



PATIENT	PRESENTING CLINICAL SIGNS
Chewbacca Gabilanes	Vomiting bile on and off.
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	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.
Shih Tzu	Prostate is normal in size for an intact male (2.3 cm wide). Parenchyma is diffusely homogenous and relatively hyperechoic. Normal distinct margins and symmetrical bilobed shape are maintained.
SEX	
Male	The right kidney is normal in size (3.26 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.
AGE	
1	The left kidney is normal in size (3.35 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.
WEIGHT	
8	Adrenal Glands
INTERPRETED BY	The right adrenal gland is normal in size (1.39 cm long x 1.05 cm at the cranial pole and 0.50 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Beth Johnson, DVM DACVIM	The left adrenal gland is normal in size (1.65 cm long x 0.35 cm at the cranial pole and 0.45 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
IMAGING PERFORMED BY	Spleen
Jenn	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.
HOSPITAL NAME	Liver
Rockaway AH	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.
REFERRING VET	
Dr. Maniar	
INVOICE	Gastrointestinal
46865	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.
DATE	
4/22/23	The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. 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



PATIENT	per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.
Chewbacca Gabilanes	
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	
SEX	Free Abdomen
Male	There is no evidence of free peritoneal effusion noted in these images.
AGE	There is no apparent lymphadenopathy noted in these images.
1	ULTRASONOGRAPHIC FINDINGS
WEIGHT	<ul style="list-style-type: none"> Relatively unremarkable/normal abdomen
8	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
INTERPRETED BY	If this is an acute episode, recommendations include an overall general metabolic evaluation (CBC, chemistry panel with electrolytes, urinalysis and fecal exam if not recently evaluated) followed by supportive/symptomatic medical management of clinical signs including anti-emetics, gastroprotectants, a probiotic (such as visbiome or proviable if concurrent diarrhea is present), and empirical deworming with a 5-day course of Panacur. Additionally, a transition in diet could be considered based on trial-and-error response, with one consideration being a bland, easy to digest diet, or another consideration being a hydrolyzed protein diet, especially if there is any chronicity to the clinical signs. Some patients respond better to one brand or version of hydrolyzed diet over another, so sometimes several trials are warranted. Additionally, if there is any chronicity, further evaluation is warranted beginning with:
Beth Johnson, DVM DACVIM	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.
IMAGING PERFORMED BY	A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.
Jenn	A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.
HOSPITAL NAME	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.
Rockaway AH	
REFERRING VET	
Dr. Maniar	
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46865	
DATE	
4/22/23	



PATIENT

Chewbacca Gabilanes

SPECIES

Canine

BREED

Shih Tzu

SEX

Male

AGE

1

WEIGHT

8

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

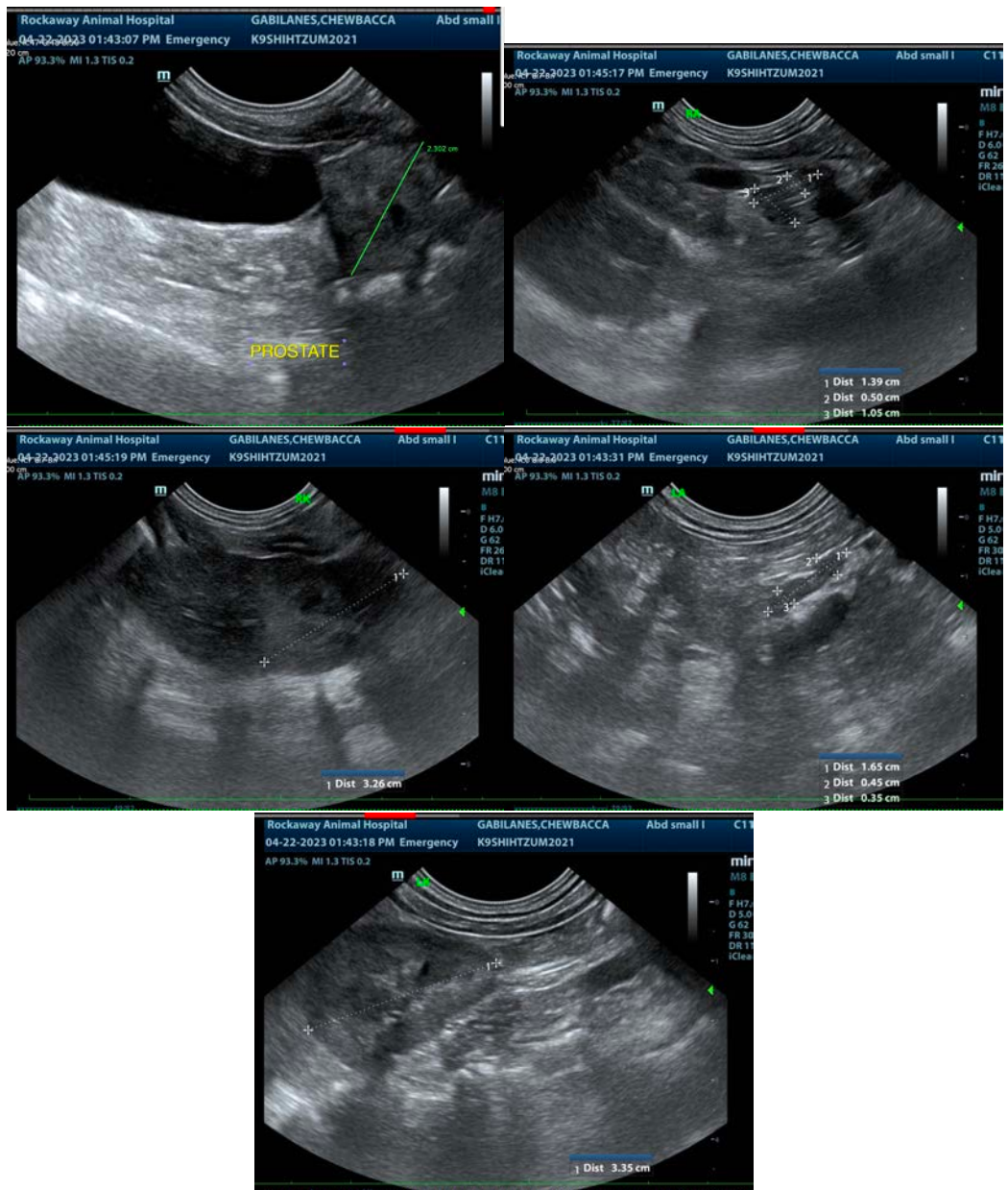
Dr. Maniar

INVOICE

46865

DATE

4/22/23



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
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