



PATIENT

Nova Montgomery

SPECIES

Canine

BREED

Pitbull X

SEX

Spayed Female

AGE

11 Years

WEIGHT

33.7 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Alpine 24hr PH

REFERRING VET

Dr. Nelson

INVOICE

23241

DATE

7/8/23

PRESENTING CLINICAL SIGNS

History: 2 days history of lethargy, hyporexia, and regurgitation which progressed to vomiting. PE unremarkable. Currently treated with IVF, maropitant, methadone, GI supportive care.

Abnormal PE/Chem/CBC/UA Results: Elevated lipase and amylase, elevated spec CPL. Mild hypokalemia and stress lymphopenia.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measures 6.56 cm. Right kidney measures 6.77 cm.

Adrenal Glands

Left adrenal gland is normal in size (0.75 cm at cranial pole and 0.63 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.62 cm at caudal pole, cranial pole is difficult to be fully visualized in these images), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

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 moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is moderately distended with fluid, as well as echogenic nonshadowing luminal contents and gas consistent with normal ingesta/chyme. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



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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.

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The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

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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.

Free Abdomen

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There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS Secondary Findings

AGE

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Primary Findings

- Mild gastric fluid distention without evident foreign material, obstruction, infiltrative disease, etc., is most consistent with mild delayed gastric emptying, ileus, possibly associated with other underlying metabolic disease, mild or early emerging pancreatitis can't be definitively ruled out.

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Secondary Findings

- Mild gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic 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.
- Age-related kidney changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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At this stage, supportive/symptomatic medical management of possible mild gastritis or mild emerging pancreatitis is recommended in the form of antiemetics, gastroprotectants, potentially an appetite stimulant (if needed), fluid therapy (if indicated), etc. Empirical deworming with a 5-day course of Panacur could be considered, as could an empirical course of helicobacter therapy. If clinical signs persist, recheck imaging could be warranted to help guide further diagnostics.

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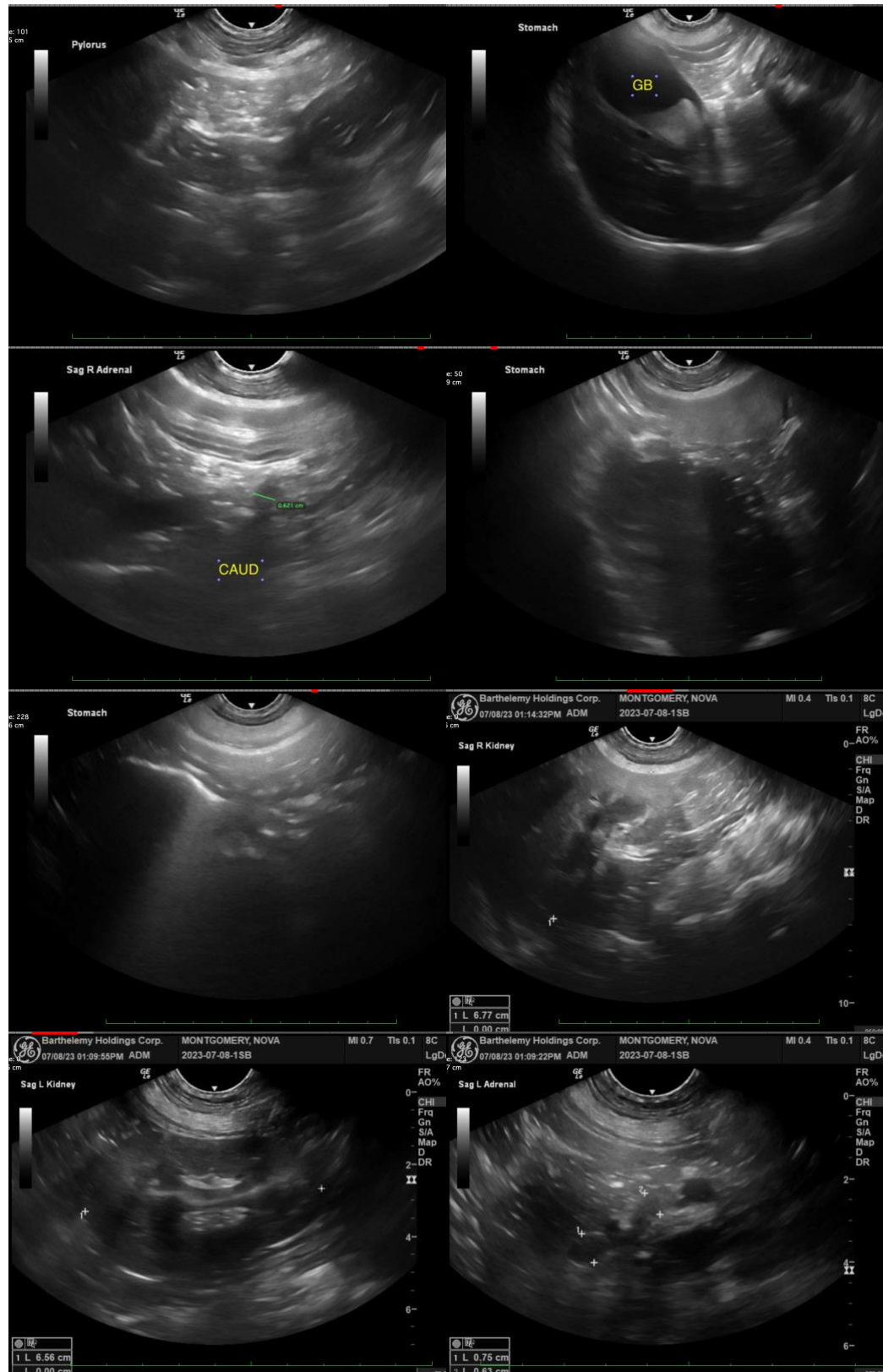
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The information and recommendations provided are based on the images presented by the



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referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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