



**PATIENT PRESENTING CLINICAL SIGNS**

**Rocky Bojanic** History: Presented at our hospital for AUS. Hx of digestive issues, frequent diarrhea for years. Per rdvm tried rx diet changes nothing seemed to help, so feeding SD Biome. Still has bouts of dh but better than before. Anything that he is not used to eating will give him diarrhea. Right now is liquid diarrhea currently and for the past 2.5 weeks. Previous Health Concerns: torn ACL Current Medications: rimadyl, pre/probiotic Appetite/When did they eat last: early am Diet: pumpkin powder, SD Biome

**SPECIES** Canine

**BREED** Labrador Retr

Abnormal PE/Chem/CBC/UA Results/rDVM fecal: negative rDVM Bloodwork: Retic 23.6; SDMA 16; TP 4.9; ALB 2.6; Glob 2.3; CreatKin 519

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Neutered Male** **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.

**AGE** 10 years  
If there are urinary signs and/or concern for urinary bladder pathology, reassessment after complete filling is recommended.

**WEIGHT** 27 kg  
The prostate is unable to be well-visualized in these images.

**INTERPRETED BY** Beth Johnson, DVM DACVIM  
Left kidney is normal in size (5.93 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.

Right kidney is normal in size (6.06 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.

**IMAGING PERFORMED BY**

Erin Wicks **Adrenal Glands**  
The adrenal glands are unable to be well-visualized in these images.

**HOSPITAL NAME**

Shores VEC **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.

**REFERRING VET**

Dr Welti **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.

**INVOICE**

13643 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**

7.11.23 **Gastrointestinal**  
The visible stomach wall is normal in thickness (< 0.5 cm) and layering. The lumen of the stomach contains fluid, with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



<b>PATIENT</b>	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 of the small intestine is empty with no evidence of obstruction or foreign material.
Rocky Bojanic	
<b>SPECIES</b>	The visible colon is normal in wall thickness and layering. Contents are consistent with this patient's history of diarrhea.
Canine	
<b>BREED</b>	<b>Pancreas</b>
Labrador Retr	The observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Enhanced hyperechoic ill-defined surrounding fat is noted.
<b>SEX</b>	<b>Free Abdomen</b>
Neutered Male	There is no apparent lymphadenopathy. A small amount of anechoic free fluid as well as markedly enhanced mesentery fat is noted throughout the cranial abdomen.
<b>AGE</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
10 years	<b>Primary Findings</b>
<b>WEIGHT</b>	<ul style="list-style-type: none"> <li>Acute pancreatitis – Suspected to be at least partially contributing to the free fluid and enhanced hyperechoic mesentery. Having said that, there may be some contribution from the hypoalbuminemia and suspected diffuse bowel disease.</li> <li>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.</li> </ul>
<b>INTERPRETED BY</b>	
Beth Johnson, DVM DACVIM	
<b>IMAGING PERFORMED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Erin Wicks	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.
<b>HOSPITAL NAME</b>	A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.
Shores VEC	A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.
<b>REFERRING VET</b>	
Dr Welti	While some of this patient's acute clinical signs may be secondary to pancreatitis, that typically wouldn't explain the chronicity of the clinical signs, especially the diarrhea. Ultimately, biopsies of this patient's GI tract are likely necessary for a definitive diagnosis and therefore, the best recommended on managing suspected infiltrative bowel disease/possible PLE.
<b>INVOICE</b>	
13643	If biopsies cannot be obtained safely due to low albumin or patient stability, etc., empirical therapies could include diet change to an ultra-low-fat diet, empirical deworming with a 5-day course of Panacur, cobalamin supplementation (unless cobalamin level is evaluated and supplementation is not warranted) a probiotic and prednisolone (if not contraindicated based on patient contraindications, co-morbidities, etc.). Calcium monitoring, and supplementation, if necessary, is also recommended.
<b>DATE</b>	
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Rocky Bojanic

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Canine

**BREED**

Labrador Retr

**SEX**

Neutered Male

**AGE**

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**WEIGHT**

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**INTERPRETED BY**

Beth Johnson, DVM  
 DACVIM

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

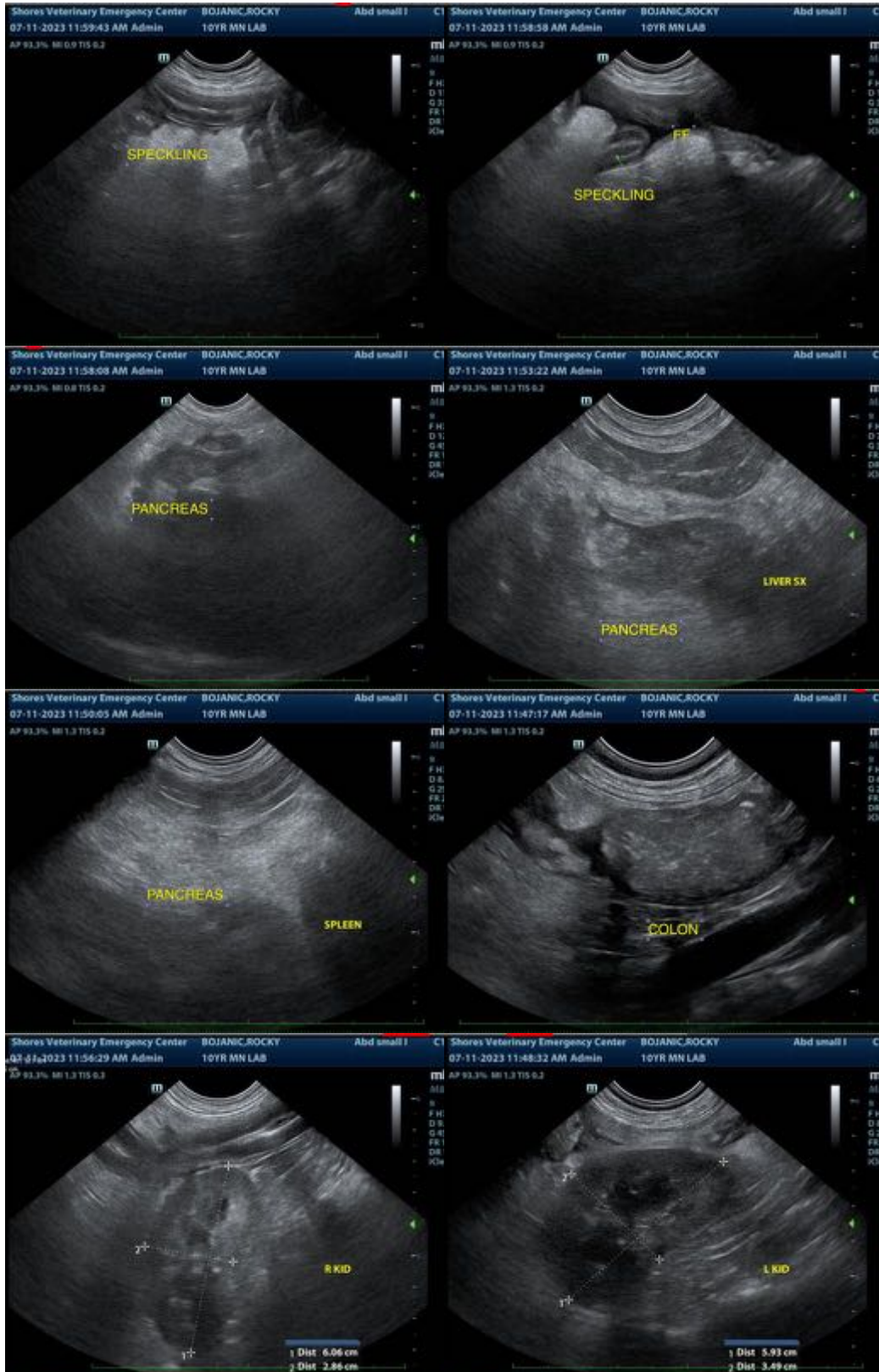
Dr Welti

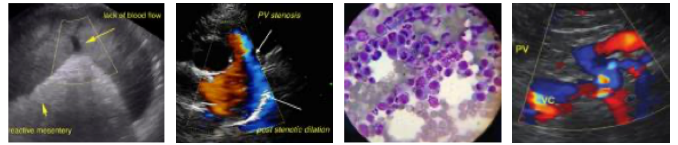
**INVOICE**

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Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

Dr Welti

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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**  
info@SonoPath.com