



PATIENT

Geneva CGDB

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

7 Years

WEIGHT

26.4 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Nigel Gumley

HOSPITAL NAME

Cedarview AH

REFERRING VET

Dr. Nigel Gumley

INVOICE

40586

DATE

8/18/22

PRESENTING CLINICAL SIGNS

Geneva is a working guide dog. For a number of months she has been vomiting bile, often in the early morning. Recently she has vomited food shortly after eating. Has been on Simpirico Trio and Nexguard. Otherwise acting normally.

Abnormal PE/Chem/CBC/UA Results: CBC, chem normal in May; results pending today including random cortisol and cPLi. Low normal B12 in May and this week (238 - Idexx). No response to Pepcid or Omeprazole therapy or feeding gastrointestinal diet.

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 (6.54 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 (6.13 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

Adrenal glands are small (flattened contour). Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The right adrenal gland measured 0.52 cm at the cranial pole and 0.53 cm at the caudal pole. The left adrenal gland measured 0.35 cm at the cranial pole and 0.50 cm at the caudal pole.

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.

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 stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



PATIENT	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), except for the duodenum, which is mildly thick, measuring 0.6-0.7 cm thick with disproportionately thick muscularis layer relative to mucosa. The small intestinal submucosa is slightly irregular, thick and hyperechoic without evident loss of layering appreciated.
Geneva CGDB	
SPECIES	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.
Canine	
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Labrador Retriever	
SEX	Pancreas
Spayed Female	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.
AGE	Free Abdomen
7 Years	There is no evidence of free peritoneal effusion noted in these images.
WEIGHT	The medial iliac and 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.
26.4 kg	
INTERPRETED BY	PRIMARY FINDINGS
Beth Johnson, DVM DACVIM	<ul style="list-style-type: none"> Flat adrenal glands – This can be a normal patient variant and/or a sign of exogenous cortisol administration. If exogenous steroids are not being administered, hypoadrenocorticism (either relative or absolute) should be considered. Inflammatory bowel disease (IBD) pattern (predominantly in the duodenum) – Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. No aggressive lymphadenopathy, loss of layering, etc. is noted to make lymphoma more probable, but lymphoma cannot be definitively ruled out without tissue sampling. Reactive medial iliac and mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.
IMAGING PERFORMED BY	SECONDARY FINDINGS
Dr. Nigel Gumley	<ul style="list-style-type: none"> 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	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Cedarview AH	Given the flat adrenal glands, as is reportedly already pending, a baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.
REFERRING VET	This patient's reportedly low B12 is consistent with possible malabsorptive enteropathy versus bacterial dysbiosis, versus other. Recommendations include:
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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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Ultimately, biopsies of the small bowel may be necessary to definitively diagnose and therefore manage this patient's suspect malabsorptive disease. However, empirical therapeutic recommendations in the meantime include a diet transition to a novel or hydrolyzed protein diet, empirical deworming with a 5-day course of Panacur, and cobalamin supplementation weekly for at least 8 weeks or longer pending underlying condition and patient response.

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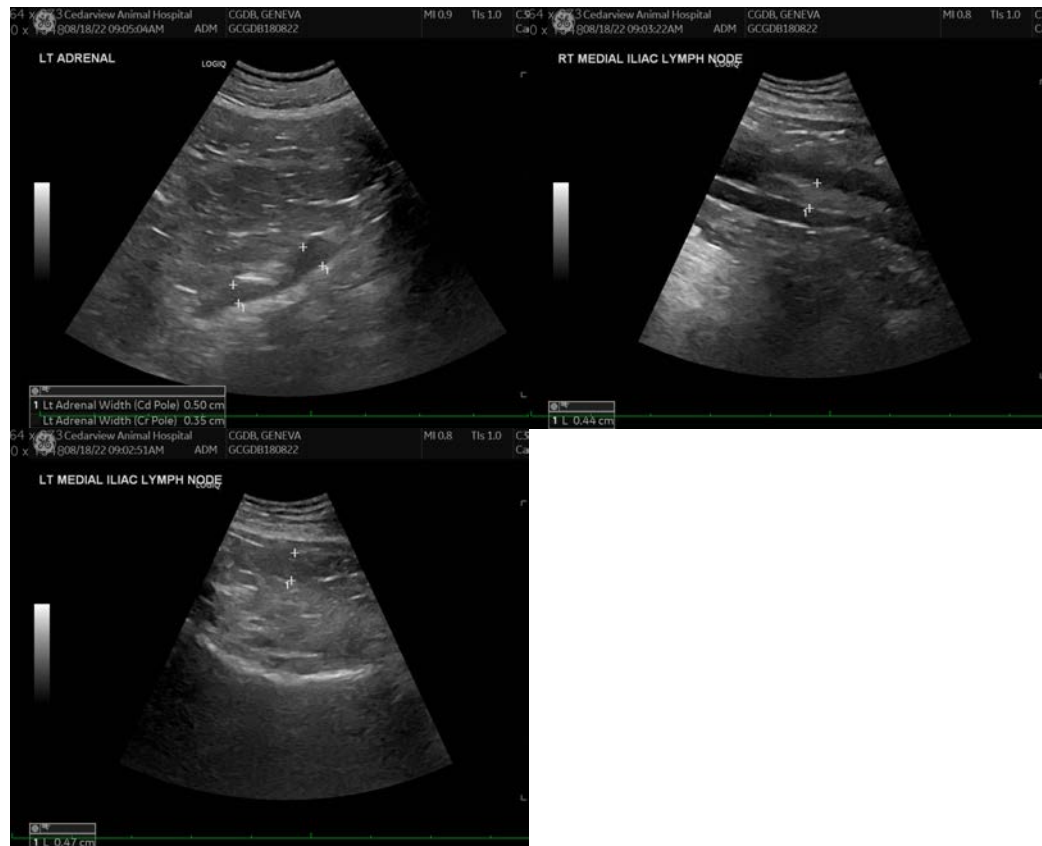
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Beth.Johnson@sonopath.com