah Giorgio

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

Spayed Female

**AGE**

9 Months

**WEIGHT**

65 Pounds

**INTERPRETED BY**

Beth Johnson, DVM DACVIM

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Willakenzie AC

**REFERRING VET**

Dr. Fischer

**INVOICE**

45941

**DATE**

3/16/23

## PRESENTING CLINICAL SIGNS

3 days of GI distress, some vomiting, no bowel movements. O states p ate daffodil bulbs. treated with metronidazole and cerenia.

Abnormal PE/Chem/CBC/UA Results: mild neutropenia

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

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.

The right kidney is normal in size (6.75 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 (6.05 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 (3.06 cm long x 2.11 cm at the cranial pole and 0.65 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 (2.54 cm long x 0.54 cm at the cranial ople and 0.65 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.

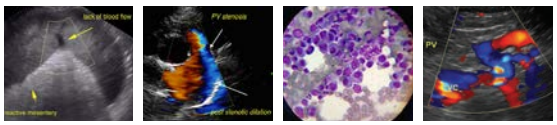
### *Liver*

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 visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta.





**PATIENT**

Delilah Giorgio

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

Spayed Female

**AGE**

9 Months

**WEIGHT**

65 Pounds

**INTERPRETED BY**

Beth Johnson, DVM DACVIM

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Willakenzie AC

**REFERRING VET**

Dr. Fischer

**INVOICE**

45941

**DATE**

3/16/23

Non-shadowing, non-obstructive foreign material can't be ruled out but is considered much less likely. There is no evidence of obstruction or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Bowel is diffusely mildly fluid distended without evidence of an obstructive pattern, plication and/or visible foreign material. Small intestinal hyperperistalsis is noted.

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 free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

## ULTRASONOGRAPHIC FINDINGS

- **Gastroenteritis –** 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. Non-obstructive foreign material can't be definitively ruled out but is considered much less likely, given the lack of obstructive pattern, plication, acoustic shadowing, etc.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

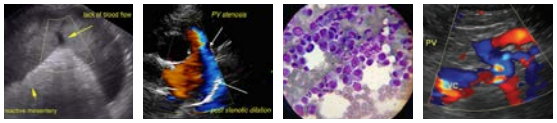
The appearance of this patient's GI tract is more consistent with a diffuse gastroenteritis. The reported neutropenia is also more consistent with possibly an infectious etiology or toxic insult, and less likely a bowel obstruction/foreign body. Recommendations include evaluation for possible parasitic and/or infectious diseases including Parvovirus.

A fecal exam is recommended if not recently evaluated, as is a fecal enteropathogen PCR panel to Texas A&M GI Laboratory for further evaluation of possible infectious disease.

Additionally, a consultation with poison control may be warranted regarding the reported ingestion of daffodil bulbs.

In the meantime, supportive/symptomatic medical management of acute gastroenteritis is recommended, including antiemetics, gastroprotectants, empirical deworming with a 5-day course of Panacur, as well as potentially a short term transition to a bland or easy to digest diet. If clinical signs persist and a diagnosis is not otherwise obtained, recheck imaging is recommended.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

**PATIENT**

Delilah Giorgio

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

Spayed Female

**AGE**

9 Months

**WEIGHT**

65 Pounds

**INTERPRETED BY**

Beth Johnson, DVM
DACVIM

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Willakenzie AC

**REFERRING VET**

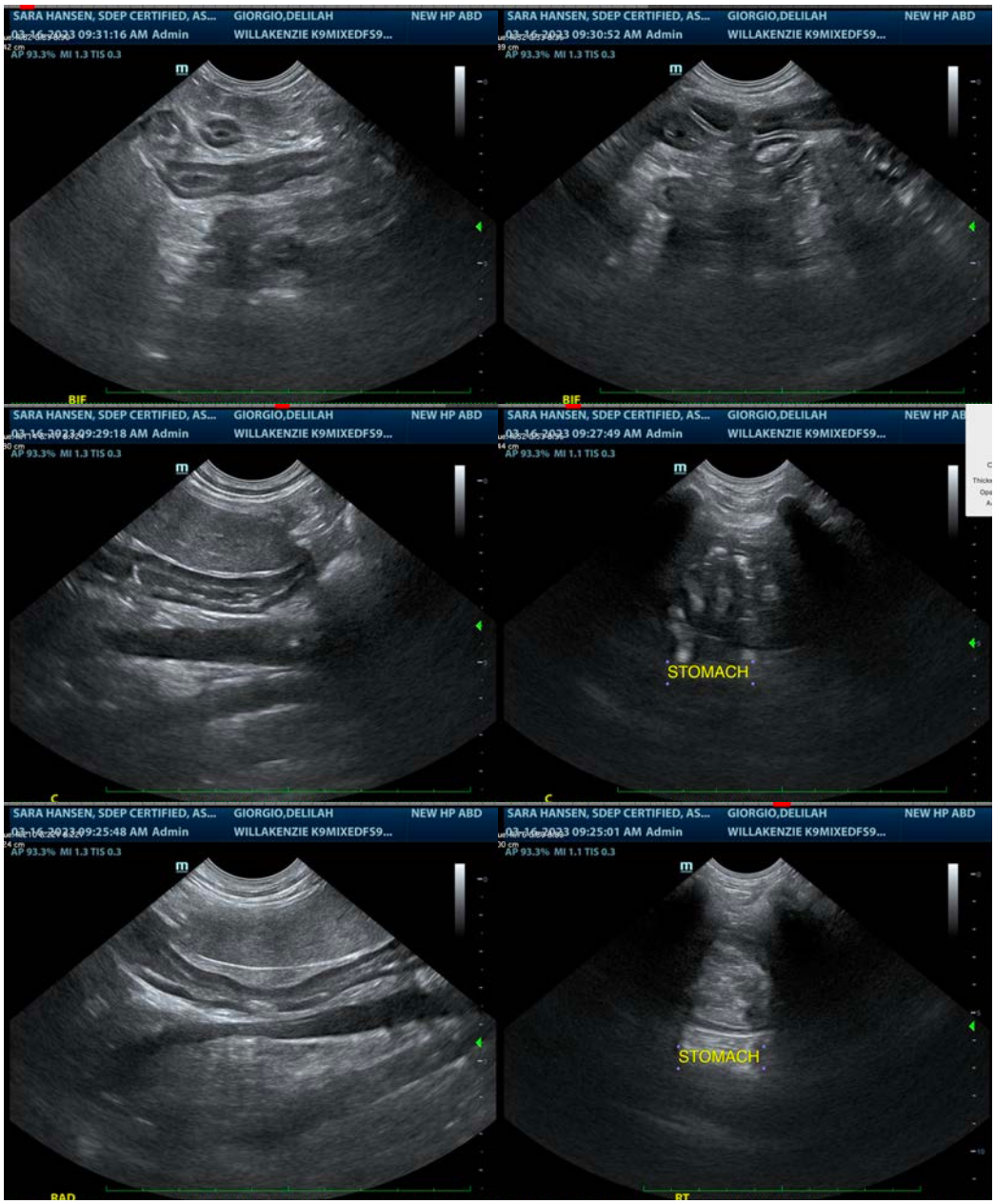
Dr. Fischer

**INVOICE**

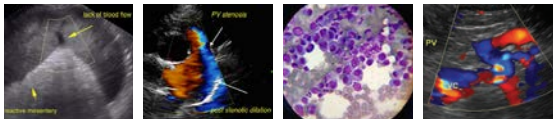
45941

**DATE**

3/16/23



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

**PATIENT**

Delilah Giorgio

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

Spayed Female

**AGE**

9 Months

**WEIGHT**

65 Pounds

**INTERPRETED BY**

Beth Johnson, DVM DACVIM

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Willakenzie AC

**REFERRING VET**

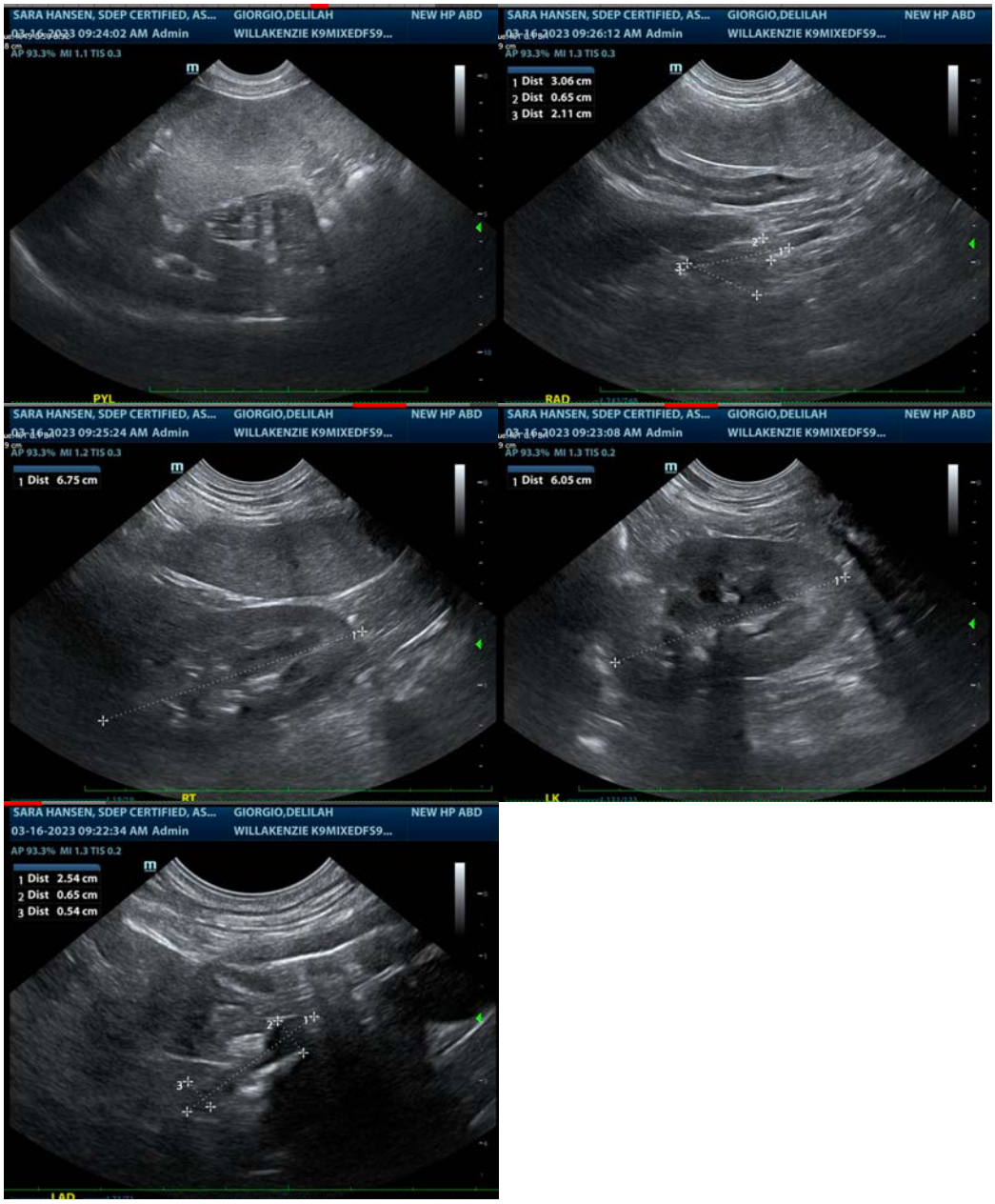
Dr. Fischer

**INVOICE**

45941

**DATE**

3/16/23




**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