



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Riley Major

**SPECIES**  
Canine

**HISTORY:** Riley had an episode of vomiting and diarrhea on 4/27 and a temperature taken at that time was 104.1. Bloodwork and UA was normal. Supportive care was performed. At a recheck appt on 5/3, a fever was still present. cPL was normal as were abdominal rads. 4DX was all negative. Rimadyl and doxycycline were prescribed and the fever improved. A one month course of doxycycline was done and fever resolved. Diet change to hydrolyzed protein diet was started for suspect IBD. Patient was doing well until this week when vomiting, diarrhea, and fever were noted again.

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**  
Poodle Mix

**Urinary System**

**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.

**SEX**  
Spayed Female

**AGE**

Left kidney is normal is size (3.08 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**  
4 years

Right kidney is normal is size (3.33 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.

**WEIGHT**

**WEIGHT**  
9.4 lbs

**Adrenal Glands**

**INTERPRETED BY**

The region of the adrenal glands were imaged bilaterally without evident pathology.

**INTERPRETED BY**  
Beth Johnson, DVM  
DACVIM

**Spleen**

**IMAGING PERFORMED BY**

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**  
A Murphy CVT

**HOSPITAL NAME**

**Liver**

**HOSPITAL NAME**  
Wauwautosa VC

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.

**REFERRING VET**

**REFERRING VET**  
Dr. Oakes

**INVOICE**

GB is moderately distended with anechoic bile and gravity dependent echogenic sediment. 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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**DATE**

**DATE**  
7/5/22



**PATIENT**

**Gastrointestinal**

Riley Major

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.

**SPECIES**

Canine

The visible small intestines are normal in wall thickness and layering. Hyperechoic mucosal fogging or speckling is noted. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is **empty with no evidence of obstruction or foreign material**.

**BREED**

Poodle Mix

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

**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.

**AGE**

4 years

**Free Abdomen**

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

**WEIGHT**

9.4 lbs

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**Primary Findings**

**Mucosal speckling** – Mucosal speckling is often present with inflammatory bowel disease (IBD). It is not specific for type or severity of disease. Mild speckling change can occur as a normal patient variant in the post-prandial state.

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A Murphy CVT

**Gallbladder debris (canine)** - Cholecytic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecytic 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.

**HOSPITAL NAME**

Wauwautosa VC

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**REFERRING VET**

Dr. Oakes

Recommendations include:

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1. Given this patient's recurrent gastrointestinal signs combined with the ultrasound findings 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. Baseline cortisol – A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.
3. Given the concurrent fever a fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.

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**PATIENT**

Riley Major

4. In the meantime, empirical deworming with a 5 day course of Panacur as well as an empirical transition to a low-fat diet can be considered in case of low-grade, smoldering pancreatitis and/or mild lymphangectasia/protein losing enteropathy causing the mucosal speckling.

**SPECIES**

Canine

5. The mild amount of gallbladder debris is considered incidental and clinically not significant; however, if liver enzymes and/or cranial abdominal pain, etc. support potential cholangitis then an empirical broad-spectrum antibiotics and Ursodiol, given the patient's fever could also be considered.

**BREED**

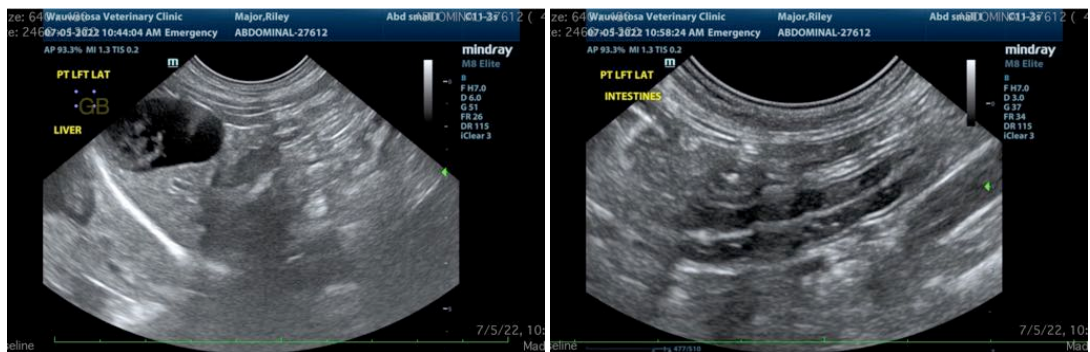
Poodle Mix

**SEX**

Spayed Female

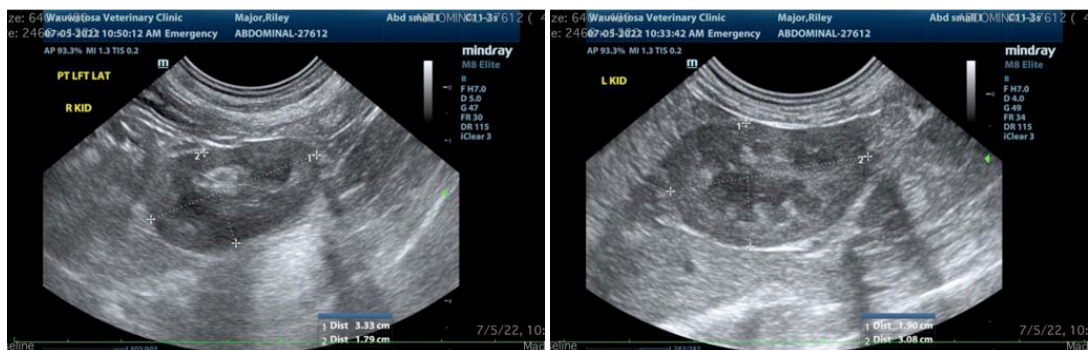
**AGE**

4 years



**WEIGHT**

9.4 lbs



**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

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.

**IMAGING PERFORMED BY**

A Murphy CVT

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.

**HOSPITAL NAME**

Wauwautosa VC

**REFERRING VET**

Dr. Oakes

Beth Johnson, DVM DACVIM

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