



PATIENT PRESENTING CLINICAL SIGNS

Georgie Juteau

SPECIES

Canine

BREED

GS Pointer

SEX

Neutered Male

AGE

8 Months

WEIGHT

30 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hamilton Region Vet
Emergency Clinic

REFERRING VET

Dr. Wattson

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DATE

4/20/23

History: Clinical signs (vomiting), Vomiting duration (peracute (less than 24 hours)), Clinical signs summary (Decreased appetite at breakfast, has vomited undigested kibble every time he has tried to eat since then. Normal BM. Does have history of dietary indiscretion. Progressively more lethargic.), Last ate (within the last 12 hours prior to exam) Physical Exam: Summary of PE findings (Tense abdomen; QAR/Dull; hypersalivation; dehydrated), T (100.9F/38.3C), P (132), R (32), MM (Pink), Patient attitude/demeanor (dull/depressed/lethargic) Current Medications Cerenia

Rads: CONCLUSIONS: The gastrointestinal changes seen on this study are nonspecific. Paralytic ileus as with gastroenteritis/colitis may be present. Pancreatitis is an unlikely differential given the age of the patient. Gastroenteritis could be due to dietary indiscretion, viral infection, toxicosis, or parasitic disease. A complete obstructive lesion is not definitively identified on this exam as there is no evidence of severe distention of the stomach or the small bowel, however partial or intermittent obstructive disease including an intussusception is not always radiographically evident and could still be present. The lateral radiographs of the thoracic cavity are within normal limits.

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 (7.79 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 (7.26 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.

Adrenal Glands

The right adrenal gland is normal in size (2.48 cm long x 1.63 cm at the cranial pole and 0.57 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (2.19 cm long x 0.40 cm at the cranial pole and 0.46 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.



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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.

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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.

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Diffusely, 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 largely empty. However, proximally, the bowel is mildly fluid distended without evidence of an obstructive pattern, plication, and/or visible foreign material with some intestinal hyperperistalsis, consistent with gastroenteritis.

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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.

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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.

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Free Abdomen

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

The mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

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ULTRASONOGRAPHIC FINDINGS

- **Proximal small bowel/duodenal gastroenteritis** – Consistent with irritation secondary to dietary indiscretion or intolerance, infection (bacterial, viral, other), parasitic or protozoal disease, toxin, other metabolic disease such as pancreatitis, other.
- **Reactive mesenteric lymph nodes** – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no definitive evidence of foreign material or an obstructive pattern, plication, etc. to suggest an obstruction in this patient. Recommendations include:

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- A fecal exam if not recently evaluated.
- Supportive/symptomatic medical management of acute gastroenteritis/dietary indiscretion, parasitic disease, etc. with monitoring of clinical signs for improvement.
- Empirical therapy with antiemetics, gastroprotectants, a bland easy to digest diet short-term and empirical deworming with a 5-day course of Panacur.
- If clinical signs persist and/or progress, recheck imaging should be considered.



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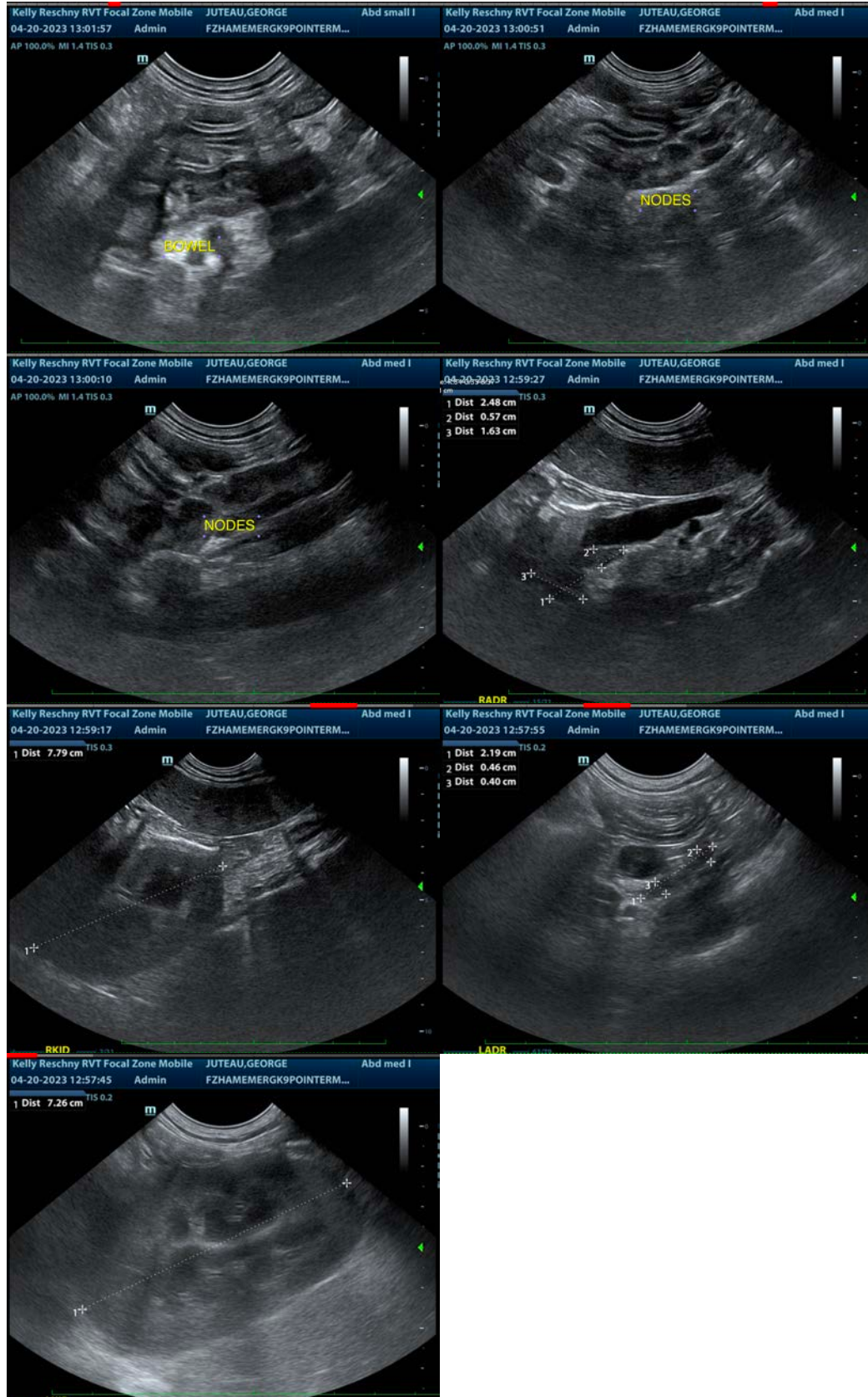
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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