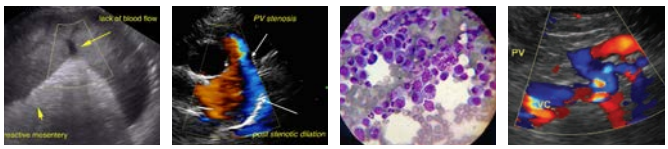
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Remi Westburg

SPECIES
Canine

BREED
Rottweiler

SEX
Female

AGE
12 Weeks

WEIGHT
19.4 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Sheldon

HOSPITAL NAME
Advanced PetCare of Oakland

REFERRING VET
Dr. Sheldon

INVOICE
43853

DATE
7/6/23

PRESENTING CLINICAL SIGNS

Pet has been having on and off vomiting since 6/21. Previously had diarrhea as well but that has since resolved. Pet has normal energy level but has a voracious appetite. Pet has had one DHPPV vaccine on 6/3/23. Pet has been eating GI low fat and was dewormed with 5 days of panacur. Was previously on cerenia but stopped it 24 hours ago. Bloodwork: anemia 29%, eosinophilia ad monocytosis, the rest NSF Fecal antigen: negative Radiographs of the abdomen: Findings Three-view whole body radiographs (four images total) dated June 22, 2023 are reviewed. Thorax: The heart, pulmonary vessels and pulmonary parenchyma are within normal limits. No pulmonary nodules, pleural effusion or intrathoracic lymph node enlargement is noted. The trachea is normal. There is no esophageal dilation. No mediastinal abnormalities are noted. No skeletal abnormalities are noted. Abdomen: The stomach contains a small amount of gas. Multiple small intestinal segments are mildly gas distended. There is gas and feces in the descending colon. There is also granular soft tissue material in the intestine in the cranial-ventral abdomen, and it is unclear if this is in the small or large intestine. The liver, spleen and kidneys are of normal size and shape. The urinary bladder is small. There is normal serosal detail for a puppy. No free peritoneal gas is noted. No skeletal abnormalities are noted. Conclusion 1. There is granular material in the intestine in the cranial-ventral abdomen, and it is unclear if this is in the small intestine or large intestine. In addition, multiple small intestinal segments are mildly gas distended. These are nonspecific findings. Differentials include nonspecific enteritis with passing ingesta, infectious or parasitic enteritis, a developing mechanical intestinal obstruction (such as from a foreign body obstruction) or ileus. Abdominal ultrasound or recheck three-view abdominal radiographs after medical therapy can be considered to reevaluate intestinal tract. 2. Unremarkable thoracic radiographs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The right kidney is normal in size (6.02 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 (5.62 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

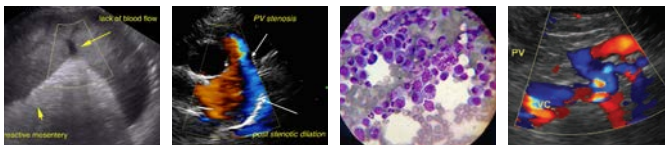
The right adrenal gland is normal in size (0.38 cm at the cranial pole and 0.36 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.32 cm at the cranial pole and 0.32 cm at the caudal pole), 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.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Remi Westburg

SPECIES
Canine

BREED
Rottweiler

SEX
Female

AGE
12 Weeks

WEIGHT
19.4 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Sheldon

HOSPITAL NAME
Advanced PetCare of Oakland

REFERRING VET
Dr. Sheldon

INVOICE
43853

DATE
7/6/23

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.

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.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach 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. Pyloric outflow tract appears patent.

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). In the cranial abdomen, there are some loops of small bowel that are empty, but the majority of the small bowel in the mid and caudal abdomen is mildly to moderately distended with echogenic appearing fluid consistent with ingesta/chyme.

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

Pancreas

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

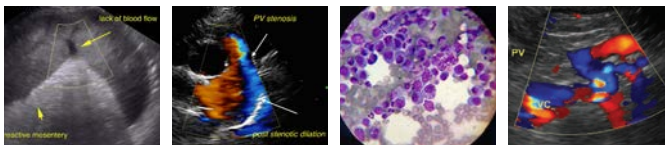
A trace amount of anechoic free fluid is noted.

The mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

- The appearance of this patient's gastrointestinal tract is most consistent with a post-prandial abdomen, as both the gastric contents and dilated bowel contents are most consistent with ingesta/chyme. Having said that, given that there are some empty small bowel loops and some dilated small bowel loops, foreign material mimicking chyme and resulting in a partial obstruction cannot be definitively ruled out. The top differential is gastroenteritis, potentially some mild ileus secondary to other parasitic infectious, dietary, etc. cause.

- Mild lymphadenopathy and trace amount of free fluid – Both likely normal puppy variants.



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Remi Westburg

SPECIES

Canine

BREED

Rottweiler

SEX

Female

AGE

12 Weeks

WEIGHT

19.4 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Sheldon

HOSPITAL NAME

Advanced PetCare of Oakland

REFERRING VET

Dr. Sheldon

INVOICE

43853

DATE

7/6/23

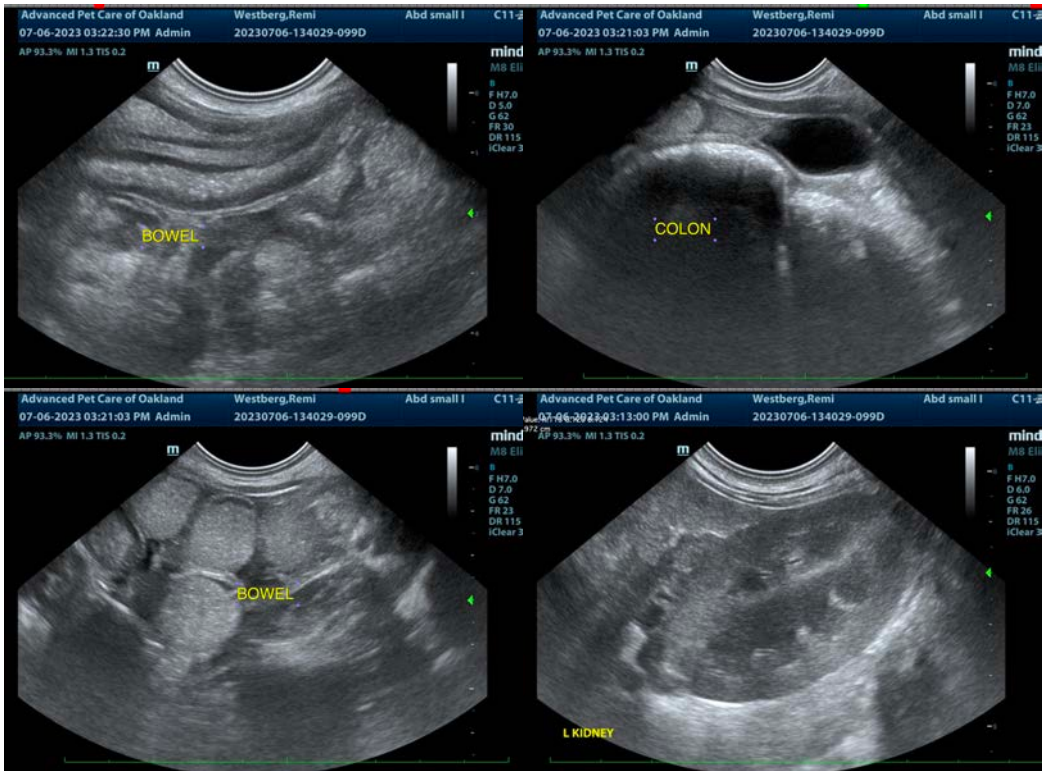
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, a fecal exam is recommended.

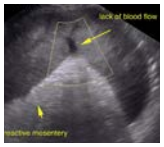
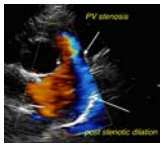
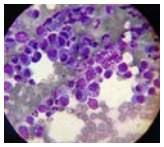
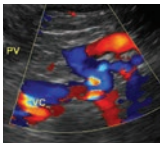
Additionally, given this patient's eosinophilia, while unlikely, hypoadrenocorticism should be ruled out, beginning with a baseline cortisol. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

In the meantime, supportive/symptomatic medical management of possible gastroenteritis is recommended in the form of antiemetics, gastroprotectants, a probiotic such as Visbiome or Proviable, another round of deworming with a 5-day course of Panacur, and again, given the eosinophilia, a transition in diet if tolerated to a hydrolyzed protein diet in case there is an underlying food allergy. Some patients respond better to one brand or version of hydrolyzed protein diet better than another, so sometimes several trials are warranted.

If clinical signs persist, recheck imaging is recommended following a definitive (at least 12 to ideally 24 hour) fast. Alternatively, other imaging modalities including recheck radiographs, potentially a barium swallow, etc. could be considered.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Remi Westburg

SPECIES

Canine

BREED

Rottweiler

SEX

Female

AGE

12 Weeks

WEIGHT

19.4 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Sheldon

HOSPITAL NAME

Advanced PetCare of Oakland

REFERRING VET

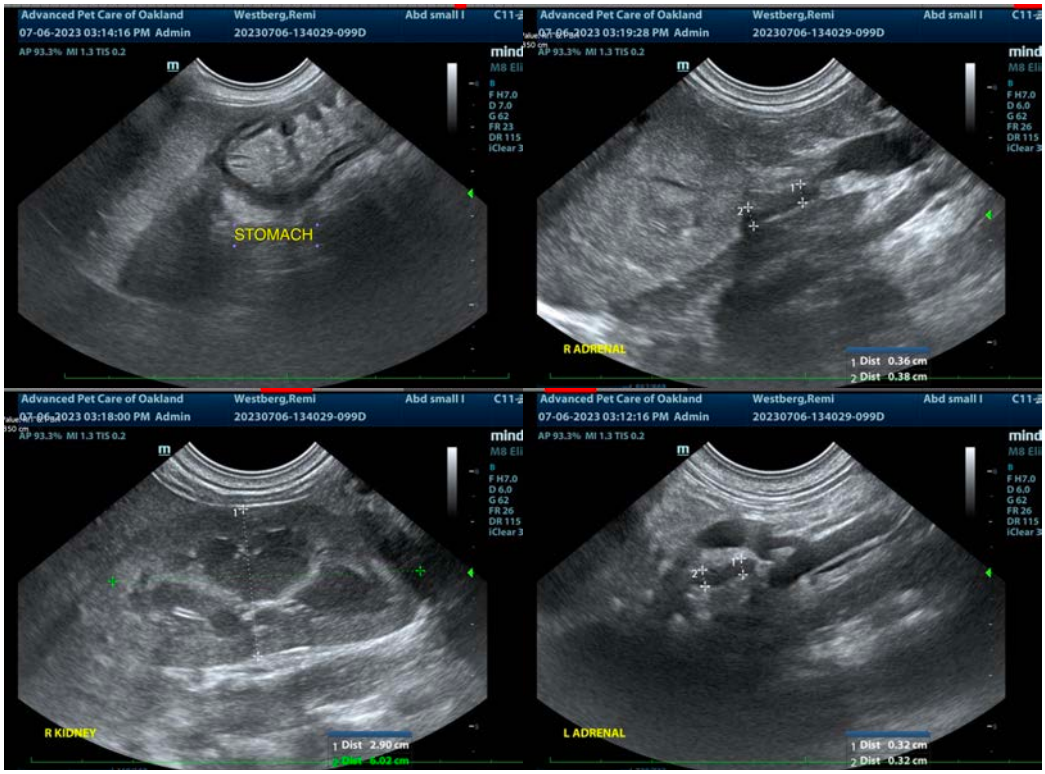
Dr. Sheldon

INVOICE

43853

DATE

7/6/23



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