



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Boe Hair Hx of chronic intermittent vomiting - r/o IBD vs neoplasia collapse after vomiting - r/o vagal episode sudden onset of labored breathing after vomiting last night - r/o aspiration pneumonia elevated ALT -
SPECIES r/o hepatitis vs neoplasia vs other

BREED Canine Abnormal PE/Chem/CBC/UA Results: Chem: ALT 818 Tbili 1.4 CBC: platelet count 84000 blood smear: 7per hpf ProBNP - normal chest x-rays: prominent bronchiolar pattern with patchy interstitial area in right middle lung lobe.

DSH ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX *Urinary System*

Neutered Male Urinary bladder is moderately subjectively over distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a large amount of echogenic non-shadowing and some mineral/sand debris, which could be partially incidental suspended lipid in a cat, likely combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

AGE

8

WEIGHT

6.57 kg

The right kidney is normal in size (4.19 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.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The left kidney is normal in size (3.94 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 unable to be well visualized in these images.

IMAGING PERFORMED BY

Dr. Laura de Cordon

The left adrenal gland is normal in size (0.40 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Mason Dixon Animal
Emergency Hospital

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.

REFERRING VET

Dr. Bateman

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.

INVOICE

46092

DATE

3/22/23

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.



PATIENT

Boe Hair

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

Canine

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

BREED

Pancreas

DSH

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

8

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

There is no apparent lymphadenopathy noted in these images.

WEIGHT

6.57 kg

ULTRASONOGRAPHIC FINDINGS

- Large amount of urinary bladder debris
- Otherwise, this is a relatively unremarkable/normal abdomen without an ultrasonographically visible cause for the patient's acute vomiting, respiratory distress, or increased ALT.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further workup of the increased ALT could be considered, beginning with a T4/free T4 and potentially a fine needle aspirate of the liver if patient's coagulation status is appropriate.

Additionally, a 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 ratio is recommended.

IMAGING PERFORMED BY

Dr. Laura de Cordon

There is no visible definitive evidence of gastrointestinal disease or pancreatitis, but that doesn't rule out those things. Therefore, 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.

HOSPITAL NAME

Mason Dixon Animal
Emergency Hospital

Other differentials and considerations pending the above results include toxic insults, infectious disease, etc. In the meantime, treatment recommendations include fluid therapy, anti-emetics, gastroprotectants, hepatic nutraceuticals such as ursodiol and/or Denamarin, and broad spectrum antibiotics. Nutritional support is critical to prevent/manage concurrent hepatic lipidosis, so appetite stimulants and/or, if indicated, feeding tube placement is also recommended.

REFERRING VET

Dr. Bateman

INVOICE

Additionally, empirical deworming with a 5-day course of Panacur should be considered.

46092

DATE

3/22/23



PATIENT

Boe Hair

SPECIES

Canine

BREED

DSH

SEX

Neutered Male

AGE

8

WEIGHT

6.57 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Laura de Cordon

HOSPITAL NAME

Mason Dixon Animal
Emergency Hospital

REFERRING VET

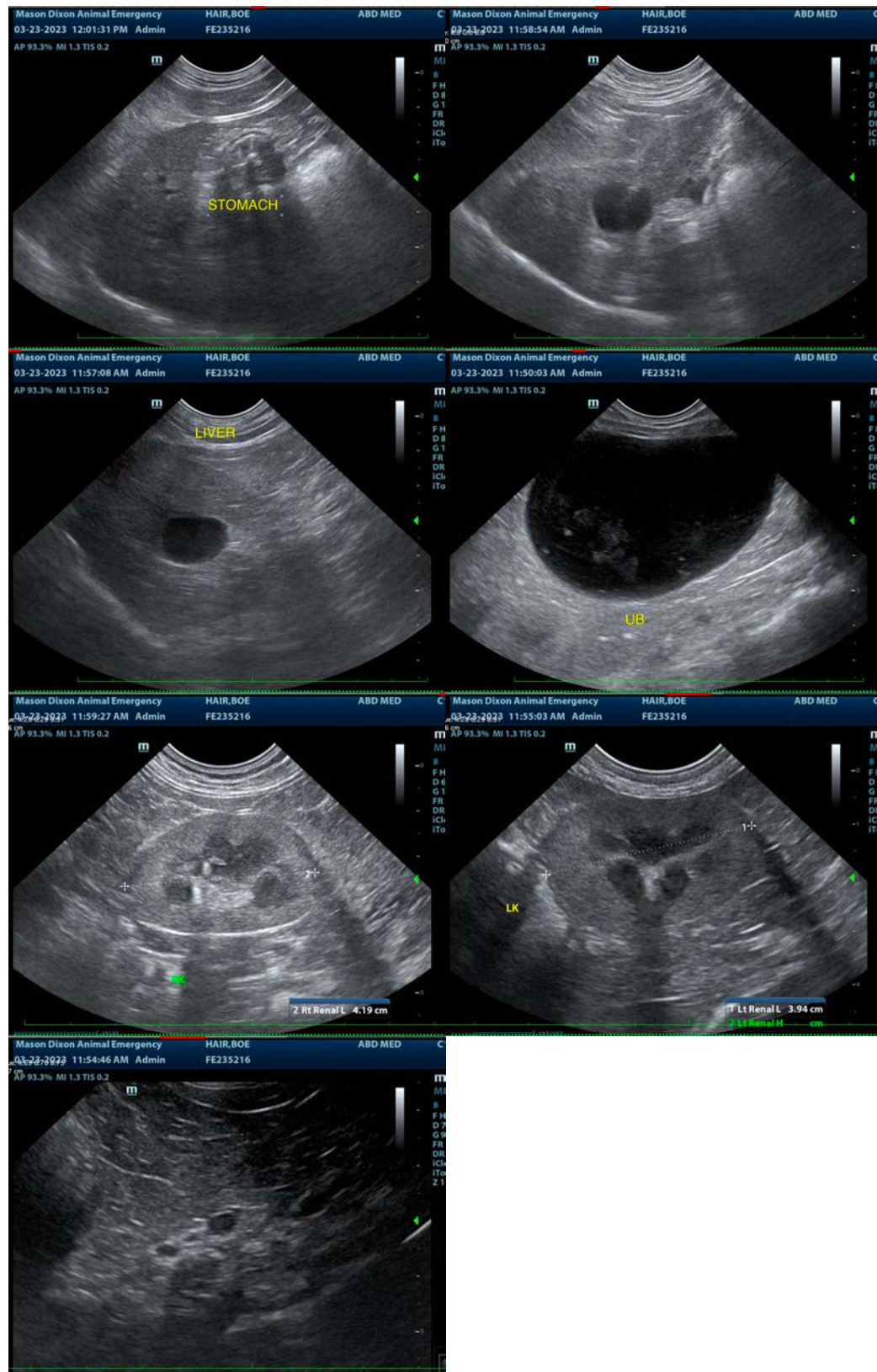
Dr. Bateman

INVOICE

46092

DATE

3/22/23





PATIENT

Boe Hair

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.

SPECIES

Canine

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.

BREED

DSH

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com

SEX

Neutered Male

AGE

8

WEIGHT

6.57 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

**IMAGING
PERFORMED BY**

Dr. Laura de Cordon

HOSPITAL NAME

Mason Dixon Animal
Emergency Hospital

REFERRING VET

Dr. Bateman

INVOICE

46092

DATE

3/22/23