



PATIENT

Jazmine Williams

SPECIES

Canine

BREED

Greyhound

SEX

Spayed female

AGE

4 years

WEIGHT

80 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Carter

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Beachy

INVOICE

32087

DATE

7/29/22

PRESENTING CLINICAL SIGNS

History: Chronic, recurrent diarrhea since March 2022. At that time; large bowel diarrhea. Resolved with panacur, metronidazole, probiotics. and bland diet. Recurred in May 2022. Treated with probiotics. Again July 2022. O reports chronic soft stool with episodes of worse diarrhea. No response to GI low fat diet and metronidazole this time.. No vomiting, no wt. loss

Abnormal PE/Chem/CBC/UA Results: May labs: CBC- RBC 9.35, Hct 65.8%, Hgb 22.0, Lym 0.67, Eos 0.0, Plt 133 mild thrombocytopenia- confirm with manual plt count, MPV 13.9 Chem 10- ALT 167, rest wnl EPOC- all wnl, Lactate wnl 0.86 HCT 59%

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is only mildly distended (empty). 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. If there are urinary signs and/or concern for urinary bladder pathology, reassessment after complete filling is recommended.

Left kidney is normal is size (8.14 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 is size (8.48 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 unable to be fully visualized in these images.

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.

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.



PATIENT	<i>Gastrointestinal</i>
Jazmine Williams	The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.
SPECIES	
Canine	The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine 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.
BREED	
Greyhound	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
SEX	
Spayed female	<i>Pancreas</i>
AGE	The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.
4 years	
WEIGHT	<i>Free Abdomen</i>
80 lbs	There is no evidence of free peritoneal effusion noted in these images.
	There is no apparent lymphadenopathy noted in these images.
INTERPRETED BY	
Beth Johnson, DVM DACVIM	ULTRASONOGRAPHIC FINDINGS
	Primary Findings
IMAGING PERFORMED BY	Gastrointestinal tract is diffusely subjectively gas filled. Otherwise, this is an unremarkable/normal abdomen.
Carter	
HOSPITAL NAME	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Willamette VH	Given the chronic intermittent diarrhea that reportedly began as large bowel, further diagnostic recommendations include:
REFERRING VET	<ul style="list-style-type: none"> • 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. • A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.
Dr. Beachy	
INVOICE	In the meantime transition to a novel or hydrolyzed protein diet can be considered as well as restarting the probiotic to address any dysbiosis. If the additional gastrointestinal diagnostics do not yield a diagnosis and diet trial and error, probiotics, etc. do not alleviate clinical signs then a fecal transplant can be considered.
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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



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