

PATIENT

Pringle Hoeft

SPECIES

Canine

BREED

French Bulldog

SEX

MN

AGE

2015

WEIGHT

20.5 lbs.

INTERPRETED BY

Beth Johnson, DVM,
DACVIM

**IMAGING
PERFORMED BY**

Denise Bruno, LVT,
RDMS

HOSPITAL NAME

Brooklyn Heights

REFERRING VET

Dr. Venezia

INVOICE

14299

DATE

7/14/22

PRESENTING CLINICAL SIGNS

Chronic history of regurgitating. Now vomiting and no response to cerenia. Owner declined X-rays initially but not improving. We feel that Ultrasound is best diagnostic choice right now. May have eaten baby's toy. Labs + previous AUS attached.

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

The right kidney is normal in size (4.28 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 (4.22 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. A hyperechoic band parallel to the corticomedullary border is present bilaterally.

Adrenal Glands

The right adrenal gland is normal in size (0.62 cm at the cranial pole and 0.58 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. A hyperechoic non-capsuled disrupting nodule was noted in the cranial pole of the right adrenal gland.

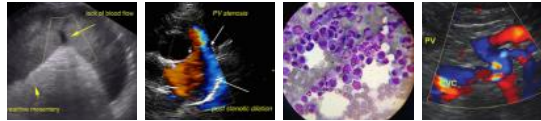
The left adrenal gland is normal in size (1.92 cm length x 0.55 cm width at the cranial pole and 0.48 cm width at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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.

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.



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Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

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Gastrointestinal

Fundic mucosal hypertrophy with hyperechoic mucosa and some mucosal remodeling is noted. There is no loss of mural detail. Layering is normal. There is mild luminal fluid accumulation. No evidence of masses/nodules was present. There is no sign of foreign material or obstructive pattern noted. The pylorus cannot be fully visualized / examined in these images.

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The visible small intestines are normal in wall thickness and layering (< 0.5 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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Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- Gastritis – 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. Microulceration cannot be ruled out.

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Secondary Findings

- Medullary rim sign (bilaterally) - This finding is of unknown clinical significance and can be a normal variant, often idiopathic. Medullary rim sign can be present with renal disease including FIP, lymphoma, hypercalcemic nephropathy, Leptospirosis, tubular disease, other and should be interpreted in combination with other more specific indications of kidney disease such as isosthenuria, proteinuria, azotemia, etc. This is a common incidental finding in patients with diabetes mellitus.

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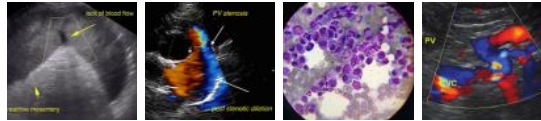
- A small hyperechoic nodule in the cranial pole of the right adrenal gland - Most likely an incidental nonclinical finding in the lack of clinical signs to support adrenal disease. Other differentials include adrenal hyperplasia vs. a primary adrenal adenoma, an emerging pheochromocytoma, and/or other more severe diseases considered less likely.

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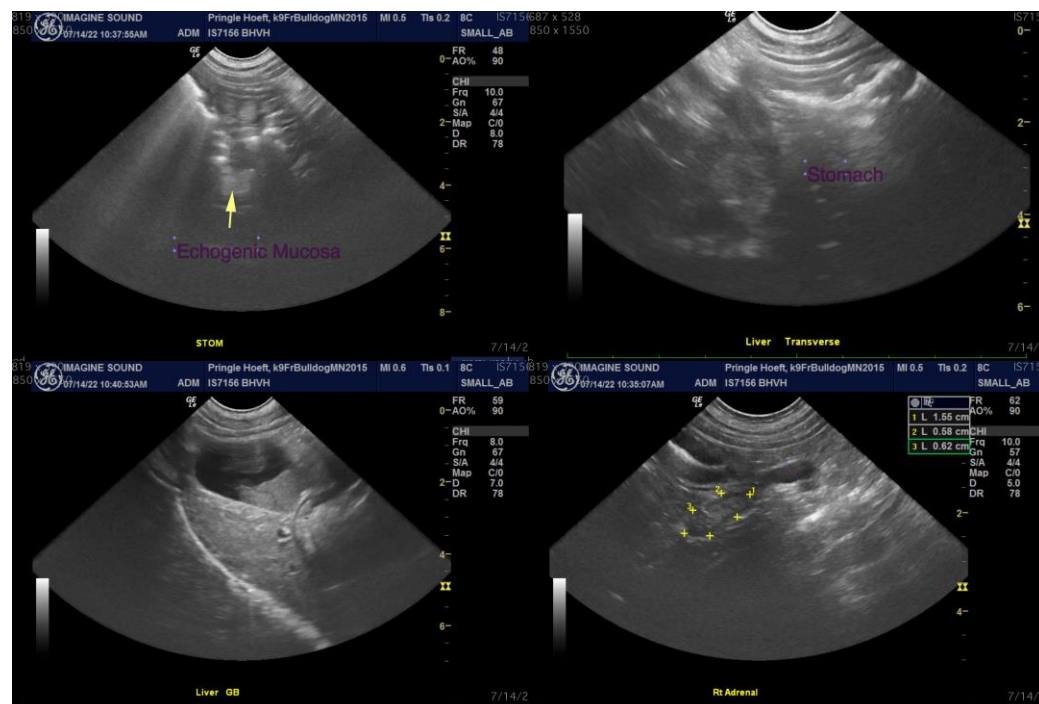
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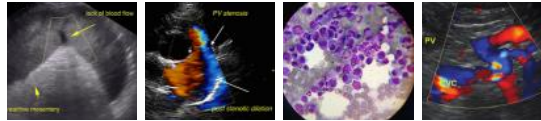
- Gallbladder debris (canine) - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.
- There is no evidence of foreign material, obstructive pattern, dilation, plication, etc., to indicate a foreign body or obstruction. The pylorus cannot be as well examined in these images as it was on the previous ultrasound. However, given the echogenic mucosal hypertrophy, continued pyloric hypertrophy is also suspected.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include; supportive medical management of acute gastritis with antiemetics and gastroprotectants. If a helicobacter protocol helped resolve this problem after the last ultrasound, the protocol could be repeated.

If clinical signs persist and/or recur, however, a recheck fasted ultrasound with videos of the pylorus and/or endoscopy should be considered for further evaluation.





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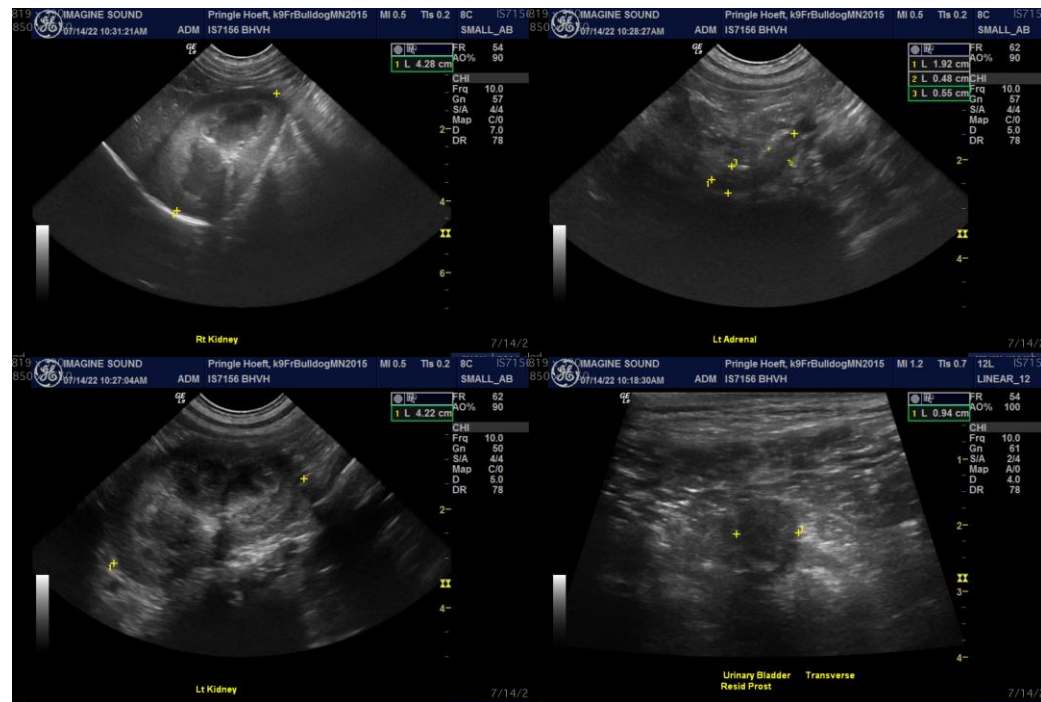
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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