



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Kona Pressler
Patient presents due to 2 separate episodes of collapse after vomiting; 6 months apart (suspect vasovagal vs. other). Patient collapsed and turned cyanotic. No current meds.

SPECIES

Canine
Abnormal PE/Chem/CBC/UA Results: PLTs44K (clumps but decreased), normal cortisol, rest of CBC/Chem: WNL.

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Bernese Mtn Dog

Urinary System

SEX

Urinary bladder is only mildly distended. Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. If there are urinary signs and/or concern for urinary bladder pathology, reassessment after complete filling is recommended.

Neutered Male

AGE

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

2 Years 1 Month

WEIGHT

The right kidney is normal in size (5.38 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.

86.6 Pounds

The left kidney is normal in size (5.87 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

Adrenal Glands

The areas of both adrenal glands are fully examined. Definitive adrenal evaluation is difficult, but the measurements are provided are believed to be accurate without visible adrenal gland pathology noted. The right adrenal gland measures 1.23 cm long x 0.56 cm at the cranial pole and 0.25 cm at the caudal pole. The left adrenal gland measures 0.44 cm at the cranial pole and 0.50 cm at the caudal pole.

IMAGING PERFORMED BY

Kelly Vazquez

Spleen

HOSPITAL NAME

Ho-Ho-Kus VH

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

Dr. Brittany Scott

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.

INVOICE

43099

DATE

6/13/23

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*

Kona Pressler

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.

SPECIES

Canine

BREED

Bernese Mtn Dog

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.

SEX

Neutered Male

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

AGE

2 Years 1 Month

**Full thorough evaluation of the GI tract is partially limited by excess gas, making missing subtle or mild pathology possible, though unlikely.

WEIGHT

86.6 Pounds

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.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

ULTRASONOGRAPHIC FINDINGS

IMAGING PERFORMED BY

Kelly Vazquez

- The adrenal glands may be bilaterally small/flat, which is likely a normal patient variant, given this patient's reported normal cortisol level.
- Otherwise, this is a relatively unremarkable/normal abdomen without an intraabdominal ultrasonographically visible explanation for the patient's syncopal episodes present at this time.

HOSPITAL NAME

Ho-Ho-Kus VH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As was reportedly already evaluated and normal, a baseline cortisol would have been recommended. Beyond that, as is reportedly already planned, cardiac evaluation via an echocardiogram and blood pressure is recommended.

REFERRING VET

Dr. Brittany Scott

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

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If a diagnosis is not made and the episodes are believed to be primarily in origin with a vasovagal event following vomiting, next steps for GI workup include a fecal exam if not recently evaluated.

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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.

In the meantime, empirical deworming with a 5-day course of Panacur is recommended, as is, if tolerated, a transition in diet potentially to a hydrolyzed protein diet.



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HOSPITAL NAME

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REFERRING VET

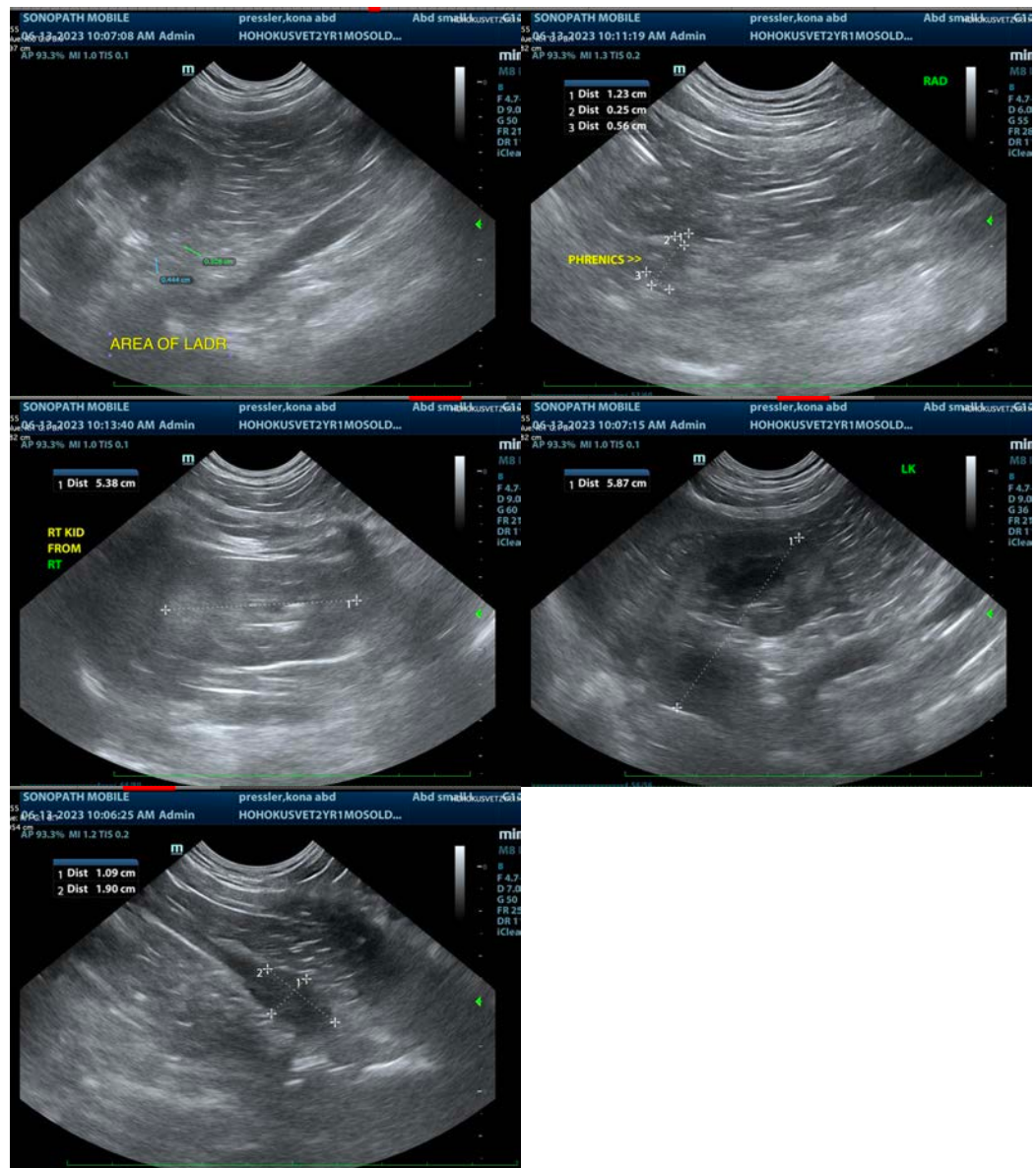
Dr. Brittany Scott

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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
info@sonopath.com