



PATIENT	PRESENTING CLINICAL SIGNS
Sophia Thomas Moore	History: 1 month of diarrhea - presented 7/5/22 for exam after one week of bland diet by owner w/out resolution. Dispensed metronidazole, Forti-flora, bland diet. Diarrhea continued, added tylosin without improvement. Presents 7/29/2022 for abdominal imaging. 3/21/22 Idexx 4dx negative, mildly elevate lipase 3/29/22; 7/6/22 fecal antigen negative 7/5/22 Idexx CPL snap test normal 8/2020 Perianal adenoma removed w/ clean margins
SPECIES	
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Retriever Mix	<i>Urinary System</i>
SEX	Urinary bladder is adequately 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.
Spayed female	Left kidney is normal is size (5.87 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.
AGE	Right kidney is normal is size (6.1 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.
9 years	
WEIGHT	<i>Adrenal Glands</i>
63 lbs	The region of both adrenal glands is examined without evidence of pathology.
INTERPRETED BY	<i>Spleen</i>
Beth Johnson, DVM DACVIM	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.
IMAGING PERFORMED BY	<i>Liver</i>
A Murphy CVT	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.
HOSPITAL NAME	<i>Gastrointestinal</i>
Wauwautosa VC	The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
REFERRING VET	
Dr. Self	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.
INVOICE	
32083	
DATE	
7/29/22	



PATIENT

Sophia Thomas Moore

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 empty with no evidence of obstruction, foreign material or infiltrative disease.

SPECIES

Canine

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

BREED

Retriever Mix

Pancreas

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.

SEX

Spayed female

Free Abdomen

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

AGE

9 years

There is no apparent lymphadenopathy noted in these images.

WEIGHT

63 lbs

ULTRASONOGRAPHIC FINDINGS

Primary Findings

Unremarkable/normal abdomen.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no ultrasonographically definitive explanation for this patient's diarrhea. Therefore, recommendations include further investigation of the gastrointestinal tract with:

IMAGING PERFORMED BY

A Murphy CVT

1. 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.
2. A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.

HOSPITAL NAME

Wauwautosa VC

In the meantime, given that a bland diet did not help, transition to a novel or hydrolyzed protein diet could be tried.

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HOSPITAL NAME

Wauwautosa VC

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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

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