



**PATIENT PRESENTING CLINICAL SIGNS**

Nalle Sjoberg intermittent vomiting and diarrhea for 3 months. usually vomits food 1-3 hours after eating, diarrhea is a puddle with red flecks, exposed to kennel cough, sneezing, mild epistaxis meds: metronidazole, fortiflora, marbofloxacin, cerenia

**SPECIES** Abnormal PE/Chem/CBC/UA Results: please see attached labs

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

**Urinary System**

Swedish Vallhund

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.

**SEX**

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

Neutered Male

The right kidney is normal in size (5.22 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**

13 Years

The left kidney is normal in size (5.55 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**

11.7 kg

**Adrenal Glands**

The right adrenal gland is normal in size (1.67 cm long x 1.82 cm at the cranial pole and 0.66 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

The left adrenal gland is normal in size (2.12 cm long x 0.64 cm at the cranial pole and 0.65 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**IMAGING PERFORMED BY**

Kelly Reschny

**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.

**HOSPITAL NAME**

Westoak AH

**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.

**REFERRING VET**

Dr. Fisher

GB is moderately distended with anechoic bile and gravity dependent echogenic sediment. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

**INVOICE**

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**Gastrointestinal**

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. In the area of the pylorus, the wall in one view is thick, measuring 1.2 cm with a hypoechoic wall, but no loss of layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal

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**PATIENT**

Nalle Sjoberg

contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

**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 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. \*\*Note: See other.

**BREED**

Swedish Vallhund

There is a fluid filled structure in the area of the ileocecolic junction, presumed to be a fluid filled cecum. 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. \*\*Note: See other.

**AGE**

13 Years

**Free Abdomen**

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

**Other**

**WEIGHT**

11.7 kg

Medial to the right kidney, there is a hypoechoic structure surrounded by hyperechoic tissue next to a mildly focally thick duodenum. Top differentials include focal pancreatitis/peritonitis/enteritis.

**PRIMARY FINDINGS**

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DACVIM

- Hypoechoic structure medial to the right kidney in the right cranial abdomen, surrounded by hyperechoic tissue – consistent with possible focal acute pancreatitis. Focally thick pylorus and duodenum in that area could be the result of gastritis and focal enteritis secondary to the pancreatitis. Infiltrative bowel disease is possible, but considered less likely. No gastric dilation is present to indicate delayed gastric emptying or pyloric outflow obstruction.

**IMAGING PERFORMED BY**

Kelly Reschny

- Mildly fluid filled structure in the area of the ileocecolic junction, believed to be the cecum.

**SECONDARY FINDINGS**

**HOSPITAL NAME**

Westoak AH

- The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**REFERRING VET**

Dr. Fisher

Top differential for this patient's intermittent gastrointestinal signs, given the ultrasound findings here include acute pancreatitis +/- diffuse gastroenteritis/colitis/typhlitis. Recommendations for this patient include a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory for further assessment of gastrointestinal function and pancreatic health. Other diagnostic recommendations, given the reported hematochezia, include fecal exam for parasites as well as an enteropathogen PCR panel also to Texas A&M GI laboratory.

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Supportive medical management of gastroenteritis and pancreatitis recommended with antiemetics, gastroprotectants, pain management (if necessary), as well as probiotics, followed by recheck imaging when clinical signs have resolved. If pyloric and proximal duodenal thickening remain, fine needle aspirate or biopsies could be considered.

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**HOSPITAL NAME**

Westoak AH

**REFERRING VET**

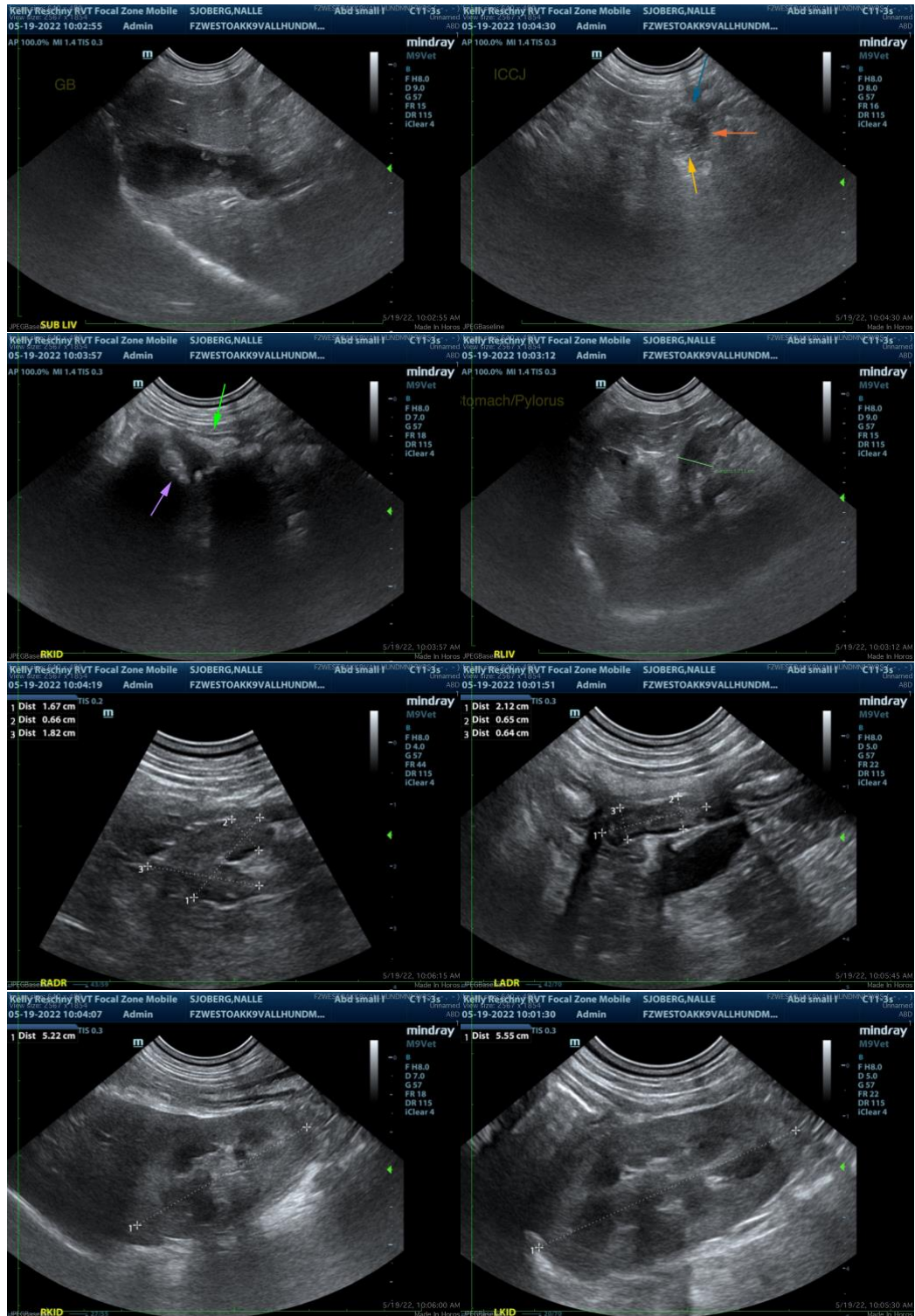
Dr. Fisher

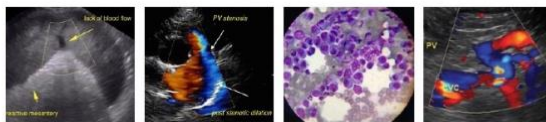
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**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](mailto:Beth.Johnson@sonopath.com)

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Swedish Vallhund

**SEX**

Neutered Male

**AGE**

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**WEIGHT**

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