



PATIENT

Arya Gillingham

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

4 Years 11 Months

WEIGHT

82.5

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Jacquie Preston

HOSPITAL NAME

All Creatures AH of
South Hill

REFERRING VET

Dr. Hart

INVOICE

46743

DATE

4/18/23

PRESENTING CLINICAL SIGNS

Presented for intermittent diarrhea and vomiting 2 weeks ago. Fecal test was negative. Responded well initially to short course of metronidazole, probiotics, and bland diet. Patient presented again today for relapse in diarrhea and vomiting. Diarrhea is now bloody - both frank blood and melena. Patient vomited 3 times yesterday. She also has a reduced appetite.

Abnormal PE/Chem/CBC/UA Results: Rectal exam: small amount of liquid diarrhea with melena and frank blood. Slightly tense abdominal palpation. CBC/Chem/Lytes/cPLI - WNL. UA - USG 1.014, remainder WNL.

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 (5.4 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 (6.5 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.

The left adrenal gland is normal in size (0.58 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The cranial pole is unable to be well visualized in these images.

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 visible stomach wall is normal in thickness and layering. The lumen of the stomach 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. Pyloric outflow tract appears patent.



PATIENT

Arya Gillingham

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

4 Years 11 Months

WEIGHT

82.5

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Jacquie Preston

HOSPITAL NAME

All Creatures AH of
South Hill

REFERRING VET

Dr. Hart

INVOICE

46743

DATE

4/18/23

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 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

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

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- This is a relatively unremarkable/normal abdomen without an evident ultrasonographic explanation for the patient's gastrointestinal signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Next diagnostic recommendations include:

A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

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.

A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.

In the meantime, while awaiting results, supportive/symptomatic medical management of clinical signs (possibly HGE) is recommended, including antiemetics, gastroprotectants including sucralfate, a probiotic such as Visbiome or Provable, empirical deworming with a 5-day course of Panacur +/- Metronidazole or Tylosin, and if tolerated, a short-term course of a bland easy to digest or possibly fiber responsive diet. Alternatively, based on trial-and-error response, a hydrolyzed protein diet could be attempted. Some patients respond better to one brand or version of hydrolyzed protein diet better than another, so several trials are sometimes necessary.

Ultimately, if clinical signs persist and a diagnosis is not reached, further evaluation of the GI tract via upper and lower endoscopy for visualization and biopsies may be warranted.



PATIENT

Arya Gillingham

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

4 Years 11 Months

WEIGHT

82.5

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Jacquie Preston

HOSPITAL NAME

All Creatures AH of
South Hill

REFERRING VET

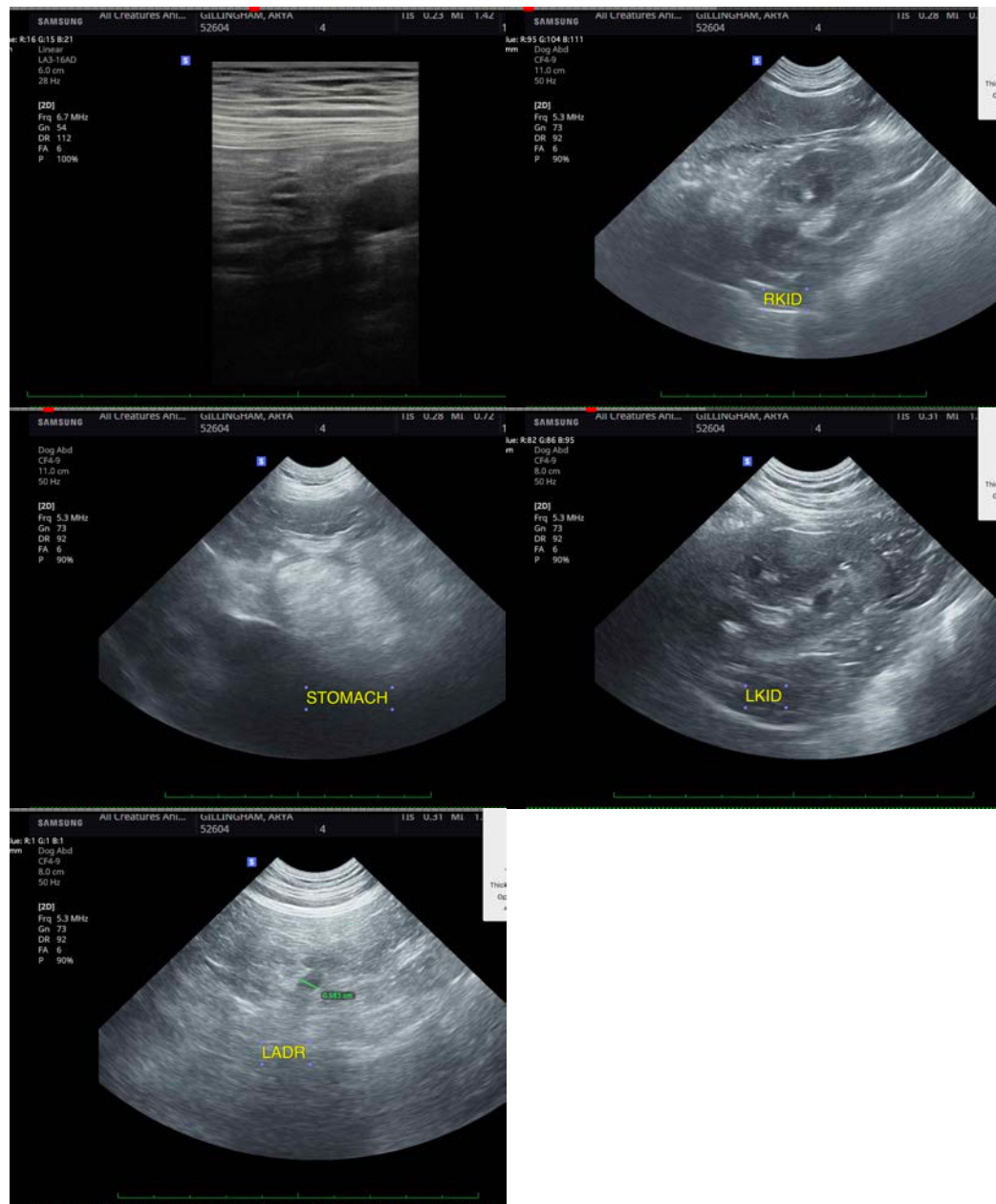
Dr. Hart

INVOICE

46743

DATE

4/18/23



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