



PATIENT PRESENTING CLINICAL SIGNS

Gia Froats
History: Vomiting and diarrhea ongoing. Now has blood in diarrhea which has progressed to frank blood. History of heart murmur 2/6. Increased urgency to go to the bathroom with accidents in house. Has been on Vegetarian diet, Cerenia, Probiotic and Metronidazole. No signs of PU/PD. Has also been on Ursodial.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: ALP 2753(5-160) Lymph 5.9(1.1-5.0)

BREED

Shih Tzu

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

Urinary bladder is adequately distended with primarily anechoic contents and occasional echogenic non-shadowing debris. Apical urinary bladder wall is diffusely thick (0.5 cm thick). Mucosa is hyperechoic and irregular. A cystolith (approximately 0.3 cm wide) was present along the dependent wall in the area of the trigone.

AGE

8 Years

Left kidney is normal is size (3.53 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, or infarcts observed. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted

WEIGHT

9.4 kg

Right kidney is normal is size (4.02 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, or infarcts observed. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Adrenal Glands

Left adrenal gland is normal in size (1.1 cm long x 0.37 cm at cranial pole and 0.32 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

IMAGING

PERFORMED BY

Crystal Hill

Right adrenal gland is normal in size (0.83 cm long x 0.68 cm at cranial pole and 0.3 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Hartzel AH

Spleen

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). Multifocal well-demarcated hyperechoic homogenous nodules are noted. Splenic vasculature appears normal.

REFERRING VET

Dr. Allo/Dr. Bukowska

Liver

INVOICE

16994

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

8/22/22

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 *Gastrointestinal*

Gia Froats The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

SPECIES

Canine

The visible small intestines are normal in wall thickness and layering. Hyperechoic mucosal fogging or speckling is noted. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.

BREED

Shih Tzu

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

SEX

Spayed Female

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

AGE

8 Years

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

WEIGHT

9.4 kg

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mucosal speckling – Mucosal speckling is often present with inflammatory bowel disease (IBD). It is not specific for type or severity of disease. Mild speckling change can occur as a normal patient variant in the post-prandial state.
- Chronic Cystitis - Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely give the location and diffuse nature of the changes. There is one urinary bladder cystolith noted.
- Nonobstructive dystrophic mineralization bilaterally.

Secondary Findings

- Hyperechoic splenic nodules

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the reported gastrointestinal signs combined with the bowel changes present in the ultrasound, 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 fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.

Given this patients concurrent lymphocytosis, ruling out atypical hypoadrenocorticism disease is recommended with a baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Hartzel AH

REFERRING VET

Dr. Allo/Dr. Bukowska

INVOICE

16994

DATE

8/22/22



PATIENT

Gia Froats

In the meantime, empirical deworming with a 5-day course of Panacur is recommended, in addition to considering a transition in diet on a trial-and-error basis, beginning with a novel or hydrolyzed protein diet, proceeding to potentially a bland easy to digest diet or a colitis/higher fiber diet.

SPECIES

Canine

Urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

BREED

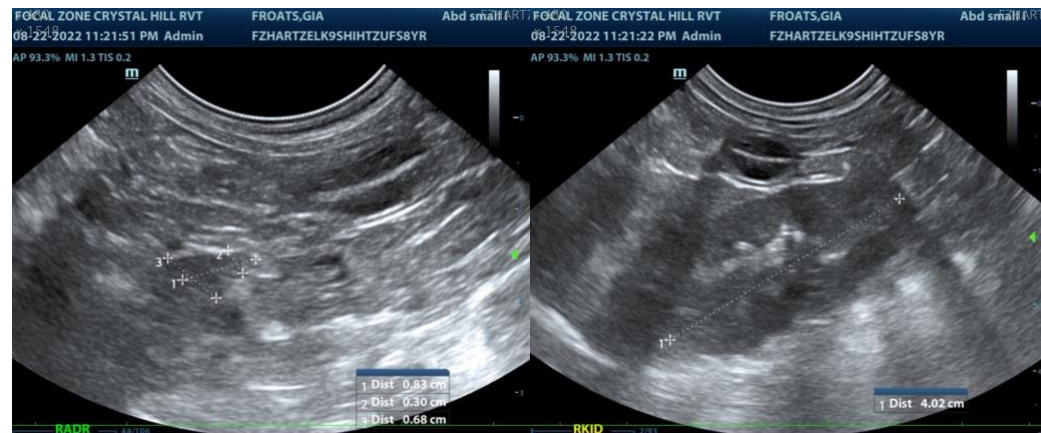
Shih Tzu

SEX

Spayed Female

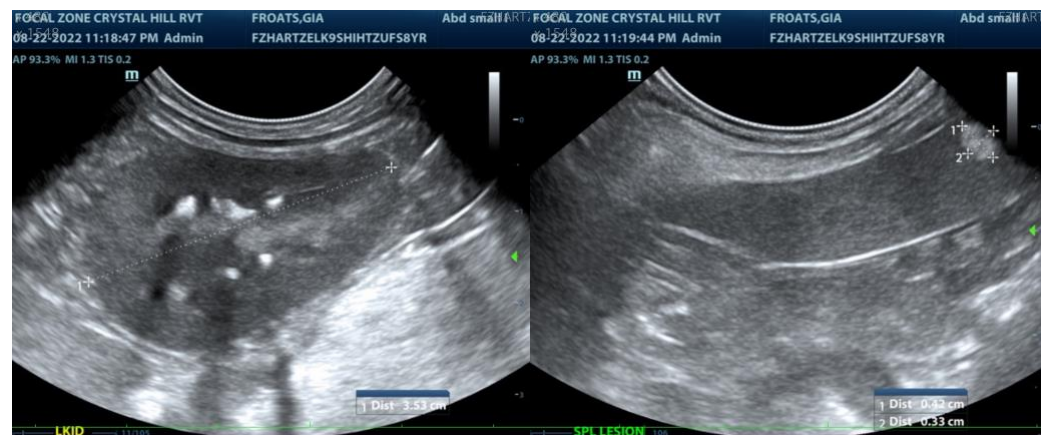
AGE

8 Years



WEIGHT

9.4 kg



INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Crystal Hill



HOSPITAL NAME

Hartzel AH

REFERRING VET

Dr. Allo/Dr. Bukowska

INVOICE

16994

DATE

8/22/22



PATIENT

Gia Froats

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

8 Years

WEIGHT

9.4 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Hartzel AH

REFERRING VET

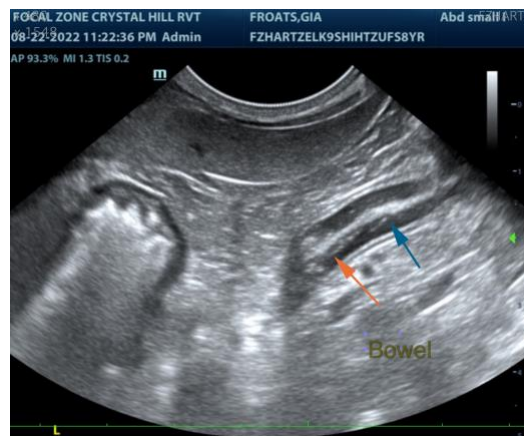
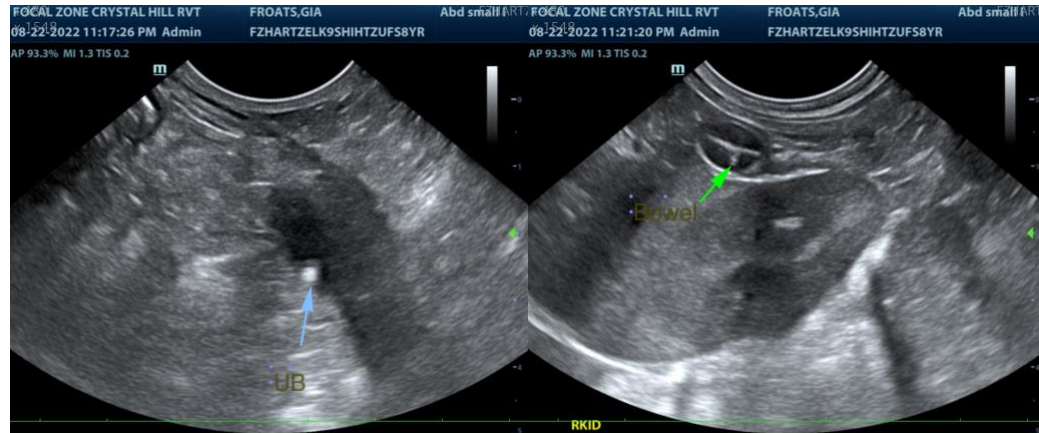
Dr. Allo/Dr. Bukowska

INVOICE

16994

DATE

8/22/22



The information and recommendations provided are based on the images presented by the referring veterinarian. 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