



PATIENT PRESENTING CLINICAL SIGNS

Molly Bingle
Refusing to eat kibble. Tried egular and dental. Has been for the past couple of months Very turned off of food in general, will eat a small amount of Tried pill pockets Tried gastro foods, Will not eat treats Will eat cooked chicken Can hear many noises from stomach (even rom other room) Can only get them to eat wet food with cheese on it. and cook chicken. Started 5 months ago. Steady decline in weight + declining hunger Current Medications Was on Floexatine (Prozac) - 10mg twice a day (discontinue July-7th-2023) , Cerenia inj,

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

9 Years

WEIGHT

12.6 kg

Abnormal PE/Chem/CBC/UA Results: Hemoconcentration – dehydration. AMYL 496 LOW RBC 9.39 HIGH HGB 21.2 HIGH Radiographic Findings Stomach wall thickening, abnormal area around pylorus – stomach tumor, other? No other obvious masses, no obvious mets in chest.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is only mildly distended. Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. If there are urinary signs and/or concern for urinary bladder pathology, reassessment after complete filling is recommended.

The right kidney is normal in size (4.57 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.

The left kidney is normal in size (5.07 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

The right adrenal gland is normal in size (1.3 cm at the cranial pole and 0.57 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.46 cm at the cranial pole and 0.46 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

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.

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.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

BPH Burlington

REFERRING VET

Dr. Hotten

INVOICE

43881

DATE

7/11/23



PATIENT

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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.

Gastrointestinal

SPECIES

Canine

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 fluid, as well as echogenic nonshadowing luminal contents and gas consistent with normal ingesta/chyme. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

BREED

Beagle

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.

SEX

Spayed Female

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

AGE

9 Years

Pancreas

WEIGHT

12.6 kg

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.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Free Abdomen

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

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- The stomach appears mildly fluid distended. However, there is no ultrasonographically visible pyloric lesion/mass visible in these images at this time. This is a relatively unremarkable/normal study.

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, a full general metabolic health screen is recommended in the form of CBC/Chem panel, electrolytes, and urinalysis. Additionally, a fecal exam could be considered, as could a baseline cortisol. 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.

REFERRING VET

Dr. Hotten

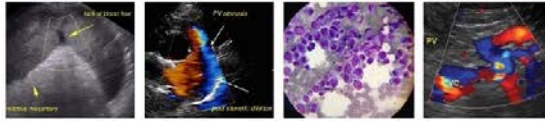
In the meantime, empirical deworming with a 5-day course of Panacur is recommended, as is empirical management of possible subclinical nausea/gastritis, with antiemetics, gastroprotectants, as well as an appetite stimulant, etc., and potentially even an empirical course of helicobacter therapy to see if that helps improve appetite.

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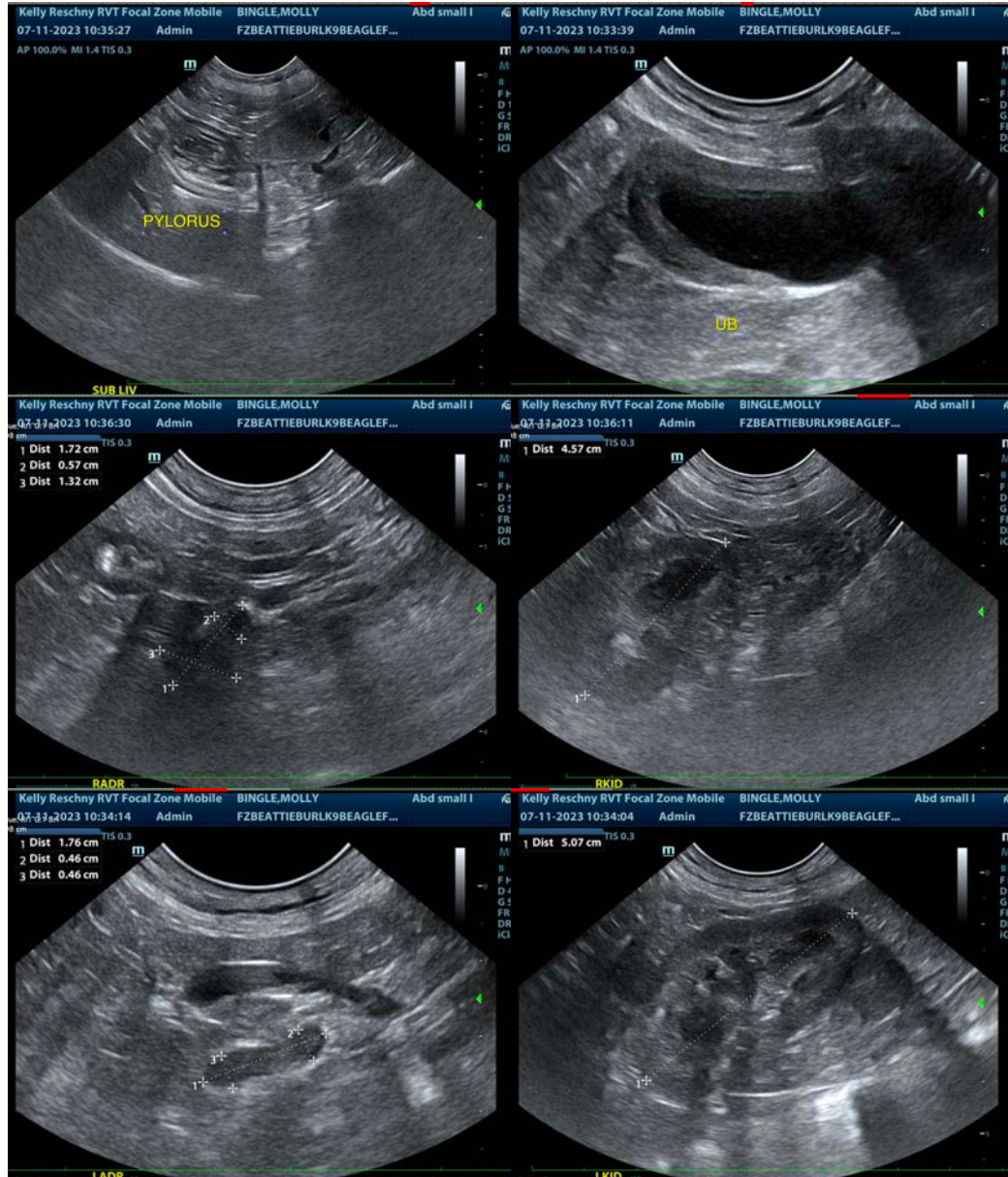
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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