



PATIENT

Scribbles Wilmot

SPECIES

Canine

BREED

Shih Tzu X

SEX

Neutered Male

AGE

9 Years

WEIGHT

4.6 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Beatties PH Anacaster

REFERRING VET

Dr. Davis

INVOICE

24030

DATE

8/22/23

PRESENTING CLINICAL SIGNS

History: 8/21/23 - over last 12 hours progressively getting worse. May have eaten chocolate cake or cheese recently. Has noted long and thin stools, not diarrhea but longer and thinner than normal BMs, won't jump up or down and is acting lethargic. Back legs giving out while walking, heavier than normal breathing. M1 discomfort on abdominal palpation. Seems hunched over, not doing stairs, breathing seems irregular. Last ate and drank at 6pm yesterday, has not eaten today. Jumped off of a shopping cart last week and landed on his side and feet, seems to be a bit swollen on sides. On PE seems stiff through low back, hips and abdomen. Has been on Tramadol and Sulcrate.

Abnormal PE/Chem/CBC/UA Results: Rad report - gastric contents appear normal ingesta, but cannot completely rule out soft tissue/opaque foreign material. No changes supportive of small intestinal mechanical obstruction, colonic contents are consistent with soft stool and pancreatitis should be considered.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is only mildly distended (empty). Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

Prostate (neutered) is normal in size, echotexture and echogenicity for a neutered male.

Left kidney is normal in size (3.91 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.

Right kidney is normal in size (4.15 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

Left adrenal gland is normal in size (0.39 cm at cranial pole and 0.29 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.78 cm at cranial pole and 0.36 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

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). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

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.



PATIENT

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.

Scribbles Wilmot

Gastrointestinal

SPECIES

The visible stomach wall is normal in thickness and layering. The lumen of the stomach 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. Pyloric outflow tract appears patent.

Canine

BREED

The visible small intestines are normal in wall thickness and layering. 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.

Shih Tzu X

SEX

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

Neutered Male

Pancreas

AGE

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.

9 Years

Free Abdomen

WEIGHT

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

4.6 kg

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

- This is a relatively unremarkable/normal abdomen without an ultrasonographically intraabdominal explanation for this patients reported clinical signs.

Beth Johnson, DVM
DACVIM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

If not recently evaluated, a general metabolic health screen is recommended to include CBC/chemistry panel, electrolytes and 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.

Crystal Hill

HOSPITAL NAME

Given the reported increased respiratory effort, if not recently evaluated, 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.

Beatties PH Anacaster

REFERRING VET

Given the reported pelvic limb weakness and discomfort, further evaluation for possible underlying or contributing neurologic and/or orthopedic disease could be considered.

Dr. Davis

INVOICE

24030

DATE

8/22/23



PATIENT

Scribbles Wilmot

SPECIES

Canine

BREED

Shih Tzu X

SEX

Neutered Male

AGE

9 Years

WEIGHT

4.6 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Beatties PH Anacaster

REFERRING VET

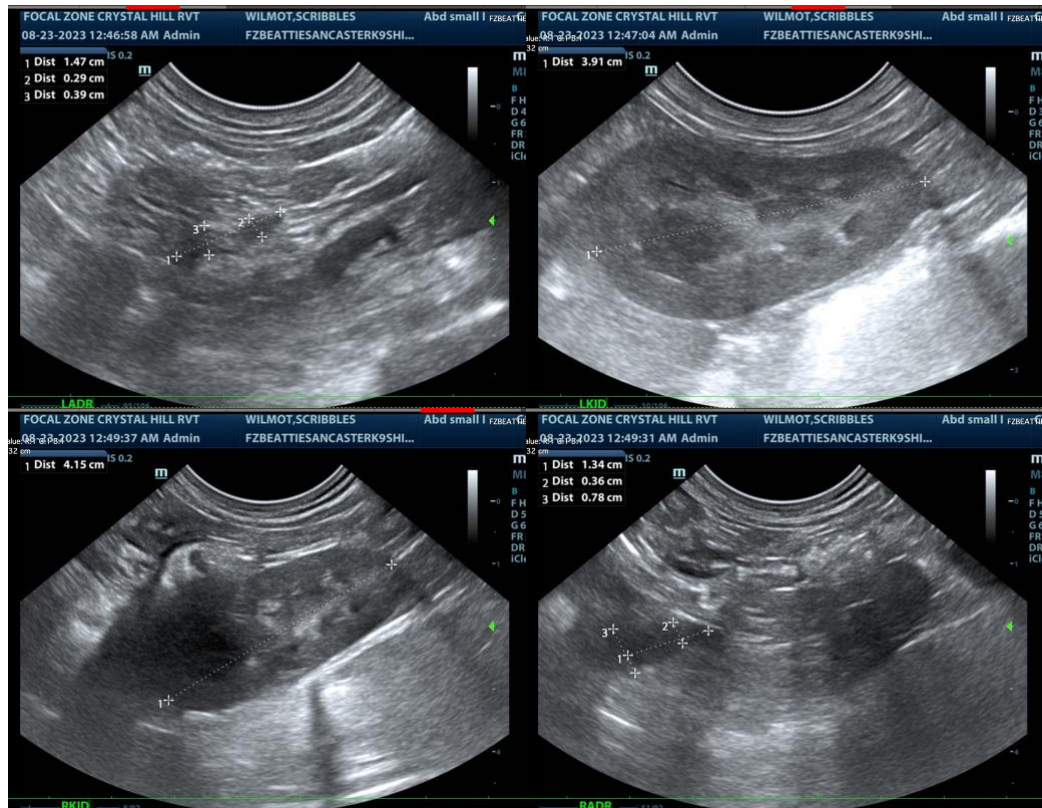
Dr. Davis

INVOICE

24030

DATE

8/22/23



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

info@sonopath.com