



PATIENT

Sadie Fuiten

SPECIES

Canine

BREED

Boxer x

SEX

Spayed Female

AGE

12 Years

WEIGHT

50 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Brian Klug

HOSPITAL NAME

Sondel Family Vet
Clinic

REFERRING VET

Dr. Kara Wallisch

INVOICE

44528

DATE

8/1/23

PRESENTING CLINICAL SIGNS

Referred from another clinic - P was seen for acute vomiting and diarrhea starting 7/21/23 after eating several large raw carrots on 7/18. P was treated with Cerenia, fluids, ondansetron, supportive care. Vomiting resolved but P has ongoing liquid stool and cough. She does have a history of aspiration pneumonia and P was started on Enrofloxacin, metronidazole, and diawin. Abdominal US- searching for cause of continued diarrhea and chronic lip licking. Current meds: Enrofloxacin, metronidazole, diawin, ondansetron and Proin ER.

Abnormal PE/Chem/CBC/UA Results: Radiographs 2 view abdomen: Large prominent full urinary bladder, Iliac lymph nodes appear mildly enlarged, GI tract flecked with flecks of metal opacities consistent with O's use of Diawin as an antidiarrheal. Intestinal walls are mildly plump, mild small isolated areas of gas distension are noted. Evidence of mild lumbosacral inflammation/early spondylosis or OA present

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 (6.53 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 (6.31 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 (0.54 cm at the cranial pole and 0.54 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

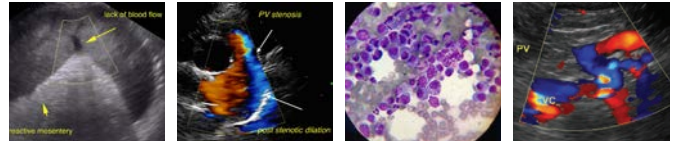
The left adrenal gland is normal in size (0.42 cm at the cranial pole and 0.43 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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.

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.



PATIENT	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.
Sadie Fuiten	
SPECIES	<i>Gastrointestinal</i>
Canine	Fundic mucosal hypertrophy with hyperechoic mucosa and some mucosal remodeling is noted. 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.
BREED	
Boxer x	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.
SEX	
Spayed Female	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
AGE	
12 Years	<i>Pancreas</i>
WEIGHT	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.
50 Pounds	
INTERPRETED BY	<i>Free Abdomen</i>
Beth Johnson, DVM DACVIM	There is no evidence of free peritoneal effusion noted in these images. There is no apparent lymphadenopathy noted in these images.
IMAGING PERFORMED BY	ULTRASONOGRAPHIC FINDINGS
Brian Klug	<ul style="list-style-type: none"> 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. Moderate 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.
HOSPITAL NAME	
Sondel Family Vet Clinic	
REFERRING VET	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Dr. Kara Wallisch	If not recently evaluated, a general metabolic health screen is recommended to include:
INVOICE	<ul style="list-style-type: none"> CBC/Chem panel and electrolytes. Urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.
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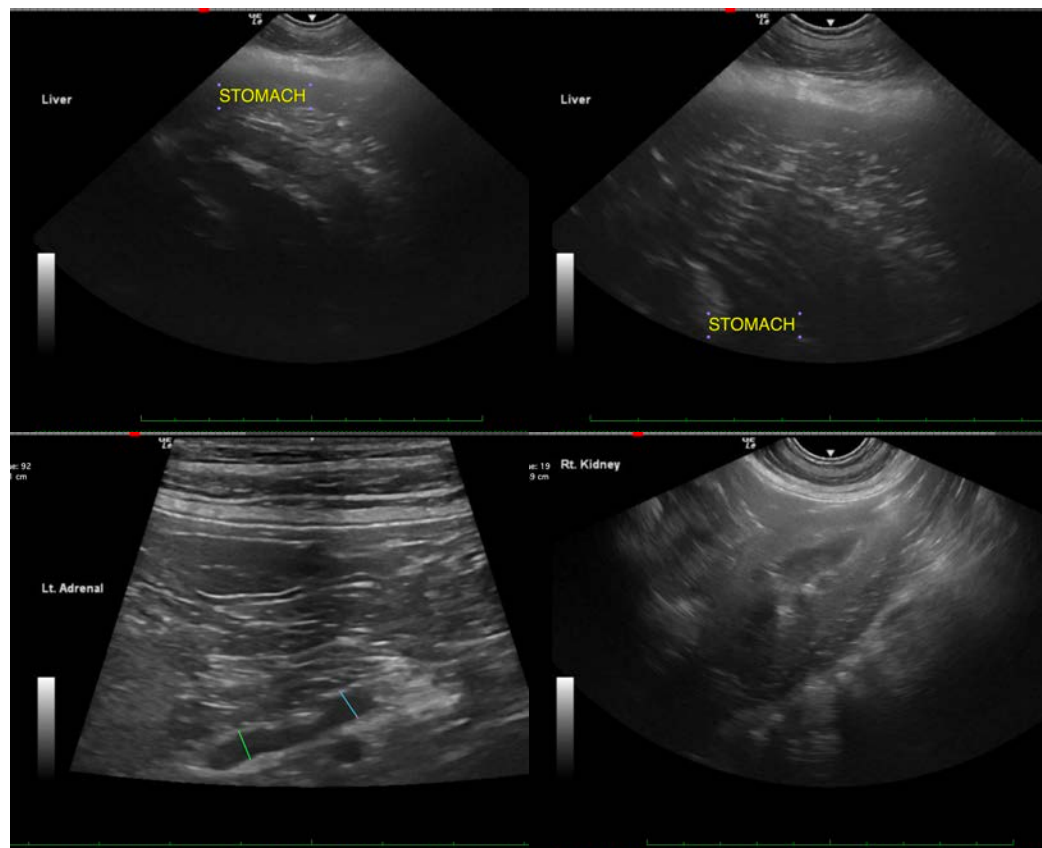
If there is any chronicity to this patient's gastrointestinal signs, further evaluation for underlying infiltrative diseases could be considered in the form of:

- 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.
- A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.
- A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease. Contact lab for recommendations on how long to discontinue antibiotics prior to obtaining stool sample for PCR submission.

Otherwise, given patient history, continued supportive/symptomatic medical management of possible gastroenteritis/dietary indiscretion, etc. is recommended in the form of antiemetics, gastroprotectants, a probiotic such as Visbiome or Provable, etc.

Additionally, empirical deworming with a 5-day course of Panacur could be considered, as could an empirical course of helicobacter therapy.

Additionally, transition from Baytril to a different antibiotic may help if Baytril is contributing to the ongoing nausea.





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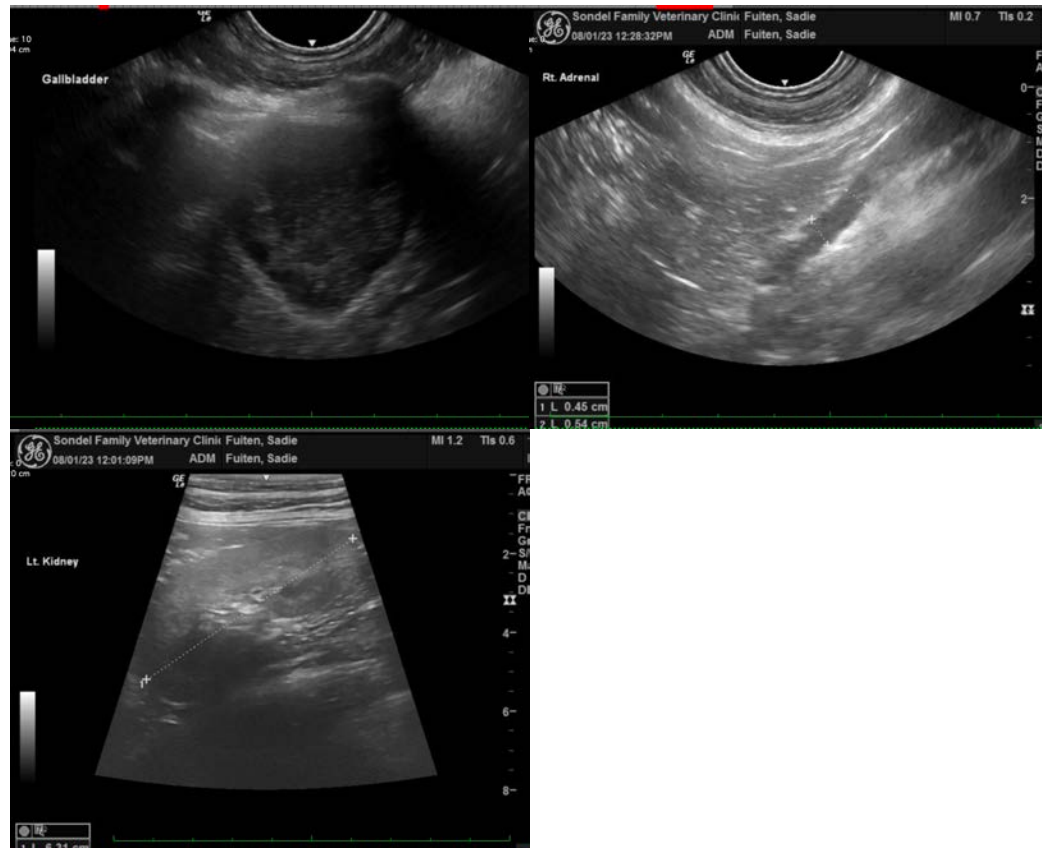
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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