

PATIENT PRESENTING CLINICAL SIGNS

Hank Poole

SPECIES

Canine

BREED

Lab

SEX

Neutered Male

March 14 o says ongoing for a while sleeps with son at night during the night stomach making noises fine when changes bed the his in am last week stomach making noise squishing sounds - at night and in am not sure if day too with regular noises vom breakfast yesterday - 2 hours after ate did again lunch today when came in from outside gave treats - vomited bile then too kept breakfast down today though no D+ BM normal not on any meds currently has appetite . has puzzle feeder no recent diet changes not a junk eater BAR - very excitable temp 101.1F HR 120 RR panting nothing felt abd lymph nromal MM pink moist CRT < 2sec all else nromal gave cerenia and sent home gastro proctants - sulcrate and probitioics and GI low fat food next night unsettled. eating grass, no vom . this on and off since seen. few night later had unknown allergic reaction and went to local emergency clinic who gave dex shot and diphenhydramine . still occasional vomit and off morning food. Current Medications diphshnydramine 75mg every 8 hours

AGE

1yr

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

WEIGHT

37kg

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.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The area of the prostate is examined without evident prostatic pathology.

The right kidney is normal in size (6.34 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.

IMAGING PERFORMED BY

Kelly Reschny

The left kidney is normal in size (6.21 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

HOSPITAL NAME

Hillview VC

The right adrenal gland is normal in size (2.27 cm long, cranial 1.62 cm, caudal 0.48 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

REFERRING VET

Dr. P. Stevenson

The left adrenal gland is normal in size (2.67 cm long, cranial 0.53 cm, caudal 0.42 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

INVOICE

10135

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.

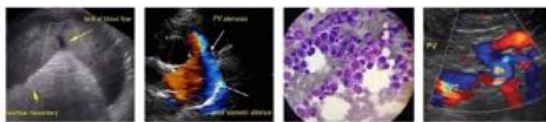
DATE

3/22/2023

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.


PATIENT *Gastrointestinal*

Hank Poole The visible stomach wall is normal in thickness and layering. The stomach is mildly distended and contains an echogenic interface with distal progressively shadowing material consistent with hairball density (or similar fluid absorbing material) noted.

SPECIES

Canine 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 or foreign material.

BREED

Lab

SEX

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

Neutered Male

Pancreas
AGE

1yr

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.

WEIGHT

37kg

Free Abdomen

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

INTERPRETED BY

There is no apparent lymphadenopathy noted in these images.

Beth Johnson, DVM
 DACVIM

ULTRASONOGRAPHIC FINDINGS

- **Gastric Hairball** – similar density soft foreign material cannot be ruled out. Normal ingesta/gas can occasionally have a similar appearance and cannot be definitively ruled out. There is no obvious distention to suggest an obstruction but intermittent or partial obstruction contributing to the vomiting is possible.

IMAGING PERFORMED BY

Kelly Reschny

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
HOSPITAL NAME

Hillview VC

If not recently evaluated a general metabolic health screen is recommended. Beginning with CBC, chemistry panel, electrolytes, urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

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A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism. Both a fecal exam and 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, can be considered.

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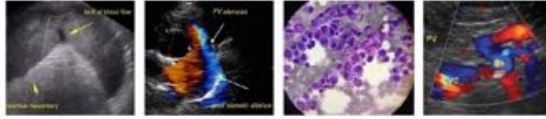
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In the meantime, supportive/symptomatic medical management of clinical signs is recommended, in the form of antiemetics, gastro protectants, and empirical deworming with a 5-day course of Panacur. Potentially, if tolerated a transition in diet beginning with a hydrolyzed protein diet and understanding that some patients respond to one brand or version of a hydrolyzed protein diet better than another brand, so several attempts may be required.

These recommendations are given due the occasional intermittent reported vomiting to rule out foreign material in the stomach. However, options include 12-24 hours of fasting, followed by reach imaging or potentially different versions of imaging including potentially a barium swallow or even



PATIENT

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gastroscopy. If gastroscopy is elected biopsies of the stomach and small bowel should be obtained at the same time as the procedure.

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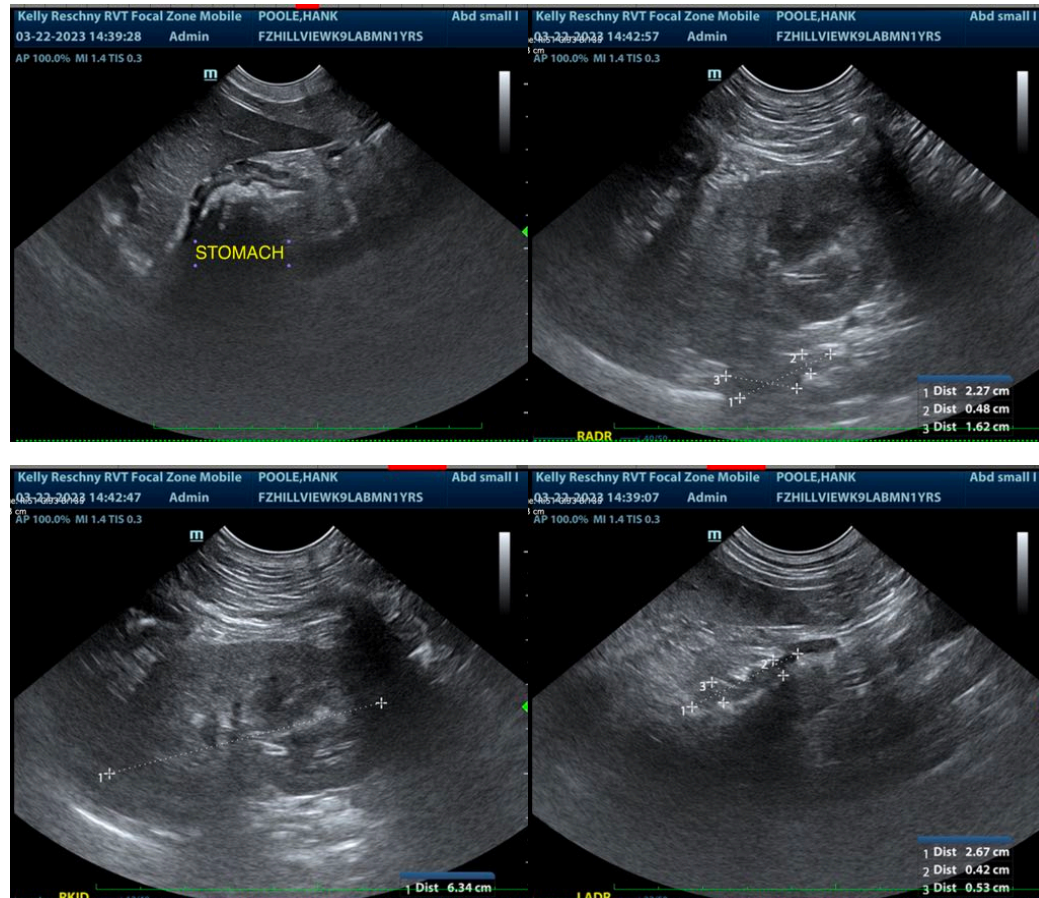
Dr. P. Stevenson

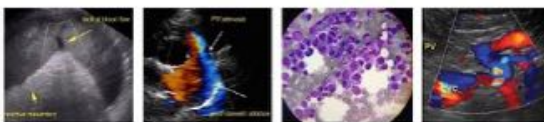
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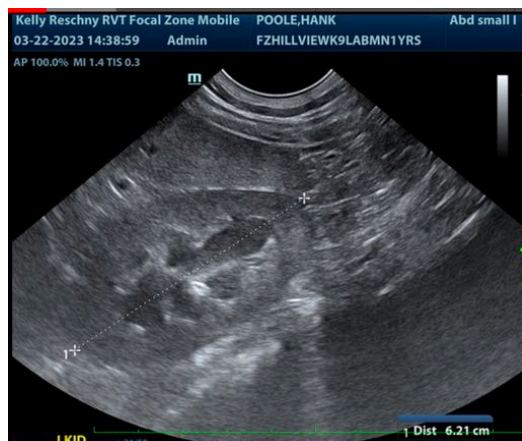
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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