

PATIENT PRESENTING CLINICAL SIGNS

Milo Barnes
SPECIES Canine
BREED Golden Retriever
SEX Neutered Male
AGE 8 Years
WEIGHT 99.5 Pounds

Recurrent episodes of depressed appetite and lethargy for 2-4 days, typically culminating in vomiting then spontaneous resolution. Has experienced 3-4 events in the past few months. Largely unremarkable blood panel, UA, T4 on 7/11/2022. Size/weight limiting abdominal palpation detail. Current episode started a few days ago. Milo vomited multiple times during the night (emesis included rice and fluid/mucous) and had some red blood on stool this am. Last fed 7/11 pm. Lacking cortisol testing at this time. Intermittent dermatitis and otitis history. PE shows overweight dog, cerumen AU, normal lymph nodes and resolved hindquarter dermatitis. Had unremarkable CBC Chem and survey abdominal radiographs during similar presentation a year ago (8/2021). Screening for occult neoplasia, infiltrative GI disease, other cause of events.
Abnormal PE/Chem/CBC/UA Results: Globulins- 3.8 slight high CPK- 53 slight low

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

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

The right kidney is normal in size (7.45 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 (7.31 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 adrenal glands are small (flattened contour). Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The left adrenal gland is 3.2 cm long x 0.53 cm at the cranial pole and 0.64 cm at the caudal pole. The right adrenal gland is 2.82 cm long x 0.68 cm at the cranial pole and 0.81 cm at the caudal pole.

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.

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.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Salem AH

REFERRING VET

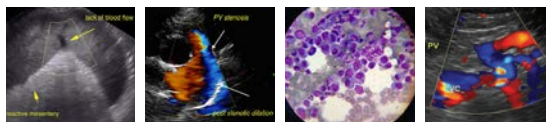
Dr. Hallden

INVOICE

39433

DATE

7/12/22



PATIENT *Gastrointestinal*

Milo Barnes The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. It is mildly fluid distended with no evident of obstruction or foreign material. Pyloric outflow tract appears patent.

SPECIES

Canine

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.

BREED

Golden Retriever

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

SEX

Pancreas

Neutered Male

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.

AGE

8 Years

Free Abdomen

WEIGHT

99.5 Pounds

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

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

Beth Johnson, DVM
DACVIM

- Subjectively mild 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Jenna Walsh, CVT

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

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

VCA Salem AH

Given the reported blood in the stool, a fecal exam and a fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.

REFERRING VET

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In the meantime, in addition to further working up the underlying gastrointestinal disease, and managing clinical signs supportively, empirical deworming with a 5-day course of Panacur is recommended, as is a diet change to a novel or hydrolyzed protein diet to begin with.

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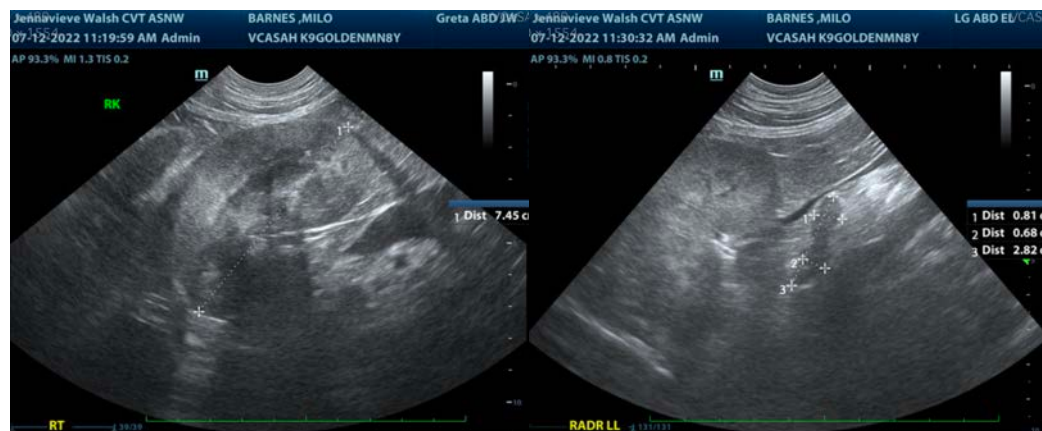
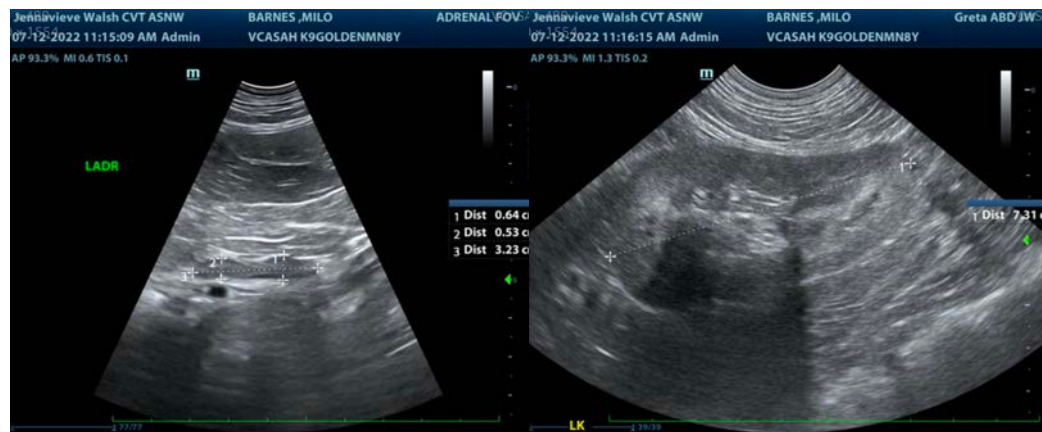
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Beth.Johnson@sonopath.com