



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Harlan Pyron

SPECIES
Canine

BREED
Lab

SEX
Male

AGE
5 Months

WEIGHT
35 Pounds

Presented yesterday: O observed Pt felt warm and V+ once last Sunday 7/10, has been taking frequent temperatures with a rectal thermometer, Pt's temp has been fluctuating 103.3-103.8. Pt has had D+ since yesterday 7/12. O notes Pt has been somewhat inappetent since last night. O mentioned Pt "chewed up the couch" last week, suspicious some may have been ingested. Pt is UTD vaccines, no salmon exposure per O. Hx puppy strangles at 8 wks old, Hx giardia (resolved approx one month ago). Chewed up couch friday Exam; febrile, quiet; peripheral lymphadenopathy painful cranial abdomen Profuse, watery diarrhea

Abnormal PE/Chem/CBC/UA Results: CBC-RBC 4.75 (low), HCT 29.1 (low), HGB 10.2 (low), MCV 61.3 (low), RETICS 4.3 (low), RETIC HGB 19.2 (low), WBC 3.17 (low), NEUTs 2.32 (low), Lymph 0.49 (Low), EOS 0.01 (low), PLT 60 (low), MPV 16.9 (low), PLTCT 0.1 (low) CHEM 10-NSF EPOC-Cre 0.31, HCT 28% Abdominal rads: FINDINGS: There is a small amount of gas in the stomach. There may also be a small amount of fluid in the stomach. The stomach is normal in size and position. The small intestines are either empty or contain a small amount of fluid and are normal in size without evidence of plication. The cecum and colon contain a small amount of gas and a small amount of fairly homogenous fluid opacity material. The liver, spleen, urinary bladder, and kidneys are normal. Abdominal serosal margin detail is adequate. The included thoracic structures are normal. No osseous abnormalities are identified. CONCLUSIONS: 1. There is no evidence of a complete mechanical obstruction of the stomach. Consideration is given to functional ileus such as with severe gastroenteritis or pain. A partial or intermittent mechanical pyloric outflow obstruction is less likely. 2. There is no evidence of a small intestinal mechanical obstruction. Consideration is given to enteritis such as with infectious etiologies. Parvo test negative 4dx snap test; negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

INTERPRETED BY
Beth Johnson, DVM
DACVIM

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.

The prostate is normal for an intact, but young, dog.

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Carter

The right kidney is normal in size (6.66 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.

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The left kidney is normal in size (6.17 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

REFERRING VET
Dr. Maggiulli

The right adrenal gland is unable to be well visualized, but the area is examined without evident pathology.

The left adrenal gland is normal in size (2.5 cm long x 0.43 cm at the cranial pole and 0.34 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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Spleen

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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.



PATIENT

Liver

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The liver is subjectively enlarged (swollen contour). Mild parenchymal remodeling with diffusely mildly coarse architecture and increased portal markings is present. No focal nodules or masses are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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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.

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Gastrointestinal

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 echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

SEX

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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.

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

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Pancreas

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.

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DACVIM

Free Abdomen

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

Generalized aggressive lymphadenopathy, primarily affecting the mesenteric lymph nodes, is noted.

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Carter

ULTRASONOGRAPHIC FINDINGS

- Hypoechoic hepatomegaly – This appearance is consistent with an acute hepatopathy or acute cholangiohepatitis. Infiltrative neoplasia (round cell neoplasia) should also be considered.
- Aggressive mesenteric lymphadenopathy – Given this patient's signalment, aggressive reactive to an infectious disease should not be ruled out.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's young age, the top differential is a generalized infectious disease with differentials such as salmon poisoning and/or fungal disease such as histoplasmosis or even pythiosis, depending on what the patient is exposed to. However, infiltrative neoplasia such as lymphoma can occur, and should be ruled out cytologically.

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Therefore, recommendations include a fine needle aspirate of the reportedly enlarged peripheral lymph nodes as a least invasive approach, followed by the intraabdominal lymph nodes and/or the liver, if patient's coagulation status is appropriate. In the meantime, a fecal exam as well as a fecal enteropathogen PCR panel to Texas A&M GI Laboratory are recommended for further evaluation of possible infectious disease. Pending cytology results, other specific infectious disease testing based on

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geographic area and exposure is recommended. In the meantime, empirical deworming with a 5-day course of Panacur is recommended in addition to a probiotic and either Metronidazole or Tylosin.

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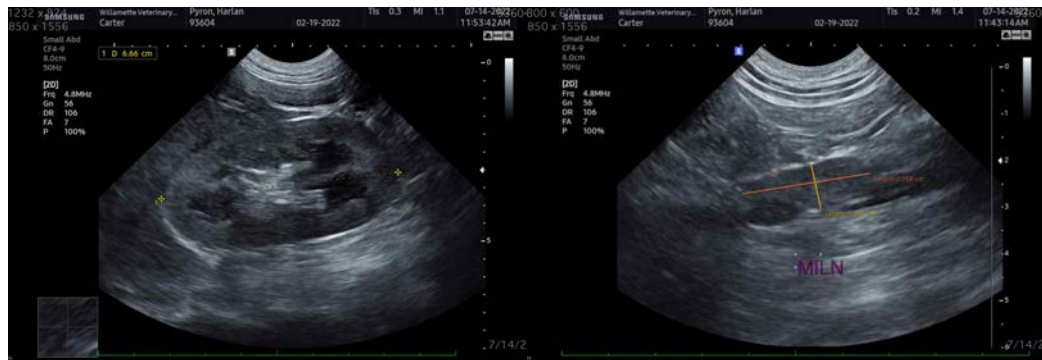
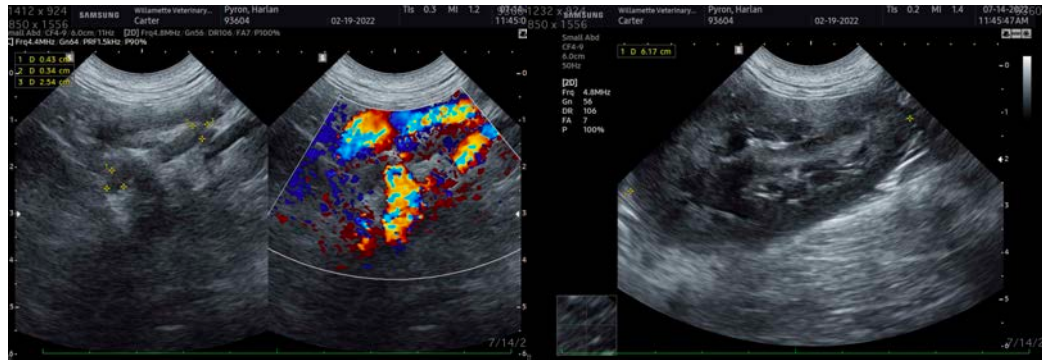
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REFERRING VET

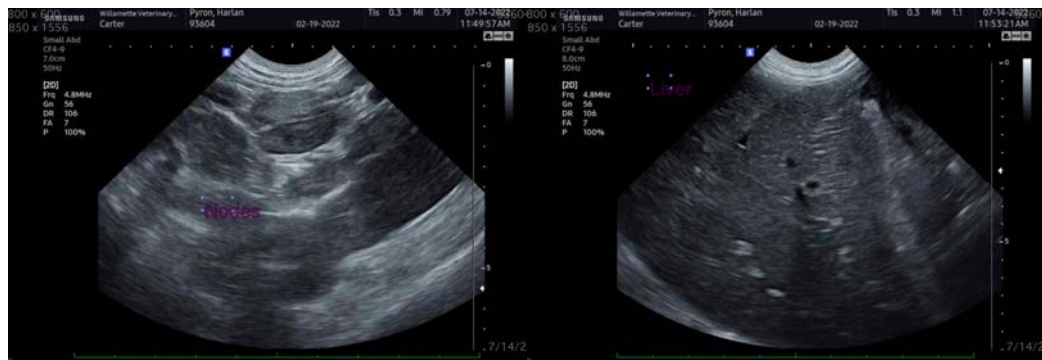
Dr. Maggiulli

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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.

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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.

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