



PATIENT	PRESENTING CLINICAL SIGNS
Charlie Pryor	Chronic vomiting over past 24 hours. BW performed today WNL; x-rays sent over for comparison. Abnormal PE/Chem/CBC/UA Results: everything WNL
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	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.
Lab	Prostate is normal in size, echotexture and echogenicity for a neutered male.
SEX	The right kidney is normal in size (6.8 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.
Neutered Male	The left kidney is normal in size (7.0 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.
AGE	Adrenal Glands
12 Years	The adrenal glands are unable to be well visualized in these images.
WEIGHT	Spleen
85 Pounds	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.
INTERPRETED BY	Liver
Beth Johnson, DVM DACVIM	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.
IMAGING PERFORMED BY	HOSPITAL NAME
Tasha	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.
REFERRING VET	Gastrointestinal
Dr. Pryor	The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.
INVOICE	DATE
40067	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.
8/2/22	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.



PATIENT

Pancreas

Charlie Pryor

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.

SPECIES

Canine

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

BREED

Lab

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Unremarkable/normal abdomen

SEX

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include supportive/symptomatic medical management of suspected acute gastroenteritis, perhaps dietary indiscretion, etc., with antiemetics, gastroprotectants, a bland easy to digest diet, fluid therapy (if necessary), probiotic, etc. Empirical deworming with a 5-day course of Panacur is also recommended.

AGE

12 Years

If the clinical signs persist, gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory would be recommended for further evaluation of GI and pancreatic function. If vomiting persists, recheck imaging (again fasted) is recommended to evaluate any progressive disease not visible on today's images.

WEIGHT

85 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Tasha

HOSPITAL NAME

Dillsburg VC



REFERRING VET

Dr. Pryor

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.

INVOICE

40067

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com

DATE

8/2/22