



PATIENT	PRESENTING CLINICAL SIGNS
Pepper Livingstone	Patient presents for vomiting and diarrhea. Current treatments: on IVFs in-hosp, Cerenia, famotidine, and metronidazole.
SPECIES	Abnormal PE/Chem/CBC/UA Results: CBC/Chem: unremarkable.
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Border Collie X	Urinary System
SEX	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.
Spayed Female	The right kidney is normal in size (5.12 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	The left kidney is normal in size (5.82 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.
1 Year 7 Months	
WEIGHT	Adrenal Glands
26 Pounds	The right adrenal gland is normal in size (0.67 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.
INTERPRETED BY	The left adrenal gland is normal in size (0.49 cm at the cranial pole and 0.51 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Beth Johnson, DVM DACVIM	
IMAGING PERFORMED BY	Spleen
Kelly Vazquez	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.
HOSPITAL NAME	Liver
Westwood Regional	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.
REFERRING VET	
Dr. Hartwick	INVOICE
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	6/28/23
	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.



PATIENT	The visible small intestines are normal in wall thickness and layering. Bowel is diffusely mildly distended with fluid as well granular echogenic non-shadowing luminal contents, consistent with ingesta/chyme, without evidence of an obstructive pattern, plication and/or visible foreign material. Small intestinal hyperperistalsis is noted.
Pepper Livingstone	
SPECIES	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
Canine	
BREED	Pancreas
Border Collie X	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.
SEX	Free Abdomen
Spayed Female	There is no evidence of free peritoneal effusion noted in these images.
AGE	There is no apparent lymphadenopathy noted in these images.
1 Year 7 Months	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
26 Pounds	<ul style="list-style-type: none"> Gastroenteritis – Consistent with irritation secondary to dietary indiscretion or intolerance, infection (bacterial, viral, other), parasitic or protozoal disease, toxin, other metabolic disease such as pancreatitis, other.
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Beth Johnson, DVM DACVIM	If this is an acute episode, recommendations include an complete general metabolic evaluation if not recently evaluated (CBC, chemistry panel with electrolytes, urinalysis and fecal exam) followed by supportive/symptomatic medical management of clinical signs including anti-emetics, gastroprotectants, a probiotic (such as visbiome or proviable), empirical deworming with a 5-day course of Panacur, +/- metronidazole or tylosin and if tolerated a short term course of a bland, easy to digest or possibly fiber responsive diet.
IMAGING PERFORMED BY	If, however, there is any chronicity, then in addition to the above, further evaluation is warranted beginning with:
Kelly Vazquez	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.
HOSPITAL NAME	A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.
Westwood Regional	A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.
REFERRING VET	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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PATIENT

Pepper Livingstone

SPECIES

Canine

BREED

Border Collie X

SEX

Spayed Female

AGE

1 Year 7 Months

WEIGHT

26 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Westwood Regional

REFERRING VET

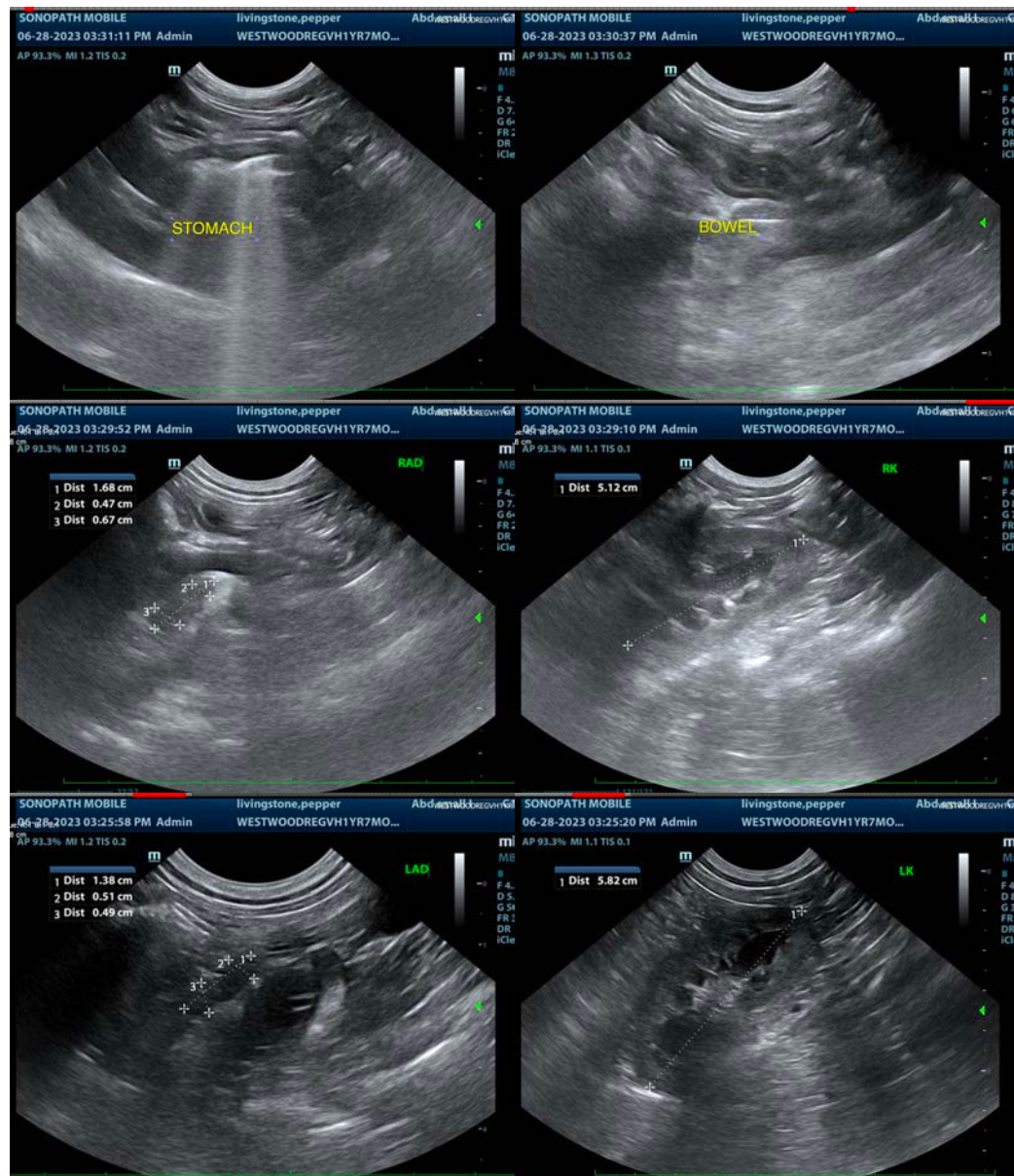
Dr. Hartwick

INVOICE

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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
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