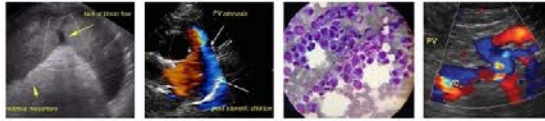
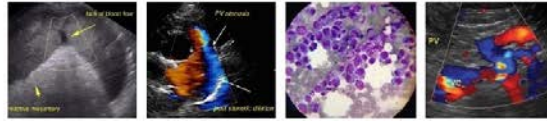


PATIENT	PRESENTING CLINICAL SIGNS
Maverick Costa	Confirmed with owner that dog has not had food in over 12 hours. Was experiencing vomiting and diarrhea for about 2-3 days, may be slightly better today. Bloody material in the feces for about 2 days. Anorexic, lethargic. Has been on Cerenia, Famotidine, Sulcrate, Metoclopramide and Metronidazole.
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results: Not significantly low TP or Globulins, Mildly elevated HCT and Hemoglobin. Rads showed small intestine pushed to the caudal part of the abdominal cavity, gas in small and large intestines, thick stomach wall, empty rectum.
BREED	
Labradoodle	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
SEX	Urinary System
Intact Male	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	
1 Year	Prostate is normal in size for an intact male. Parenchyma is diffusely homogenous and relatively hyperechoic. Normal distinct margins and symmetrical bilobed shape are maintained.
WEIGHT	
12.6 kg	The right kidney is normal in size (5.91 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 (5.23 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.
IMAGING PERFORMED BY	Adrenal Glands
Crystal Hill	The right adrenal gland is normal in size (1.72 cm long x 0.89 cm at the cranial pole and 0.47 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
HOSPITAL NAME	
Erin Folk AH	The left adrenal gland is normal in size (1.44 cm long x 0.41 cm at the cranial pole and 0.39 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
REFERRING VET	Spleen
Dr. Soliman	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.
INVOICE	Liver
43353	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	
6/21/23	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.
	Gastrointestinal



PATIENT	The stomach appears to have a thick (1.0-1.8 cm), mildly heterogeneous wall with loss of mural detail approaching the pyloric antrum in some views. However, in other views the pathology is less appreciated. The stomach is mildly fluid distended but otherwise empty.
Maverick Costa	
SPECIES	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.
Canine	
BREED	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
Labradoodle	
SEX	<i>Pancreas</i>
Intact Male	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	<i>Free Abdomen</i>
1 Year	
WEIGHT	There is no evidence of free peritoneal effusion noted in these images.
12.6 kg	There is no apparent lymphadenopathy noted in these images.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
Beth Johnson, DVM DACVIM	<ul style="list-style-type: none"> Moderately thick gastric wall/pylorus with decreased mural detail suspected in some view of the stomach. However, the finding is difficult to confirm in all views. Differentials include a benign inflammatory infectious, parasitic, gastritis versus (considered less likely) infiltrative neoplastic disease.
IMAGING PERFORMED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Crystal Hill	Recommendations include a workup for the reported gastrointestinal signs, hematochezia, etc., beginning with a fecal exam if not recently evaluated.
HOSPITAL NAME	A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease. Please contact the lab for recommendations on how long to discontinue antibiotics prior to obtaining a stool sample for submission.
Erin Folk AH	
REFERRING VET	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.
Dr. Soliman	A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.
INVOICE	
43353	In the meantime, supportive/symptomatic medical management of clinical signs, possibly HGE, is recommended in the form of antiemetics, gastroprotectants including sucralfate, a probiotic such as Visbiome or Provable, empirical deworming with a 5-day course of Panacur +/- fluid therapy and/or appetite stimulants if necessary +/- an empirical course of helicobacter therapy.
DATE	
6/21/23	



PATIENT

Maverick Costa

Pending results of diagnostics as well as patient's improvement or lack thereof with symptomatic management, recheck ultrasound may be helpful. Pending results of that, if the gastric pathology is persistent and confirmed, sampling via either a fine needle aspirate could be considered versus possibly upper GI gastroscopy/endoscopy for biopsies.

SPECIES

Canine

BREED

Labradoodle

SEX

Intact Male

AGE

1 Year

WEIGHT

12.6 kg

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Erin Folk AH

REFERRING VET

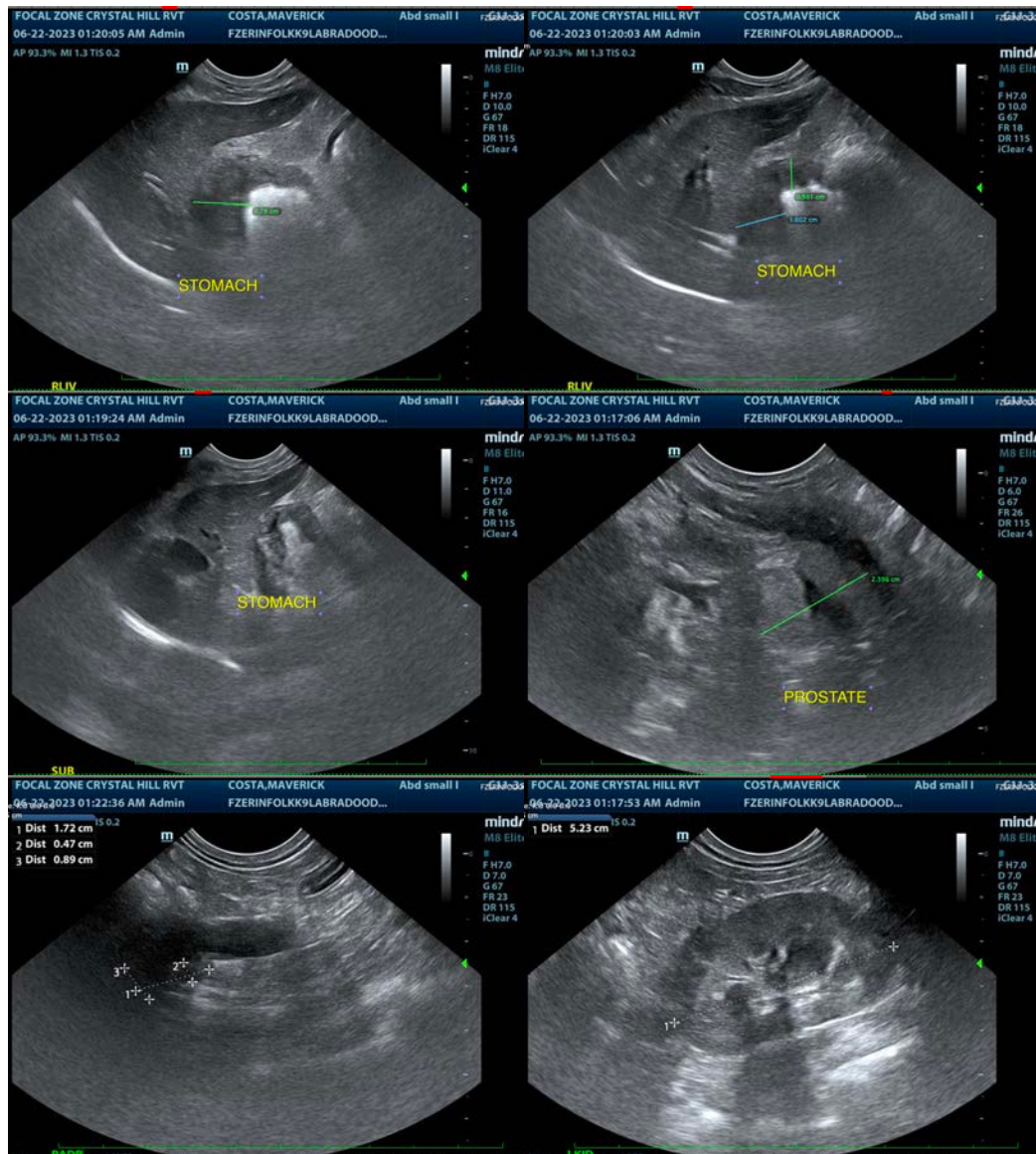
Dr. Soliman

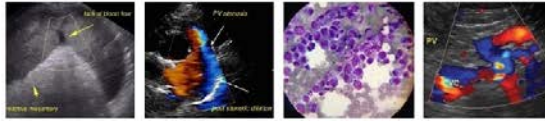
INVOICE

43353

DATE

6/21/23





PATIENT

Maverick Costa

SPECIES

Canine

BREED

Labradoodle

SEX

Intact Male

AGE

1 Year

WEIGHT

12.6 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Erin Folk AH

REFERRING VET

Dr. Soliman

INVOICE

43353

DATE

6/21/23



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
info@sonopath.com