



PATIENT PRESENTING CLINICAL SIGNS

JAMES Pfab Vomiting fairly regularly since Jan 2023. Started on Sulcrate in Jan, gets BID to TID dosing. In May started Cerenia daily and Floradox and a hypo hydrolyzed diet. July 4th gave Famotidine injection. Owner reports that he vomited last night as well.

SPECIES

Canine Abnormal PE/Chem/CBC/UA Results: Bloodwork in January and May 2023 WNL. T4 normal. 4dx negative.

BREED

Bulldog X

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered Male

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.

AGE

7.5 Years

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

WEIGHT

22.6 kg

The right kidney is normal in size (5.99 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 (5.37 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.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Adrenal Glands

The right adrenal gland is normal in size (1.1 cm at the cranial pole and 0.79 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Crystal Hill

The left adrenal gland is normal in size (0.50 cm at the cranial pole and 0.46 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Hartzel AH

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.

REFERRING VET

Dr. Bukovaska

Liver

INVOICE

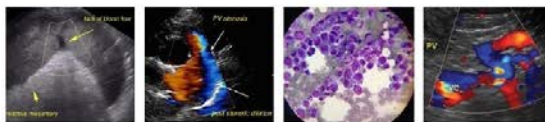
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The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

DATE

7/5/23

The 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

Gastrointestinal

James Pfab

Mucosal hypertrophy with hyperechoic mucosa and some mucosal remodeling is noted. This is a mild change and most appreciated near the pylorus. 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.

SPECIES

Canine

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 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.

BREED

Bulldog X

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

SEX

Neutered Male

Pancreas

AGE

7.5 Years

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.

WEIGHT

22.6 kg

Free Abdomen

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

INTERPRETED BY

Beth Johnson, DVM
DACVIM

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC 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.

IMAGING PERFORMED BY

Crystal Hill

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently done, empirical deworming with a 5-day course of Panacur is recommended.

HOSPITAL NAME

Hartzel AH

Additionally, an empirical helicobacter therapeutic trial could be considered.

Longer term twice daily antacid therapy could be considered to address possible chronic GERD.

REFERRING VET

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A hydrolyzed protein diet is reportedly already being fed, but if tolerated, other diet trials could be considered including a bland easy to digest diet or potentially a low-fat diet, etc.

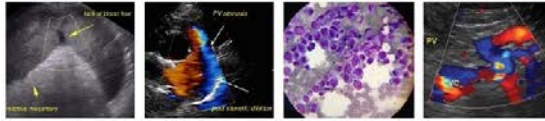
Ultimately, however, if these clinical signs persist, upper GI gastroscopy/endoscopy is recommended for further visual evaluation of the stomach and pylorus and upper GI, as well as biopsies.

INVOICE

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SPECIES

Canine

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SEX

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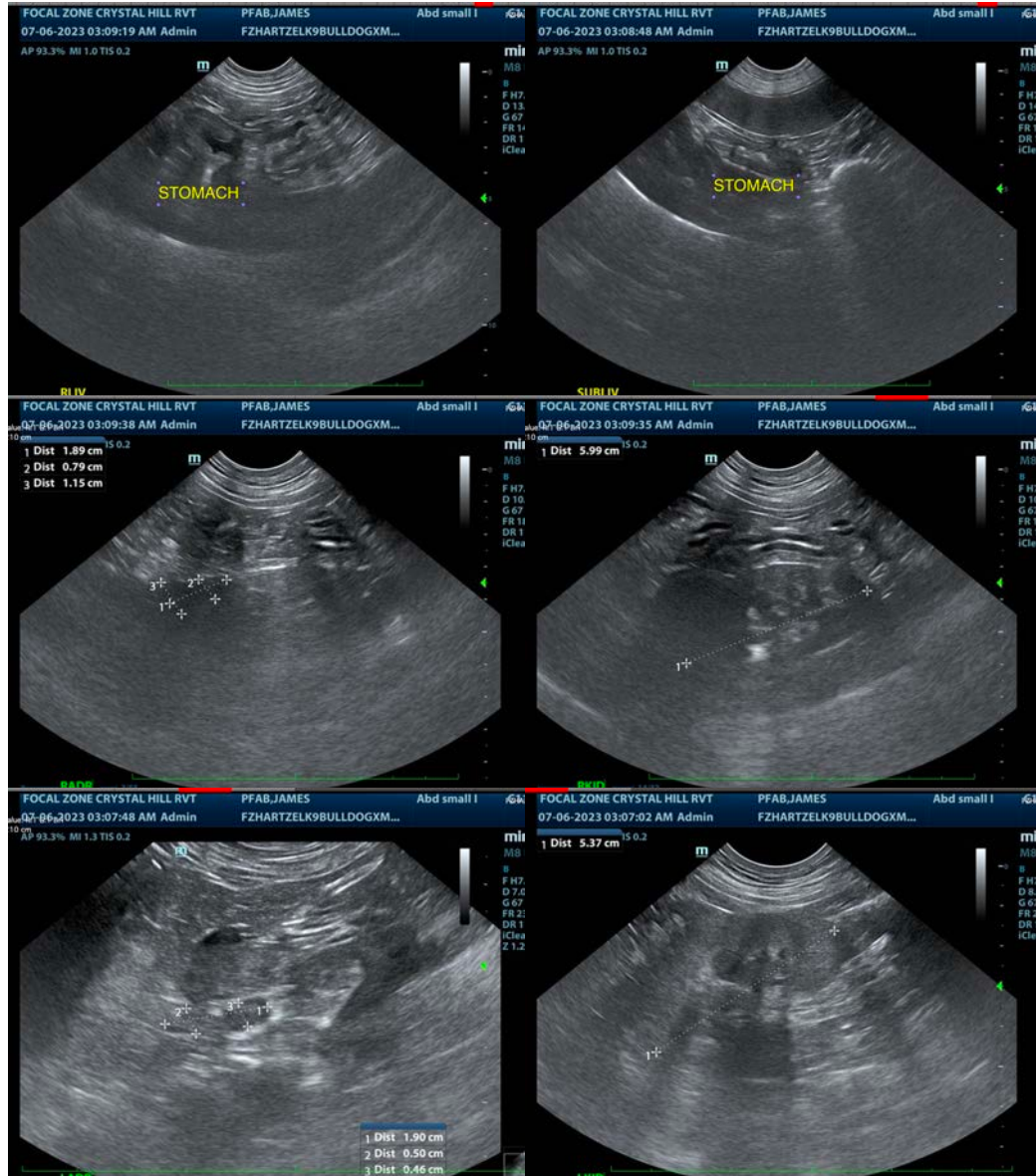
Dr. Bukovaska

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DATE

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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
info@sonopath.com