



PATIENT

Magic Stumbo

SPECIES

Canine

BREED

Labrador Retriever

SEX

Intact Male

AGE

9 Weeks

WEIGHT

13.9 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Westwood Regional

REFERRING VET

Dr. Hartwick

INVOICE

35853

DATE

3/2/22

PRESENTING CLINICAL SIGNS

Patient presents for vomiting. Vomited multiple times this morning, febrile 104 degrees, high WBC, excessive thirst per owner since obtained 2 weeks ago. Dewormed (Pyrantel) 1/5, 1/20, 2/5/22, Da2PP#1 on 2/4/22. On IVF and supportive care in-hosp.

Abnormal PE/Chem/CBC/UA Results: CBC: WBC 61.93, neutrophilia/lymphocytosis - mild/monocytosis, fecal Parvo snap (neg). Chem 17: creat. 0.1, BUN 5, Na 142, cl. 104, GGT 49.

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 prostate is normal for an intact young puppy of this age.

The right 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.

The left kidney is normal in size (5.58 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 (1.59 cm long x 0.56 cm at the cranial pole and 0.50 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 (1.8 cm long x 0.51 cm at the cranial pole and 0.50 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.



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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.

SPECIES

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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.

Pancreas

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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 peritoneal effusion. Diffuse mesenteric lymphadenopathy is noted. However, considered likely normal for a patient this age.

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9 Weeks

ULTRASONOGRAPHIC FINDINGS

- Mesenteric lymphadenopathy – Most consistent with normal puppy finding and/or reactive lymphadenopathy

WEIGHT

13.9 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of obstructive pattern, plication, and/or foreign material present in these images. Differentials for this puppy's underlying GI disease include viral, bacterial, and/or parasitic disease as top differentials.

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Diagnostic recommendations include evaluation for underlying infectious disease including an enteropathogen PCR panel on stool to Texas A&M GI laboratory. Given this patient's fever and leukocytosis, thoracic radiographs are also recommended to rule out aspiration pneumonia secondary to the vomiting.

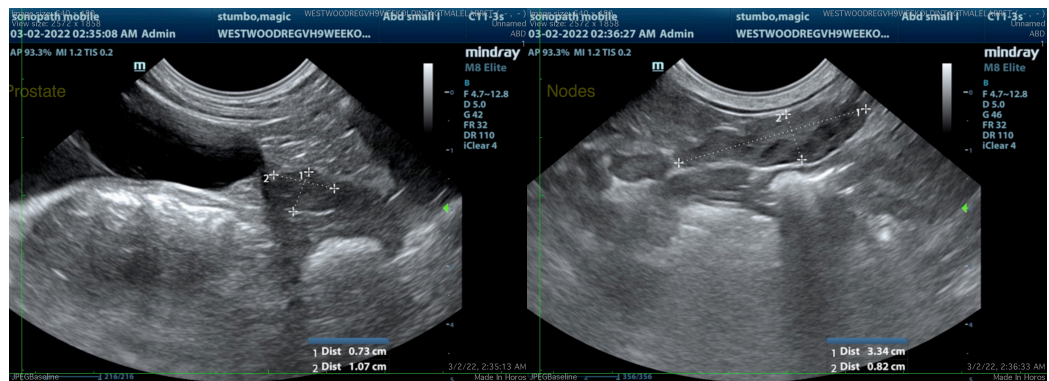
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Therapeutic recommendations include IV fluids, antiemetics, gastroprotectants, broad-spectrum antibiotics (if there is evidence of pneumonia), as well as a more broad-spectrum empirical deworming with a 5-day course of Panacur.

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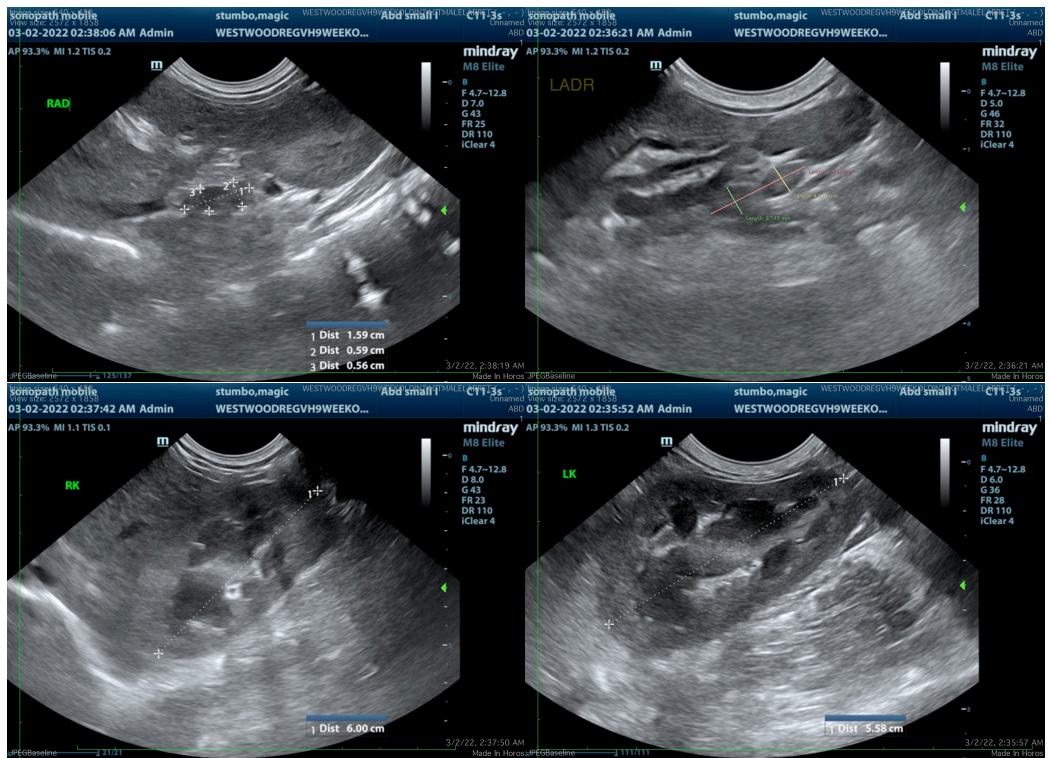
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Beth.Johnson@sonopath.com