



PATIENT

Milo Vonstein

SPECIES

Canine

BREED

Mixed

SEX

Male

AGE

9 Years

WEIGHT

53 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Katie Buss

HOSPITAL NAME

Kings Vet Hospital

REFERRING VET

Dr. Irene Lavigne

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DATE

3/16/23

PRESENTING CLINICAL SIGNS

Patient has never been to a vet and has been healthy. He presented for profuse watery diarrhea with hematochezia, vomiting and anorexia of 2 days duration. No known dietary indiscretion.

Abnormal PE/Chem/CBC/UA Results: PE very painful cranial abdomen, 6-8% dehydration, profuse diarrhea. CBC WBC 27k, Neut 22k; Chem elevated t.bil 1.7, ALT 144, TP 10.2, Glob 6.1, Alb 4.6, low Na and Cl, Lact 6, snap cpl abnormal, PLI pending, AXR 3/15 pm possible ingesta within gastric lumen otherwise unremarkable.

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.

Prostate is normal in size for an intact male (3.7 cm wide). Parenchyma is diffusely homogenous and relatively hyperechoic. Normal distinct margins and symmetrical bilobed shape are maintained.

The right kidney is normal in size (6.6 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 (6.2 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

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). A 0.40 cm x 0.60 cm hypo- to anechoic nodule is noted in the mid body, non-capsule disrupting. 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.

Gallbladder is moderately distended with anechoic bile as well as mild suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

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.



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There is no evidence of obstruction or infiltrative disease. Pyloric outflow tract appears patent. However, there is a 2.3 cm echogenic curvilinear structure within the stomach that has strong acoustic shadowing and is concerning for a non-obstructive foreign object.

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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.

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

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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.

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Free Abdomen

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

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There is no apparent lymphadenopathy noted in these images.

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ULTRASONOGRAPHIC FINDINGS

- Non-obstructive gastric foreign body
- **Hypo to anechoic splenic nodule** – likely represents a benign lesion such as a cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc., however while considered less likely, infiltrative neoplasia can mimic benign lesions, and cannot be ruled out.
- **Gallbladder debris** - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

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While there is suspicion of a foreign body within this patient's stomach, there is no evidence of an obstructive pattern present. Additionally, foreign bodies are typically not associated with hemorrhagic diarrhea, laboratory changes, etc. that this patient is exhibiting. Therefore, initial recommendations include:

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A fecal exam if not already evaluated.

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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.

A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.

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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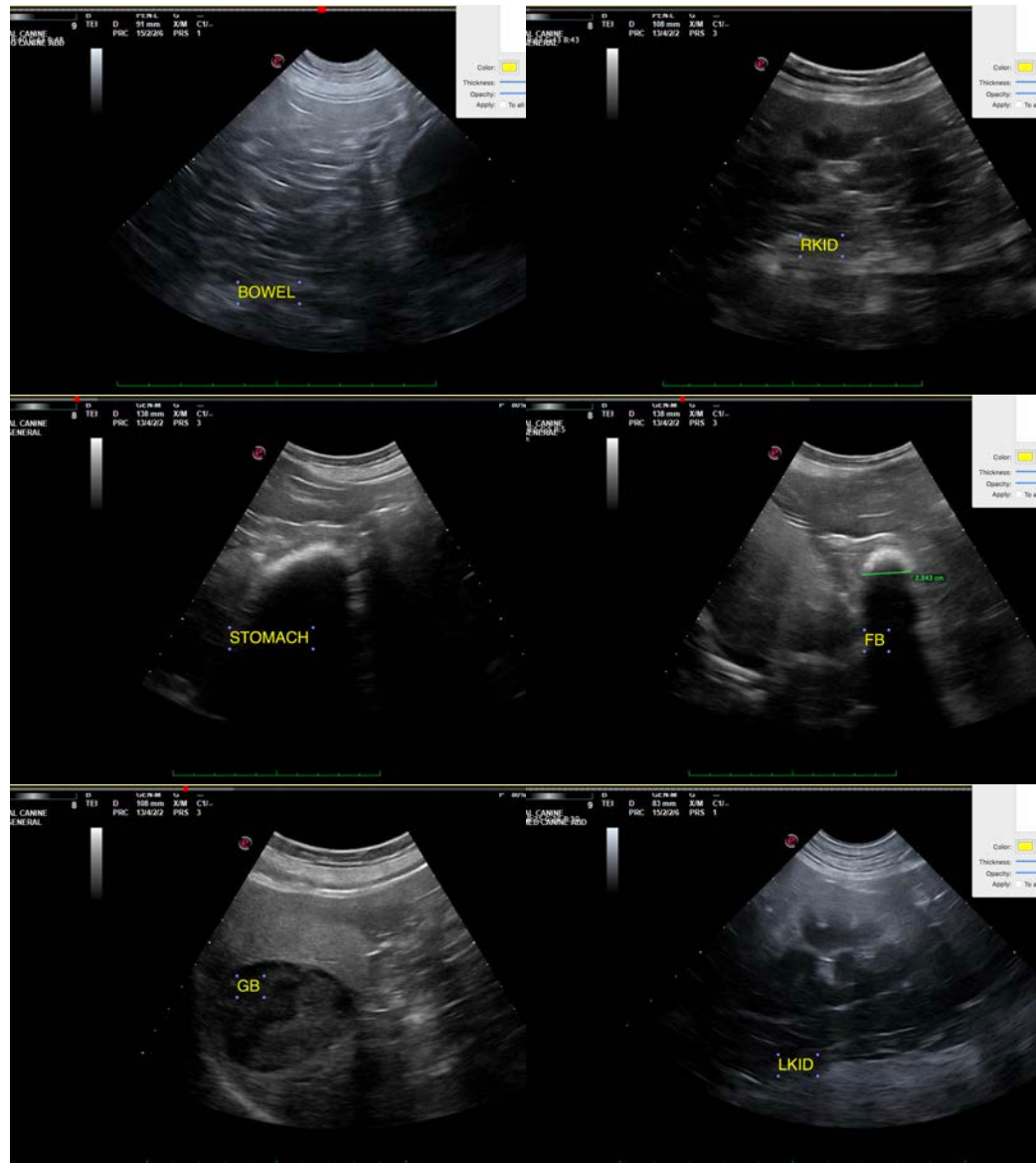
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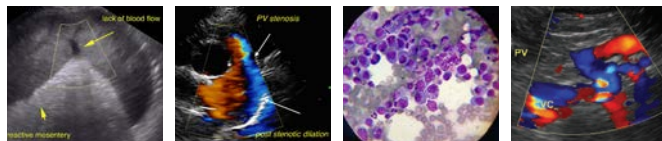
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In the meantime, supportive/symptomatic medical management of clinical signs, possibly hemorrhagic gastroenteritis, is recommended, including antiemetics, gastroprotectants including sucralfate, a probiotic such as Visbiome or Provable, empirical deworming with a 5-day course of Panacur, and if tolerated, short-term course of a bland, easy to digest diet while awaiting results.

Ultimately, pending results, further evaluation and/or even removal of the structure within the stomach may ultimately be warranted. Therefore, close monitoring of continued or progressive vomiting and close monitoring of the structure itself is recommended.

If endoscopic or surgical intervention is elected sooner, biopsies of the stomach and small bowel should be considered at the same time, as well as potentially a concurrent colonoscopy for biopsies of the large bowel.





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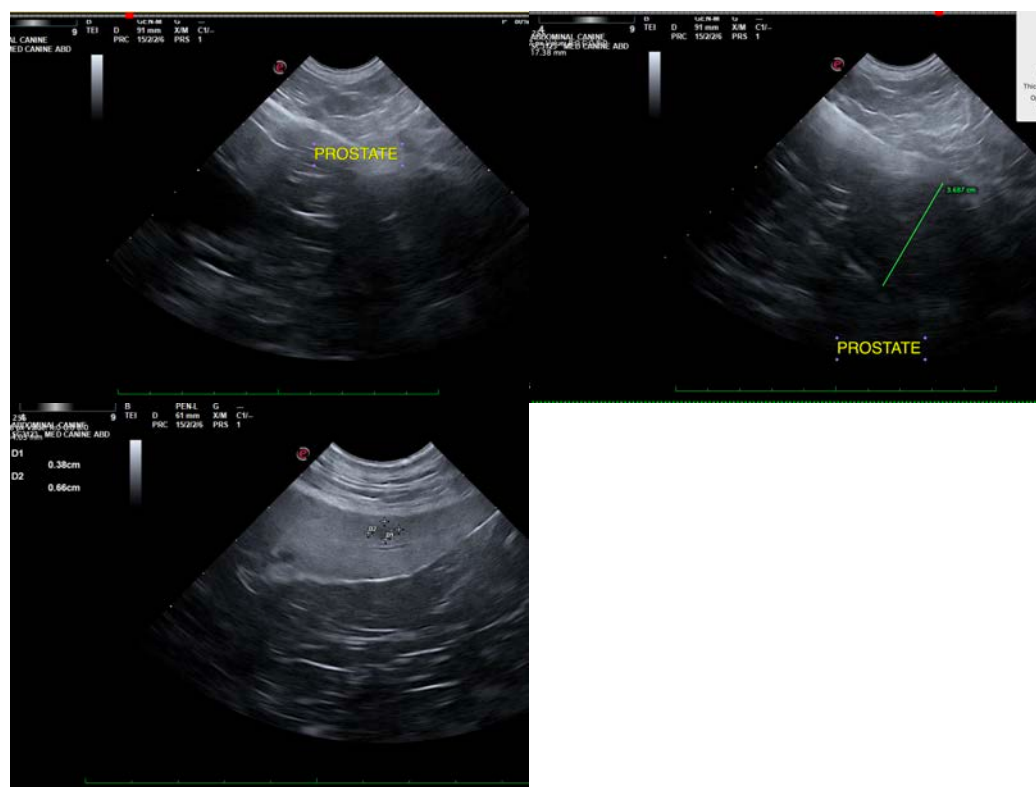
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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