



PATIENT

PRESENTING CLINICAL SIGNS

Fox Anderson

History: Presented 6/26 for hematochezia and possible vomiting x 24hr

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: intake dx- CBC: Hct 42.2%, WBC 8.46, Lymph 0.58, Plt 349, Chem 10: Crea 0.7, BUN 16, TP 7.1, Alb 3.5, ALT 300, ALP 167 EPOC: Ca 1.20, Cl 117, Crea 0.47, K 3.6, Na 148, LAC 1.90, BUN 17 CPL 171.7 (WNL) Fecal O & P with giardia send out to Antech pending

BREED

English Shepherd

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered Male

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

AGE

7 Years 6 Months

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

Left kidney is normal in size (6.41 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

53.1

Right kidney is normal in size (8.21 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

Left adrenal gland is normal in size (0.63 cm at cranial pole and 0.49 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is unable to be well visualized in these images.

IMAGING PERFORMED BY

Nikita Neuhaus

Spleen

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

Willamette VH

Liver

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

Nikita Neuhaus

INVOICE

23114

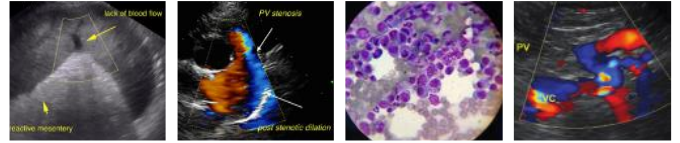
Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

DATE

6/27/23

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is moderately to markedly overdistended with fluid, as well as echogenic nonshadowing luminal contents and gas,



PATIENT

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

Fox Anderson

SPECIES

The visible small intestines are normal in wall thickness and layering. 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

The visible colon is normal in wall thickness and layering. Diarrhea appears to be present in the colon.

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Pancreas

English Shepherd

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

SEX

Free Abdomen

Neutered Male

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

AGE

ULTRASONOGRAPHIC FINDINGS

7 Years 6 Months

- A moderately to markedly overdistended fluid filled stomach- This is most consistent with gastric ileus, secondary to an underlying gastrointestinal or metabolic condition. There is no visible evidence of foreign material; or infiltrative disease to result in a mechanical delayed gastric emptying, however, partial obstruction, hidden by gas and fluid, etc., cannot be 100% definitively ruled out.
- Urinary bladder debris

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Beth Johnson, DVM
DACVIM

If not recently evaluated, urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

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

Nikita Neuhaus

HOSPITAL NAME

A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.

Willamette VH

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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In the meantime, supportive/symptomatic medical management of clinical signs (possibly HGE) including anti-emetics, gastroprotectants (including sucralfate), a probiotic (such as Visbiome or Provable), empirical deworming with a 5-day course of Panacur, +/- Tylosin and if tolerated a short-term course of a bland, easy to digest or possibly fiber responsive diet is recommended.

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Ultimately, if clinical signs persist, and a diagnosis is not reached, further evaluation of the GI tract via upper and lower endoscopy for visualization and biopsies may be warranted.

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HOSPITAL NAME

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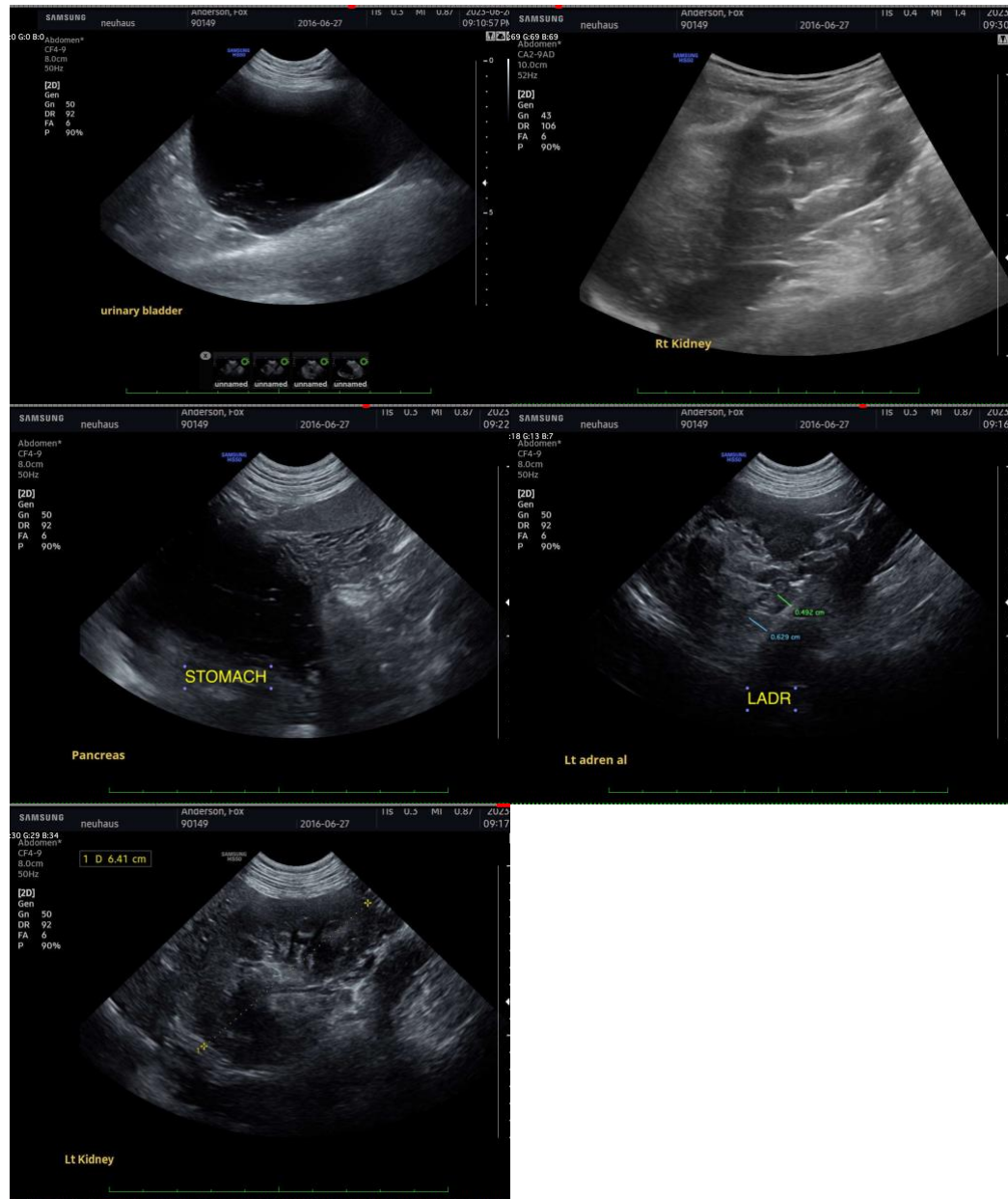
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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