



PATIENT

Precious-CAH Diaz

PRESENTING CLINICAL SIGNS

15 yo FS Shih tzu history of recurrent hematochezia and emesis. Blood work nsf.

SPECIES

Canine

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.

BREED

Shih Tzu

The right kidney is normal in size (4.26 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.

SEX

Spayed Female

The left kidney is normal in size (3.63 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.

AGE

15 Years

Adrenal Glands

The right adrenal gland is normal in size (0.36 cm at the cranial pole and 0.46 cm at the caudal pole), and subjectively flat in appearance. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

WEIGHT

10 Pounds

The left adrenal gland is normal in size (0.36 cm at the cranial pole and 0.32 cm at the caudal pole), and subjectively flat in appearance. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

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). There is a mixed 1.0-1.3 cm nodule in the mid body, causing a slight bulge in the capsule. Splenic vasculature appears normal.

IMAGING PERFORMED BY

Dr. Elaina Petrone

Liver

Liver is subjectively enlarged with rounded margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature appears normal.

HOSPITAL NAME

Long Branch AH

GB contains a moderate amount of non-dependent, mildly aggregated/inspissated sludge. Hypo to anechoic cystic areas are noted between the gallbladder sludge and luminal wall. The wall is otherwise smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion.

REFERRING VET

Dr. Elaina Petrone

Gastrointestinal

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Gastric fundic mucosal hypertrophy with hyperechoic mucosa and some mucosal remodeling is noted. There is no loss of mural detail. Layering is normal. There is mild luminal fluid accumulation. No evidence of masses/nodules or foreign material present.

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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



PATIENT	per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.
Precious-CAH Diaz	
SPECIES	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
Canine	Pancreas
BREED	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.
Shih Tzu	Free Abdomen
SEX	There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.
Spayed Female	PRIMARY FINDINGS
AGE	<ul style="list-style-type: none"> Gastritis – Microulceration cannot be ruled out.
15 Years	<ul style="list-style-type: none"> Heterogenous liver – Differentials for hepatic changes include both benign steroid (vacuolar) hepatopathy or extramedullary hematopoiesis as well as infiltrative round cell or metastatic neoplasia.
WEIGHT	<ul style="list-style-type: none"> Mixed splenic nodule resulting in a slight capsular bulge – Differentials include both benign lesions such as a cyst or hematoma, extramedullary hematopoiesis, etc., and/or infiltrative neoplasia, which can mimic benign lesions and cannot be ruled out.
10 Pounds	<ul style="list-style-type: none"> Early mucocele – Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. The non-dependent nature of this sludge combined with the cystic areas are suggestive, however, of possible emerging cystic mucosal hyperplasia or early gallbladder mucocele.
INTERPRETED BY	SECONDARY FINDINGS
Beth Johnson, DVM DACVIM	<ul style="list-style-type: none"> Subjectively small/flat adrenal glands – likely normal patient variant. However, this can also be associated with hypoadrenocorticism.
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Dr. Elaina Petrone	Recommendations include a rectal exam (given the reported hematochezia) if not already evaluated.
HOSPITAL NAME	Gastrointestinal malabsorption panel including TLI, TLI, folate and cobalamin to Texas A&M GI laboratory for further assessment of gastrointestinal health, combined with a baseline cortisol. If the baseline cortisol is <2.0, a follow up ACTH stimulation test is recommended to rule out unlikely but possible hypoadrenocorticism.
Long Branch AH	
REFERRING VET	A fine needle aspirate of the liver and splenic nodule could be considered if patient’s coagulation status is appropriate to look for evidence of round cell neoplasia.
Dr. Elaina Petrone	
INVOICE	Ultimately, biopsies of the gastrointestinal tract in the form of a colonoscopy as well as gastroduodenoscopy may be necessary to definitively diagnose and therefore guide treatment of this patient’s underlying diagnosis. In the meantime, in addition to supportive care with antiemetics, probiotics, etc., empirical deworming with a 5-day course of Panacur is recommended. A diet change to either a novel or hydrolyzed protein diet, or, given this patient’s large bowel signs, a fiber responsive
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diet on a trial and error basis, monitoring for improvement, could be considered.

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HOSPITAL NAME

Long Branch AH

REFERRING VET

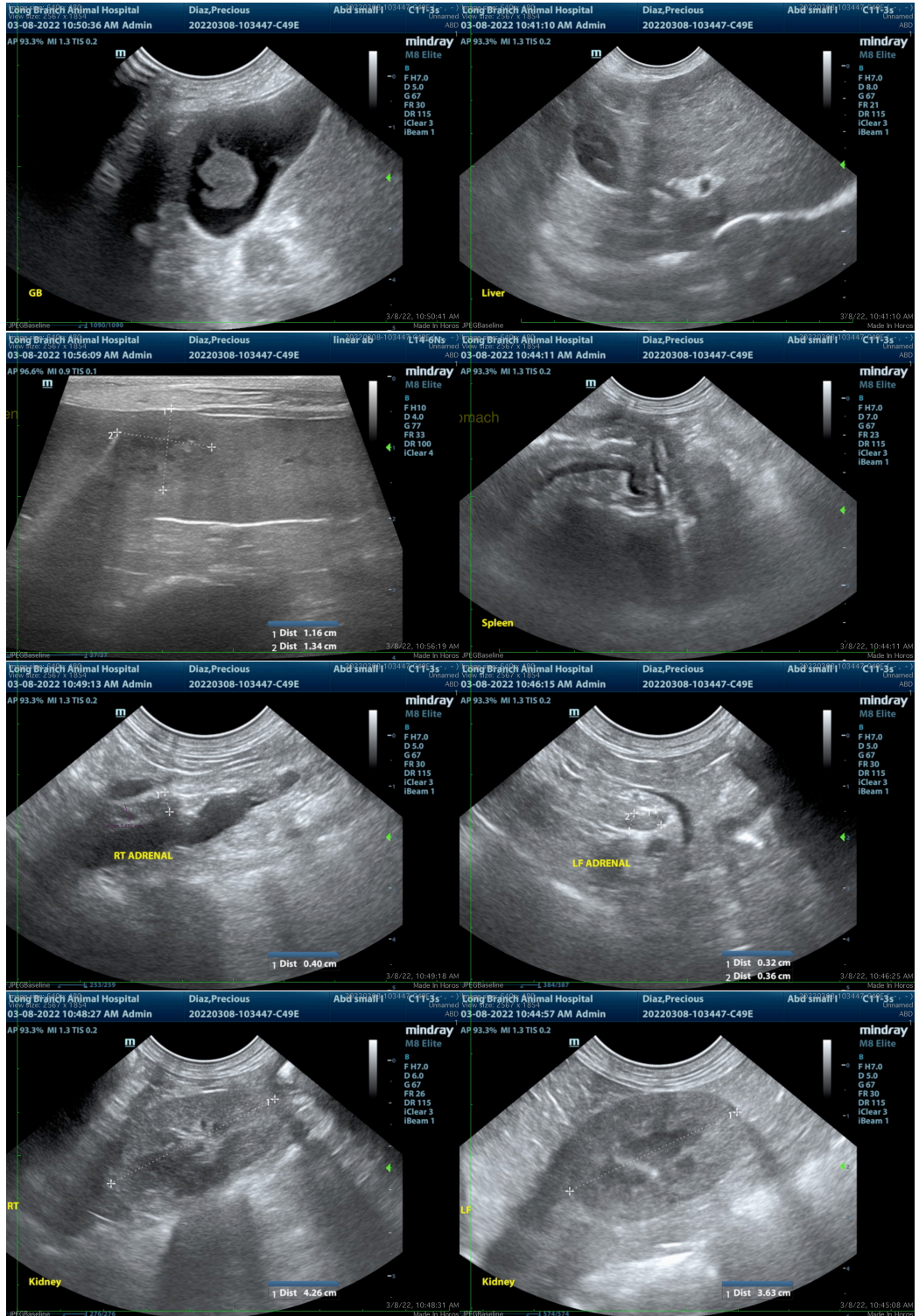
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

BREED

Shih Tzu

SEX

Spayed Female

AGE

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