

**PATIENT**

Luna Coudret

PRESENTING CLINICAL SIGNS

Patient for presented on 6/6/23 for few episodes of vomiting over the last few days and lethargy has since improved per owner.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Patient had relatively unremarkable PE on 6/6 except for some gassiness palpable in the small intestinal loops as well as possible cranial organomegaly. Chem was NSF. CBC showed normal RBC count, but count was lower within the normal range compared to previous level. CPL was normal. I thought the spleen was enlarged on the abdominal x-rays, but the spleen size was said to be normal upon radiologist's review. No obstructive patent noted. Patient does have spondylosis.

BREED

German Shepherd

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed Female

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

8 Years

The right kidney is normal in size (7.16 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

90.6 Pounds

The left kidney is normal in size (7.28 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

Adrenal glands are small (flattened contour). Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The caudal pole of the right adrenal gland measures 0.56 cm. The cranial pole is difficult to fully visualize in these images. The left adrenal gland measures 0.46 cm at the cranial pole and 0.43 cm at the caudal pole.

INTERPRETED BYBeth Johnson, DVM
DACVIM**Spleen**

Spleen is subjectively large in size with normal smooth margins. Parenchyma is normal in echogenicity with a coarse/heterogenous echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

IMAGING PERFORMED BY

Amy Mayhew, LVT

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.

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REFERRING VET

Dr. Hicks

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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

6/22/23

Gastrointestinal

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.

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The visible small intestines are normal in wall thickness and layering. Hyperechoic mucosal fogging or speckling is noted. Small intestinal motility appears adequate (1-3 contractions per min). The lumen is empty with no evidence of obstruction or foreign material.

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

Pancreas

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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

SEX

Spayed Female

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

There is no apparent lymphadenopathy noted in these images.

AGE

8 Years

ULTRASONOGRAPHIC FINDINGS

- **Flat adrenal glands** – This can be a normal patient variant and/or a sign of exogenous cortisol administration. If exogenous steroids are not being administered, hypoadrenocorticism (either relative or absolute) should be considered.
- **Subtle/mild mucosal speckling** – Mucosal speckling is often present with inflammatory bowel disease (IBD). It is not specific for type or severity of disease. Mild speckling change can occur as a normal patient variant in the post-prandial state.
- **Mildly coarse splenomegaly** – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

WEIGHT

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DACVIM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's reported history of gastrointestinal signs combined with the pathology described above, although albeit mild, further recommendations include:

A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

IMAGING PERFORMED BY

Amy Mayhew, LVT

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.

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Additionally, while the changes in the spleen trend in appearance toward benign, especially given patient breed, a fine needle aspirate of the spleen could be considered if patient's coagulation status is appropriate.

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In the meantime, empirical deworming with a 5-day course of Panacur is recommended in addition to supportive/symptomatic care (i.e., antiemetics, gastroprotectants, etc.).

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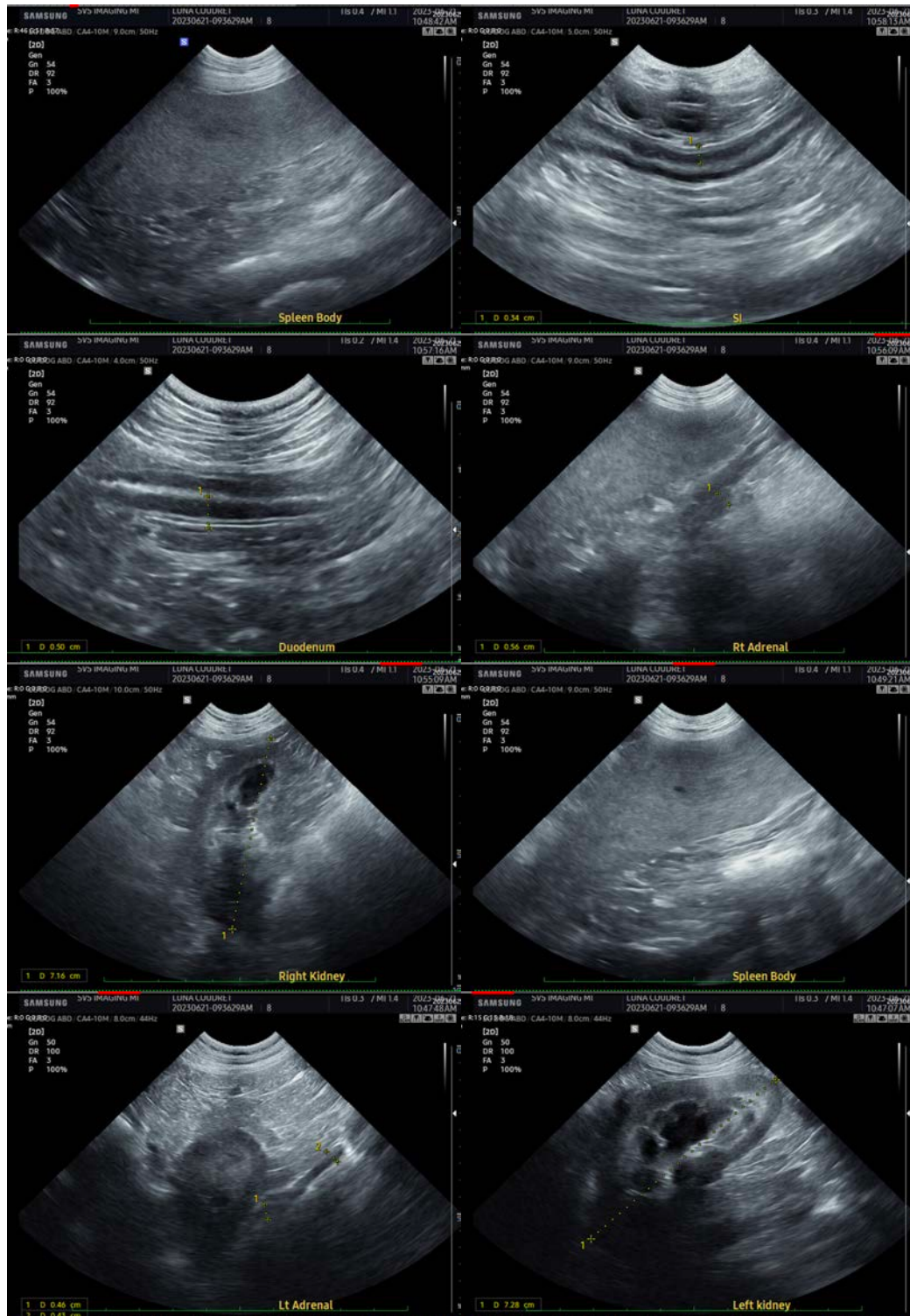
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@sonopath.com

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