



PATIENT	PRESENTING CLINICAL SIGNS
Layla Rosario	History: Presented as a referral for an abdominal ultrasound to evaluate vomiting. Patient was brought in to rDVM due to having intermittent vomits since July 11, 2022 has been previously treated with sucralfate, ondansetron, probiotics, diagal, synacore, propectalin, omeprazole and metronidazole. Patient was also previously hospitalized due to having an episode of convulsions in July 8, 2022.
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results: 4dx - heartworm positive Labs done on 7/8/22: chem -wnl except amylase 493 cbc- wnl except mpv 15.4 labs done on 7/1/2022: CBC: rbc 9.51, hct 68.1, hgb 22.2 lym 0.94, mono 0.12 mpv 14.8 CHEM: glu 149, alt 187, tbil 1.7
BREED	
German Shepherd	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
	Urinary System
SEX	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.
FI	
AGE	Right kidney is normal in size (6.82 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.
6yr	
WEIGHT	Left kidney is normal in size (6.6 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.
82	
INTERPRETED BY	Adrenal Glands
Beth Johnson, DVM DACVIM	Right adrenal gland is normal in size (0.72 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
	Left adrenal gland is normal in size (0.67 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
IMAGING PERFORMED BY	Spleen
Dr. Ferrer	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.
HOSPITAL NAME	Liver
Paseos Veterinary Center	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.
REFERRING VET	Gastrointestinal
Dr Cruz Rivera	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.
INVOICE	
11259ag	
DATE	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
08/02/2022	



PATIENT

Layla Rosario

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

SPECIES

Canine

Pancreas

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.

BREED

German Shepherd

Free Abdomen

There is no evidence of peritoneal effusion. Medial iliac 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. There is no apparent lymphadenopathy. No uterine or ovarian pathology noted in these images.

SEX

FI

ULTRASONOGRAPHIC FINDINGS

AGE

6yr

- 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.
- Reactive medial iliac lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely

WEIGHT

82

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Beth Johnson, DVM
DACVIM

1. Given this patient's reported positive heart worm status, heartworm disease including caval syndrome is a possible differential for the collapse combined with the increased liver enzymes and TBIL. Recommendations include thoracic radiographs and an echocardiogram for further evaluation/direction of treatment for the heartworm disease.
2. Given the patient's GI signs a fecal exam is recommended as well as empirical deworming with a 5 day course of Panacur regardless of fecal results combined with supportive/symptomatic medical management of the GI signs with antiemetics, gastric protectants etc. If GI signs persist 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.

IMAGING PERFORMED BY

Dr. Ferrer

HOSPITAL NAME

Paseos Veterinary
Center

REFERRING VET

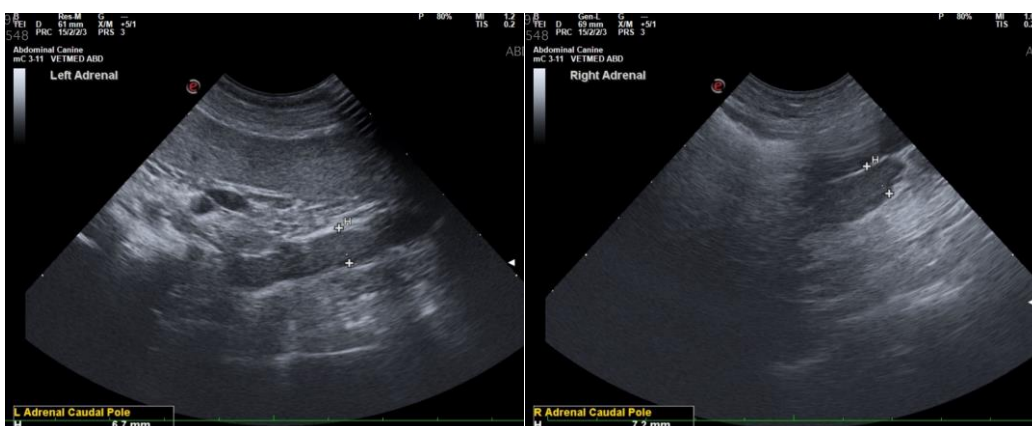
Dr Cruz Rivera

INVOICE

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08/02/2022





PATIENT

Layla Rosario

SPECIES

Canine

BREED

German Shepherd

SEX

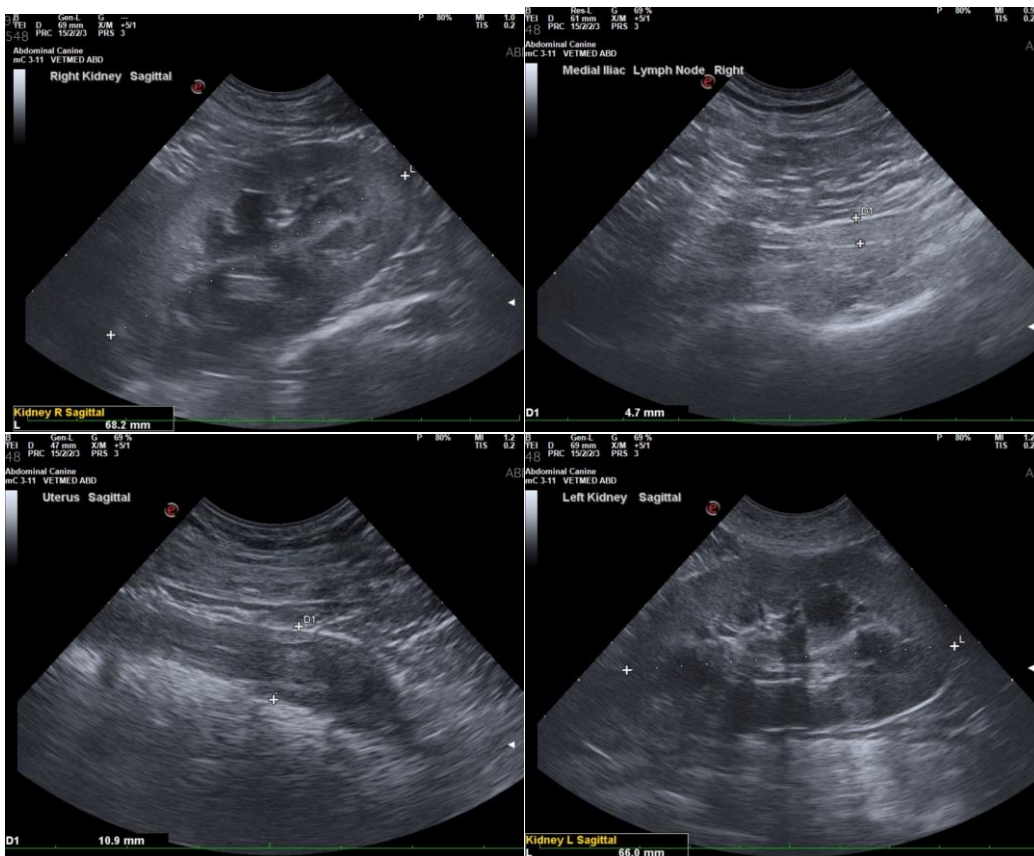
FI

AGE

6yr

WEIGHT

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INTERPRETED BY

Beth Johnson, DVM
DACVIM

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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

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