



PATIENT PRESENTING CLINICAL SIGNS

Manny Breeding

Vomiting several times per day for the past 2 weeks. No vomiting while on Cerenia for 3-4 days. No known dietary indiscretion, however P escaped the yard and was picked up by Animal Control around the time the vomiting started. Initially there was also diarrhea, but this has resolved. History of pancreatitis in August/September. Grade 3-4 periodontal disease and firm stool in colon, otherwise exam was WNL on 3/22/23.

SPECIES

Canine

BREED

Boston Terrier

Abnormal PE/Chem/CBC/UA Results: ALT 150, ALP 177, Chol 378, PLT 446 Current Medications Cerenia Radiographic Findings None

SEX

Neutered Male

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.

AGE

11 Years

Prostate is normal in size, echotexture and echogenicity for a neutered male.

WEIGHT

29 Pounds

The right kidney is normal in size (5.93 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.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The left kidney is normal in size (5.5 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 normal in size (3.01 cm long x 0.95 cm at the cranial pole and 0.92 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Sara Hansen

The left adrenal gland is normal in size (2.21 cm long x 0.63 cm at the cranial pole and 0.71 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

HOSPITAL NAME

West Eugene AH

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.

REFERRING VET

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Liver

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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.

DATE

4/5/23

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.



PATIENT *Gastrointestinal*

Manny Breeding The visible stomach wall is normal in thickness and layering. The stomach is mildly distended and contains an echogenic interface with distal progressively shadowing material consistent with hairball density (or similar fluid absorbing material) noted. Ingesta and gas can't be definitively ruled out.

SPECIES

Canine 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.

BREED

Boston Terrier The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

SEX

Neutered Male

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.

AGE

11 Years

Free Abdomen

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

WEIGHT

29 Pounds

There is no apparent lymphadenopathy noted in these images.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

ULTRASONOGRAPHIC FINDINGS

- The gastric contents have some progressive shadowing that can be seen with hairball or similar density soft foreign material. However, occasionally, normal ingesta and gas can have a similar appearance, so foreign material is not definitive. There is no overt gastric distention to suggest outflow obstruction.

IMAGING PERFORMED BY

Sara Hansen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the reported concurrent diarrhea when the vomiting began, further evaluation of gastrointestinal/pancreatic health is recommended, beginning with a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory.

HOSPITAL NAME

West Eugene AH

In the meantime, supportive/symptomatic medical management of acute gastroenteritis, possibly dietary indiscretion while patient was reportedly missing, etc., is recommended with antiemetics, gastroprotectants, a probiotic such as Visbiome or Provable (unless the diarrhea has fully cleared), as well as empirical deworming with a 5-day course of Panacur.

REFERRING VET

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Additionally, a transition in diet to either a bland easy to digest diet short-term or potentially a hydrolyzed protein diet based on trial-and-error results could be considered. If clinical signs persist, an additional 12-24 hours of fasting followed by recheck imaging of the stomach could be considered.

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Ultimately, if GI signs persist, upper GI gastroscopy/endoscopy may need to be considered for further visual evaluation as well as biopsies of the stomach and small bowel.

DATE

4/5/23



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REFERRING VET

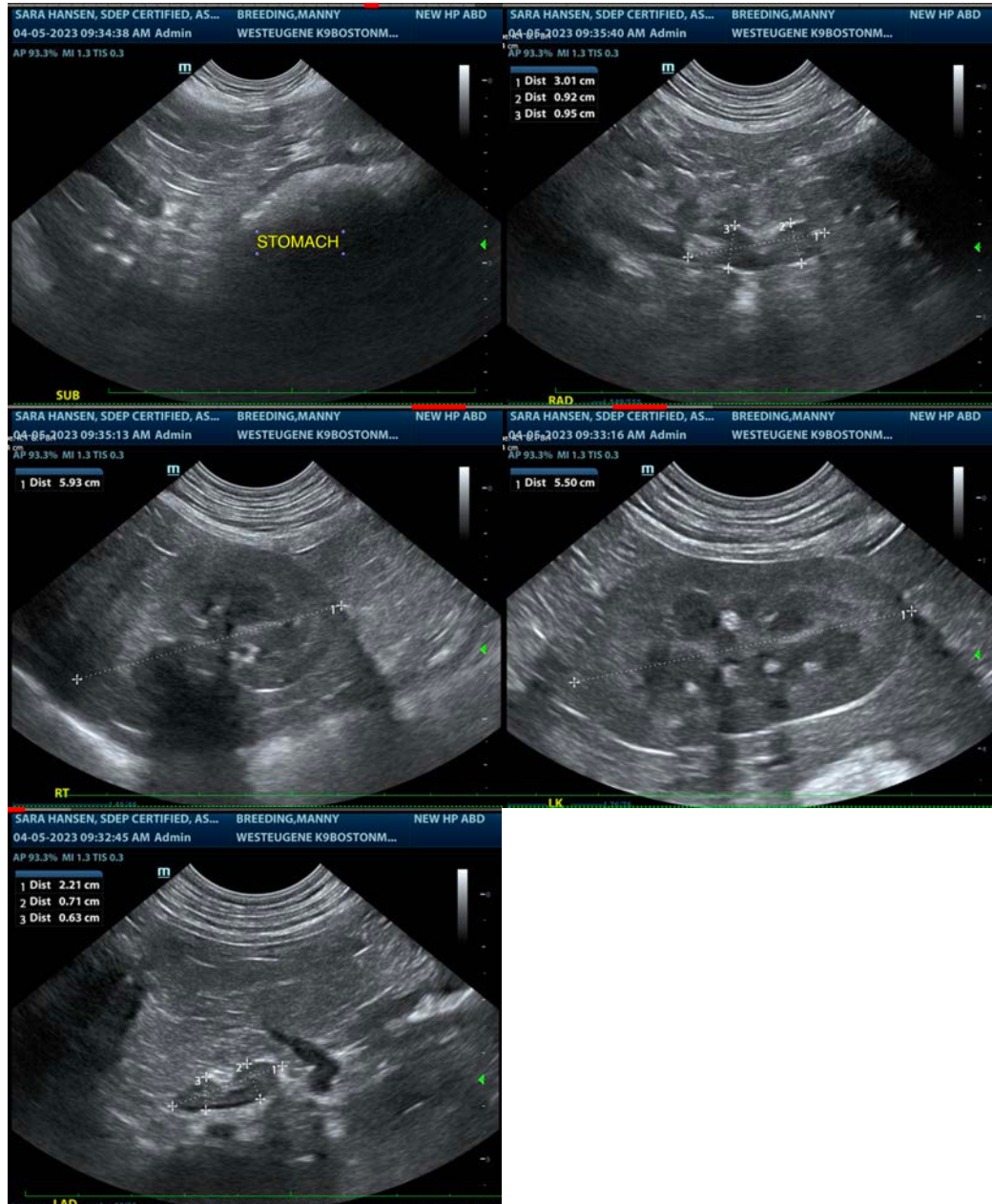
Dr. Powers

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DATE

4/5/23



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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