



PATIENT

Teo Palacios

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Male

AGE

7 Years

WEIGHT

7.7 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Mayra Sanchez

HOSPITAL NAME

Sunset AH

REFERRING VET

Dr. Cristina Polit

INVOICE

36661

DATE

3/31/22

PRESENTING CLINICAL SIGNS

Chronic intermittent vomiting (bile) Acute episode of repeated vomiting with mild hematemesis on 3/13 Patient taken to ER - good response to supportive care Symptoms returned once meds were finished Abnormal PE/Chem/CBC/UA Results: PE: intermittent licking lips Fecal scan = NPS CBC = HCT 60 chem = NAF cPL = Normal

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 right kidney is normal in size (3.58 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.

The left kidney is normal in size (3.56 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 prostate is mildly symmetrically enlarged, measuring 1.6 cm thick with smooth margins that are well differentiated from surrounding tissue. Normal bilobed shape is maintained. Parenchyma is heterogeneous and subjectively hyperechoic. No mineral or cysts are noted.

Adrenal Glands

The right adrenal gland is normal in size (0.28 cm at the caudal pole, cranial pole was not visualized), but subjectively flat. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (1.19 cm long x 0.23 cm at the cranial pole and 0.29 cm at the caudal pole), but subjectively flat. 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.

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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 mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is 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.

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.

Free Abdomen

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

PRIMARY FINDINGS

- Subjectively small/flat adrenal glands – Rule outs include normal variant versus hypoadrenocorticism.

SECONDARY FINDINGS

- Prostatomegaly – normal for intact dog.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further diagnostic recommendations include a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory in addition to a baseline cortisol level. If the baseline cortisol level is <2.0, a full follow up ACTH stimulation test is recommended. In the meantime, empirical deworming with a 5-day course of Panacur could be considered, as well as longer term management of possible gastritis with antiemetics and gastroprotectants including Sucralfate, given the reported hematemesis.

A diet change to a bland, easy to digest diet could be considered versus a low-fat diet if a bland diet doesn't resolve clinical signs versus ultimately a novel or hydrolyzed protein diet, all on a trial and error basis while monitoring for improvement in clinical signs. If clinical signs persist, recheck ultrasound of the gastrointestinal tract fasted could be considered, or gastroscopy/upper endoscopy could be pursued for further evaluation of the mucosa as well as biopsies.

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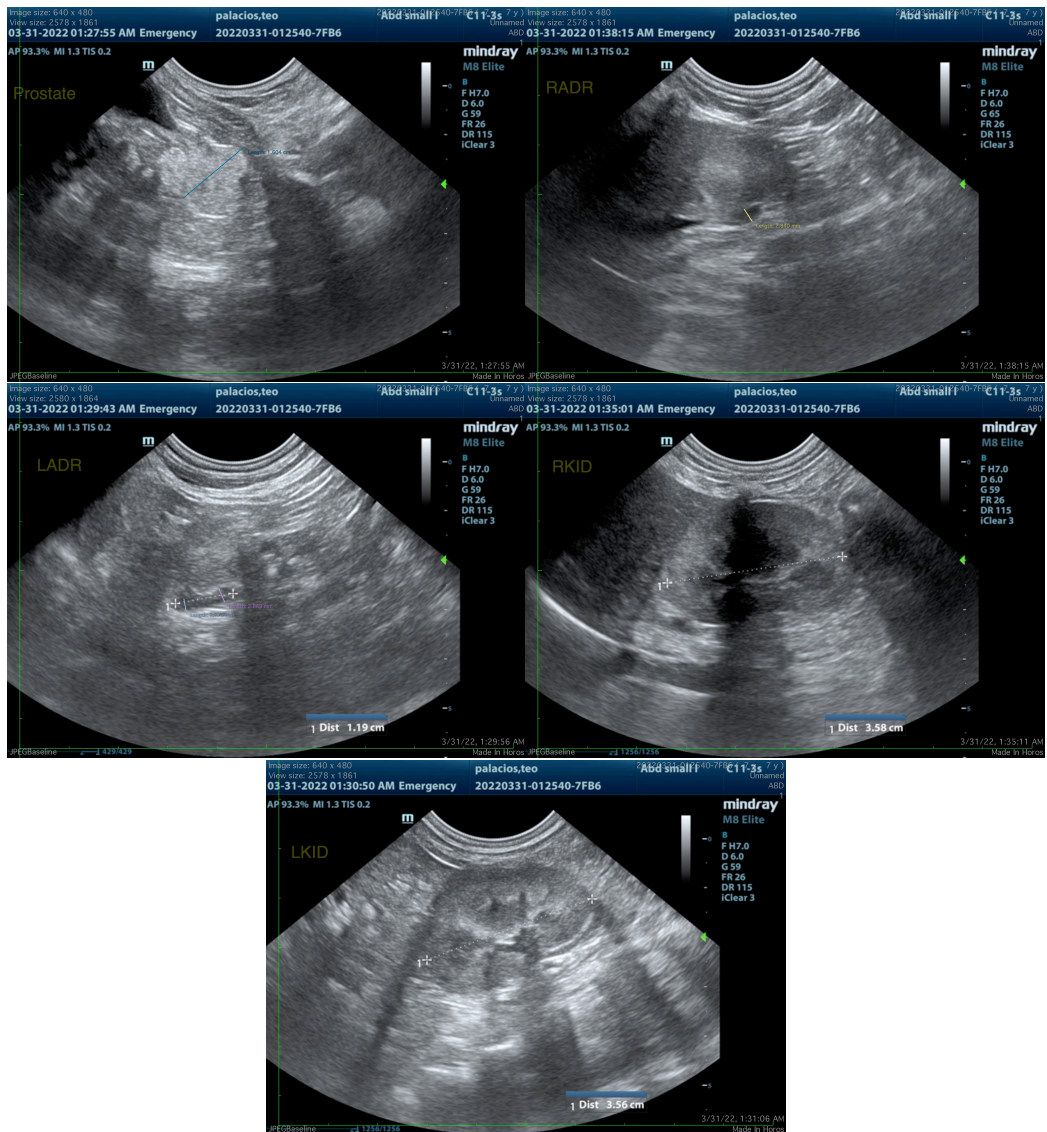
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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