



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Ginger Levesque
Inappetence, no BMs, drooling, vomited one time, drinking more. Suspicion of foreign body. Baytril, Hydromorphone, Famotidine, Cerenia and IVF.

SPECIES Canine
Abnormal PE/Chem/CBC/UA Results: MCV Low, Retics high, Hemoglobin low, Platelets low, MPV high, platelet aggregates detected on CBC which could mean that platelets are actually higher than reported. Low Retic-HGB - decreased iron availability. Chem - Total Bili 16(0-15) Amylase and ALP borderline low. Snap CPL normal.

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED Husky X
Urinary System

SEX Spayed Female
Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

AGE 8 Years
The right kidney is normal in size (6.33 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.

WEIGHT 63 Pounds
The left kidney is normal in size (5.93 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

INTERPRETED BY Beth Johnson, DVM DACVIM
The right adrenal gland is normal in size (1.44 cm long x 1.0 cm at the cranial pole and 0.62 cm at the cauda pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (2.75 cm long x 0.97 cm at the cranial pole and 0.88 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Crystal Hill

Spleen

HOSPITAL NAME Dog & Cat Clinic of Niagara
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. Sneider

Liver

INVOICE

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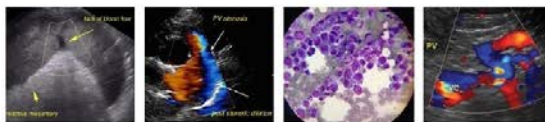
The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal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

DATE

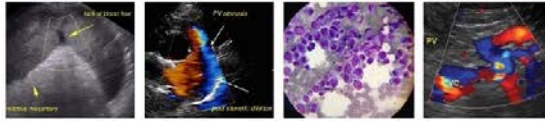
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Gastrointestinal

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	The stomach wall is diffusely thick, measuring up to 1.7 cm thick with a loss of mural detail. Mucosa is hyperechoic and mildly irregular and remodeled, followed by a hypoechoic, thick wall with loss of layering. The region around the stomach is hyperechoic with enhanced fat and mesentery throughout the cranial abdomen.
Ginger Levesque	
SPECIES	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.
Canine	
BREED	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
Husky X	
SEX	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.
Spayed Female	
AGE	Free Abdomen There is no evidence of free peritoneal effusion noted in these images. There is no apparent lymphadenopathy noted in these images.
8 Years	
WEIGHT	PRIMARY FINDINGS
63 Pounds	<ul style="list-style-type: none"> Thick stomach with transmural pathology and loss of normal mural detail – Differentials include benign inflammatory changes as can be seen with severe irritation from dietary indiscretion, bacterial or viral, fungal infections, parasitic disease, toxins, etc., as well as more severe infiltrative inflammatory conditions and even infiltrative neoplasia. The changes around the stomach are consistent with regional inflammation.
INTERPRETED BY	SECONDARY FINDINGS
Beth Johnson, DVM DACVIM	<ul style="list-style-type: none"> Urinary bladder debris
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Crystal Hill	Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.
HOSPITAL NAME	A fine needle aspirate of the gastric wall is recommended if patient's coagulation status is appropriate. If a fine needle aspirate cannot be obtained, or it is, but a diagnosis is not obtained, biopsies either endoscopically obtained or surgically obtained may be necessary to definitively diagnose and therefore manage this patient's infiltrative disease.
Dog & Cat Clinic of Niagara	
REFERRING VET	In the meantime, empirical deworming with a 5-day course of Panacur is recommended, as is medical management for gastritis with antiemetics and gastroprotectants include twice daily Omeprazole.
Dr. Sneider	
INVOICE	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 ration is recommended.
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Spayed Female

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HOSPITAL NAME

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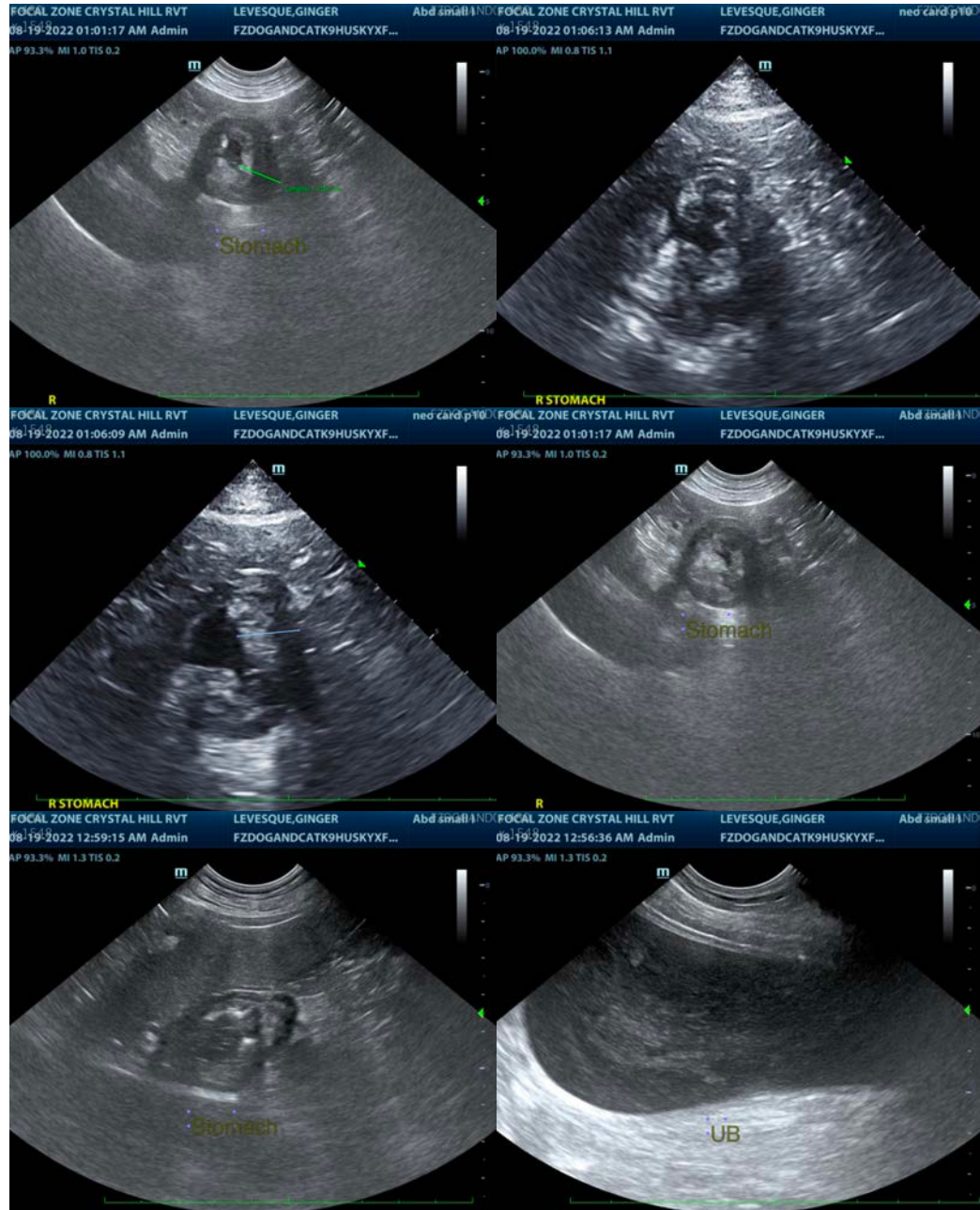
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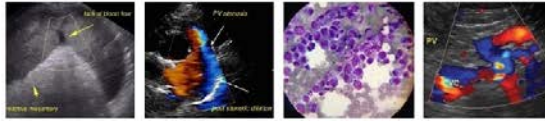
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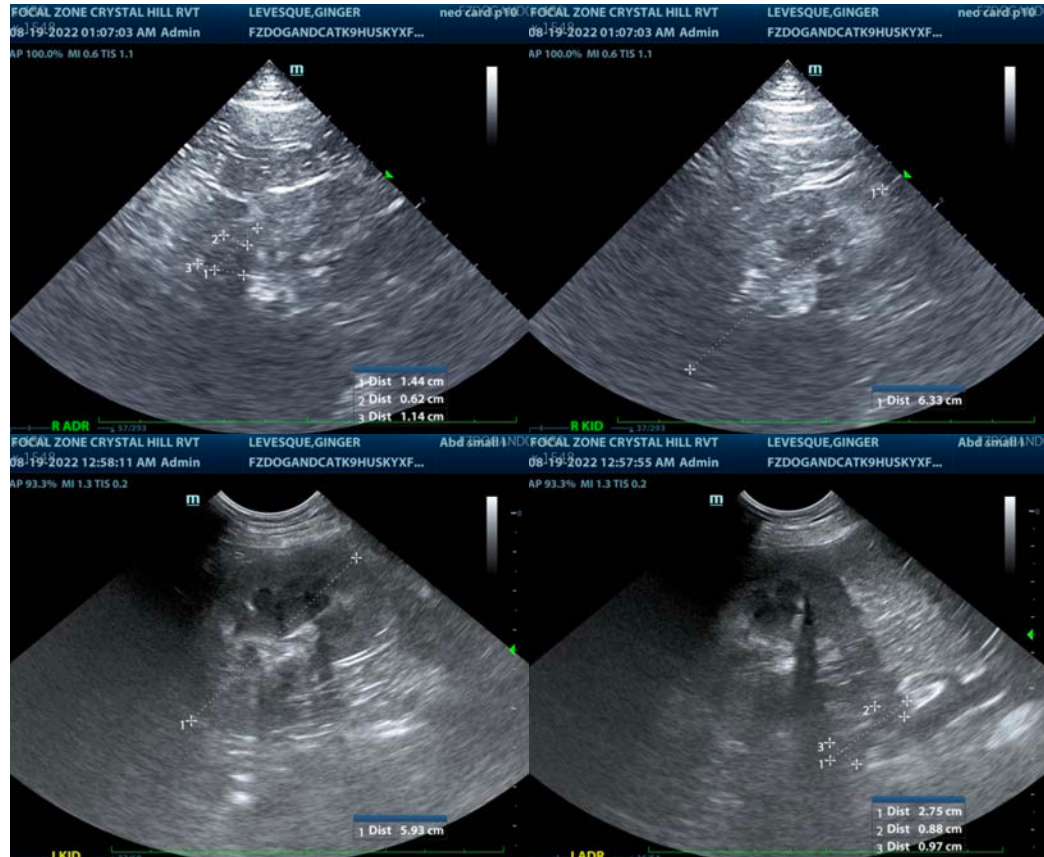
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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