



**PATIENT**

Pemi deBowes

**SPECIES**

Canine

**BREED**

Collie

**SEX**

Neutered Male

**AGE**

7 Years

**WEIGHT**

33.9 kg

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Laura de Cordon

**HOSPITAL NAME**

Mason Dixon Animal  
Emergency Hospital

**REFERRING VET**

Dr. Laura de Cordon

**INVOICE**

39681

**DATE**

7/20/22

**PRESENTING CLINICAL SIGNS**

Decreased appetite over the past week. Watery diarrhea began Sunday. 2 episodes of vomiting in the past 2 weeks.

Abnormal PE/Chem/CBC/UA Results: Elevated ALT of 240 at regular vet on 7/18/22. Elevated ALT of 146 on 7/19/22.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The 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.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measures 6.75 cm. The right kidney measures 6.92 cm.

**Adrenal Glands**

The right adrenal gland is unable to be well visualized in these images.

The left adrenal gland is normal in size (0.62 cm thick), 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.

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.

**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 or foreign material present.



**PATIENT**

Pemi deBowes

The visible small intestines are normal in wall thickness and layering. Bowel is diffusely mildly fluid distended without evidence of an obstructive pattern, plication and/or visible foreign material. Small intestinal hyperperistalsis is noted.

**SPECIES**

Canine

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

**Pancreas**

**BREED**

Collie

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.

**Free Abdomen**

**SEX**

Neutered Male

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

There is no apparent lymphadenopathy noted in these images.

**AGE**

7 Years

**PRIMARY FINDINGS**

- **Gastroenteritis** – 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.

**WEIGHT**

33.9 kg

**SECONDARY FINDINGS**

- **Gallbladder debris** - 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.
- **Urinary bladder debris**
- **Age related kidneys**

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Laura de Cordon

**HOSPITAL NAME**

Mason Dixon Animal  
Emergency Hospital

**REFERRING VET**

Dr. Laura de Cordon

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- A fecal exam is recommended if not recently evaluated, followed by empirical deworming with a 5-day course of Panacur.
- If this patient has a chronic history of gastroenteritis and/or chronic intermittent gastroenteritis, 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.
- Urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.
- In the meantime, medical symptomatic/supportive care of gastroenteritis with antiemetics, gastroprotectants, appetite stimulants if necessary, and a probiotic (unless there is any evidence of blood in the stool, in which case an antiobiotic such as Metronidazole or Tylosin could be considered), and bland, easy to digest diet is recommended.

**INVOICE**

39681

**DATE**

7/20/22



**PATIENT**

Pemi deBowes

- If gastrointestinal signs persist beyond supportive care and/or progress, recheck abdominal imaging with abdominal x-rays and recheck ultrasound is recommended.

**SPECIES**

Canine

**BREED**

Collie

**SEX**

Neutered Male

**AGE**

7 Years

**WEIGHT**

33.9 kg

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Laura de Cordon

**HOSPITAL NAME**

Mason Dixon Animal  
Emergency Hospital

**REFERRING VET**

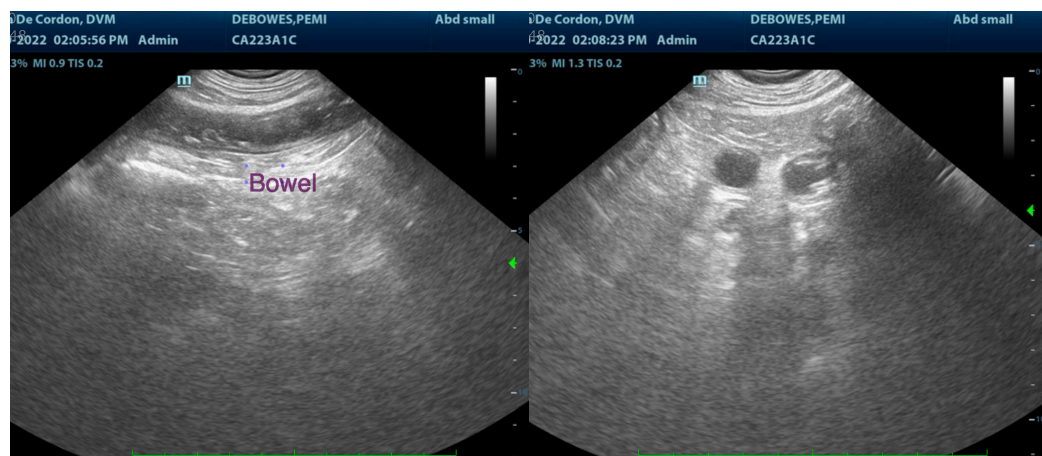
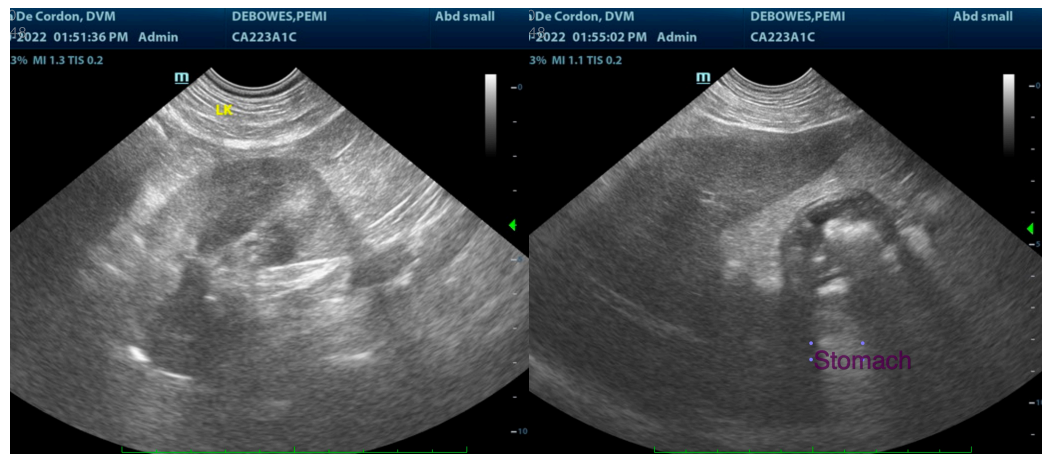
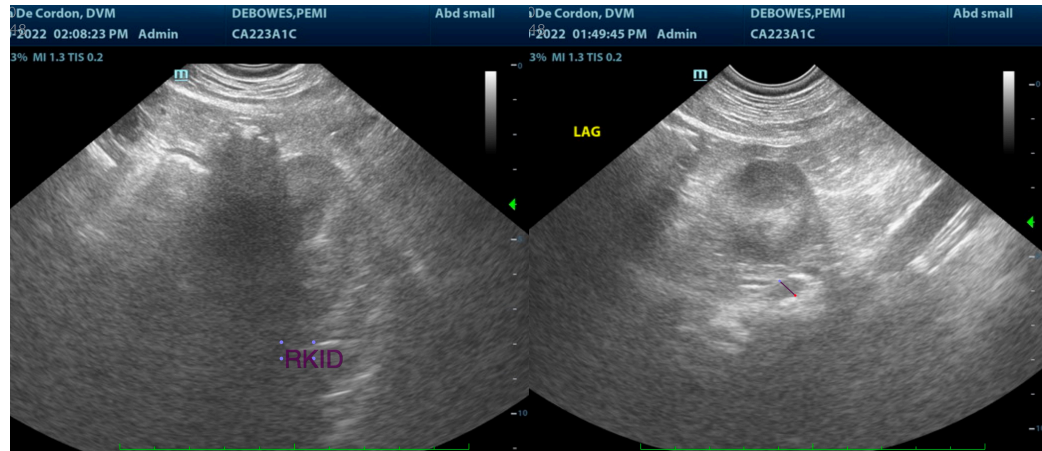
Dr. Laura de Cordon

**INVOICE**

39681

**DATE**

7/20/22





**PATIENT**

Pemi deBowes

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.

**SPECIES**

Canine

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.

**BREED**

Collie

**Beth Johnson, DVM, DACVIM**  
Beth.Johnson@sonopath.com

**SEX**

Neutered Male

**AGE**

7 Years

**WEIGHT**

33.9 kg

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING  
PERFORMED BY**

Dr. Laura de Cordon

**HOSPITAL NAME**

Mason Dixon Animal  
Emergency Hospital

**REFERRING VET**

Dr. Laura de Cordon

**INVOICE**

39681

**DATE**

7/20/22