



PATIENT	PRESENTING CLINICAL SIGNS
Lola Brindak	megaesophagus, gastroenteritis
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	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.
BREED	
Golden X	The right kidney is normal in size (4.04 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.
SEX	
Spayed Female	The left kidney is normal in size (4.78 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	Adrenal Glands
2 Years	The area of the right adrenal gland is examined without evident pathology.
WEIGHT	The left adrenal glands is small (flattened contour). Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
32 Pounds	Spleen
INTERPRETED BY	The spleen is largely normal in appearance (shape, echotexture and echogenicity); however, it is volume contracted. Hydration status assessment is recommended.
Beth Johnson, DVM DACVIM	Liver
IMAGING PERFORMED BY	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.
Jenn	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.
HOSPITAL NAME	Gastrointestinal
Rockaway AH	The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach 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. Pyloric outflow tract appears patent.
REFERRING VET	
Dr. Maniar	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.
INVOICE	
38998	
DATE	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
6/23/22	



PATIENT

Pancreas

Lola Brindak

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.

SPECIES

Canine

Free Abdomen

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

BREED

Golden X

ULTRASONOGRAPHIC FINDINGS

SEX

Spayed Female

- 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.
- Volume contracted spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

2 Years

Given the reported gastroenteritis and megaesophagus combined with the subjectively flat adrenal and small spleen, therapeutic recommendations include:

WEIGHT

32 Pounds

- Rehydration with IV fluids, antiemetics and gastroprotectants plus a probiotic if necessary to help control diarrhea.
- Empirical deworming with a 5 day course of Panacur is recommended if not recently done.
- Further diagnostic recommendations include an ACTH stimulation test to rule out hypoadrenocorticism as an underlying cause for the reported megaesophagus as well as the subjectively small adrenal glands, as well as a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory for further evaluation of GI and pancreatic function.
- Other diagnostic considerations, given the reported megaesophagus, include ruling out hyperthyroidism as well as further investigation for possible focal myasthenia gravis.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

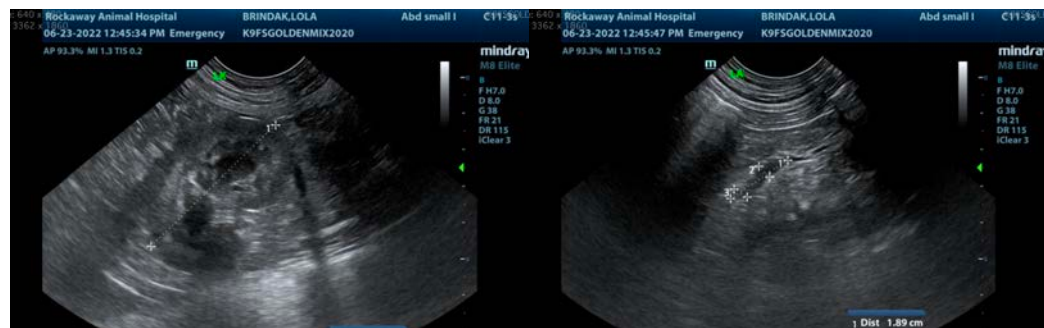
A source for the reported pain was not evident in these images. Therefore, further investigation of possible orthopedic and/or surgical or spinal pain source should be considered.

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockway AH



REFERRING VET

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PATIENT

Lola Brindak

SPECIES

Canine

BREED

Golden X

SEX

Spayed Female

AGE

2 Years

WEIGHT

32 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

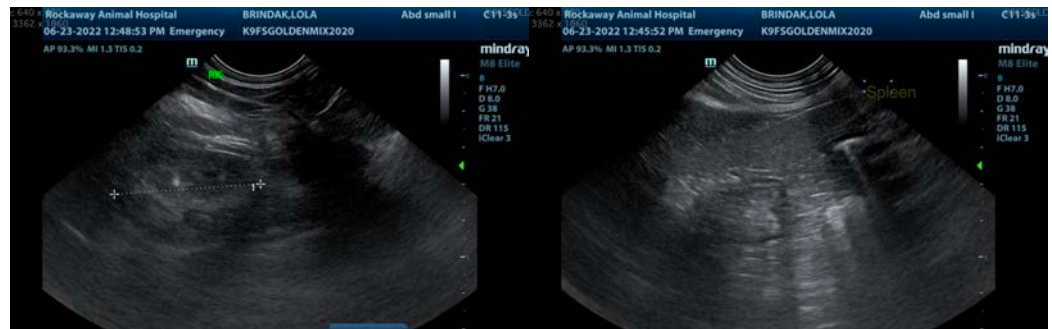
Dr. Maniar

INVOICE

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DATE

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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
Beth.Johnson@sonopath.com