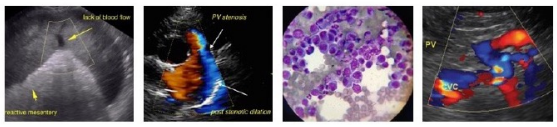


PATIENT

Charlie Urban

SPECIES

Canine

BREED

Bichon X

SEX

Neutered Male

AGE

11 Years

WEIGHT

7.9 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Lynden AC

REFERRING VET

Dr. Larocque

INVOICE

35882

DATE

3/3/22

PRESENTING CLINICAL SIGNS

- Feb 19 - Mucus in stool past few days, advised to offer bland diet - Feb 24 - Been on chicken/rice for past week, not starting to vomit food, no diarrhea - Feb 26 -Exam &GHP/T4, normal appetite and energy level, has been eating grass and rabbit feces when out, started on cerenia and metronidazole - March 2 - no more vomiting, eating i/d canned or MCRC Low fat
Abnormal PE/Chem/CBC/UA Results: Please see attached BW

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 (neutered) is normal in size, echotexture and echogenicity for a neutered male.

The right kidney is normal in size (4.54 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 (4.03 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 (2.02 cm long x 1.5 cm at the cranial pole and 0.63 cm at the caudal), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (1.97 cm long x 0.32 cm at the cranial pole and 0.36 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.

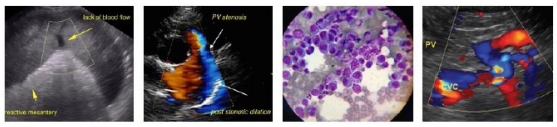
Liver

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 mildly distended with echogenic non-shadowing luminal contents and gas consistent



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with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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.

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 hypoechoic to surrounding tissue. The visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation or effusion.

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

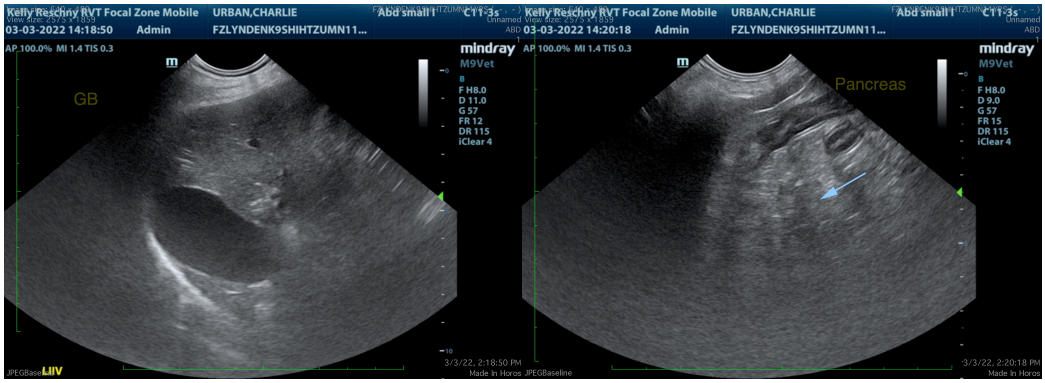
ULTRASONOGRAPHIC FINDINGS

- Prominent, hypoechoic pancreas – Suggestive of mild active or potentially resolving pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient's increased liver enzymes and cholestasis may be secondary to resolving pancreatitis, as ultrasound images do not always correlate with the severity of disease. Other diagnostic considerations could include gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory for further evaluation of the GI tract and pancreas, as well as testing for Leptospirosis, given the marked increase in liver enzymes.

Therapeutic recommendations include supportive care/medical management of pancreatitis/gastroenteritis with antiemetics, gastroprotectants, fluid therapy, pain management (as indicated), and broad-spectrum antibiotics with monitoring of liver enzymes for improvement. If clinical signs and/or laboratory changes don't improve and/or progress, recheck abdominal imaging is warranted.



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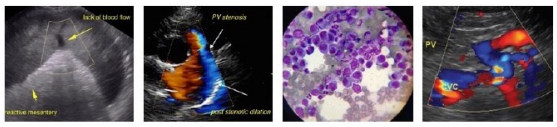

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IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

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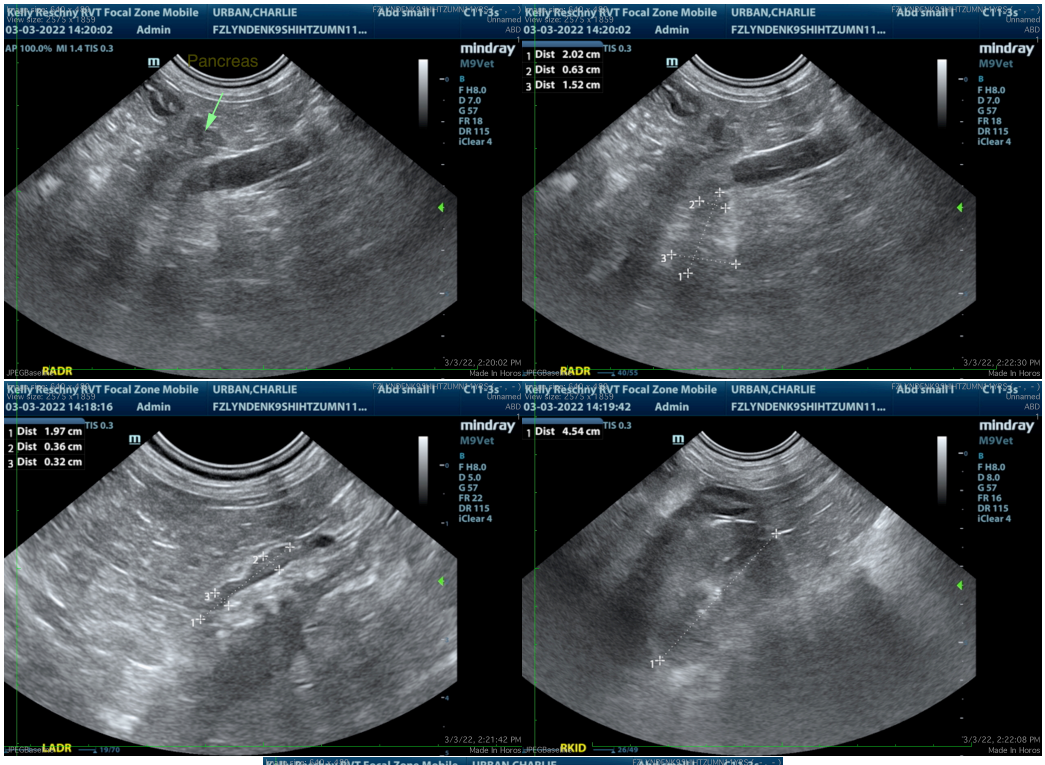

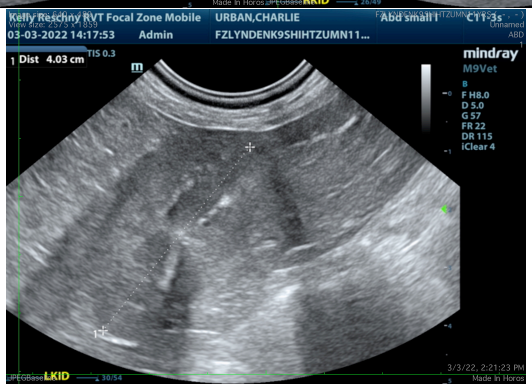

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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