

**PATIENT PRESENTING CLINICAL SIGNS**

Essie Hill

Extremely thin, loss of muscle. Has had a long history (about 2 months) of diarrhea. Was being fed a RAW diet. Switched the food over the last week to kibble in hopes of helping improve stools and gain weight. Ate some plastic the other day and owner induced vomiting at home with vinegar and soda water, when that was unsuccessful used Hydrogen Peroxide. Now vomiting continues. Was given a small dose of Torbugesic for US. Has been on IVF.

**SPECIES**

Canine

**BREED**

German Shepherd

Abnormal PE/Chem/CBC/UA Results: Bloodwork fairly unremarkable other than elevated WBCs.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

**Urinary System**

Spayed Female

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.

**AGE**

5 Years

The right kidney is normal in size (6.04 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**

15.5 kg

The left kidney is normal in size (6.51 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.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**Adrenal Glands**

The right adrenal gland is normal in size (0.74 cm at the cranial pole and 0.40 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**IMAGING PERFORMED BY**

Crystal Hill

The left adrenal gland is normal in size (0.60 cm at the cranial pole and 0.55 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**HOSPITAL NAME**

Hamilton Regional  
Emergency Clinic

**Spleen**

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. Grewal

**Liver**

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.

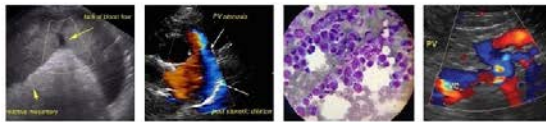
**INVOICE**

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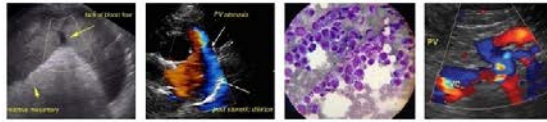
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The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.



|                                       |   |
|---------------------------------------|---|
| <b>PATIENT</b>                        | <b><i>Gastrointestinal</i></b>  |
| Essie Hill                            | 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.  |
| <b>SPECIES</b>                        |   |
| Canine                                | 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. |
| <b>BREED</b>                          |   |
| German Shepherd                       | The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.  |
| <b>SEX</b>                            |   |
| Spayed Female                         | <b><i>Pancreas</i></b>  |
| <b>AGE</b>                            | 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.  |
| 5 Years                               |   |
| <b>WEIGHT</b>                         | <b><i>Free Abdomen</i></b>  |
| 15.5 kg                               | There is no evidence of free peritoneal effusion noted in these images.   |
| <b>INTERPRETED BY</b>                 | The mesenteric 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.   |
| Beth Johnson, DVM<br>DACVIM           | <b>ULTRASONOGRAPHIC FINDINGS</b>  |
|                                       | <ul style="list-style-type: none"> <li>• <b>Reactive mesenteric lymph nodes</b> – infiltrative neoplastic disease cannot be ruled out but is considered less likely.</li> </ul>   |
| <b>IMAGING PERFORMED BY</b>           | <b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>  |
| Crystal Hill                          | Given this patient's breed, ruling out exocrine pancreatic insufficiency as well as further assessing gastrointestinal absorption is recommended, beginning with:   |
| <b>HOSPITAL NAME</b>                  | 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.   |
| Hamilton Regional<br>Emergency Clinic | Additionally, given the history of raw diet, a fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.   |
| <b>REFERRING VET</b>                  | A general fecal exam is also recommended if not recently evaluated.   |
| Dr. Grewal                            |   |
| <b>INVOICE</b>                        | In the meantime, empirical deworming with a 5-day course of Panacur is recommended, as is a probiotic such as Visbiome or Provable in addition to supportive/symptomatic care of gastritis as a potential result of the hydrogen peroxide, in the form of antiemetics and gastroprotectants.  |
| 44861                                 |   |
| <b>DATE</b>                           | Additionally, pending above results, if tolerated, a transition in diet could be considered, again beginning with a hydrolyzed protein diet. Raw diets should be avoided moving forward, and given this patient's reported leukocytosis, empirical Tylosin antibiotic therapy could be considered while awaiting diagnostic results.        |
| 8/23/23                               |   |



**PATIENT**

Essie Hill

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Canine

**BREED**

German Shepherd

**SEX**

Spayed Female

**AGE**

5 Years

**WEIGHT**

15.5 kg

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Hamilton Regional  
Emergency Clinic

**REFERRING VET**

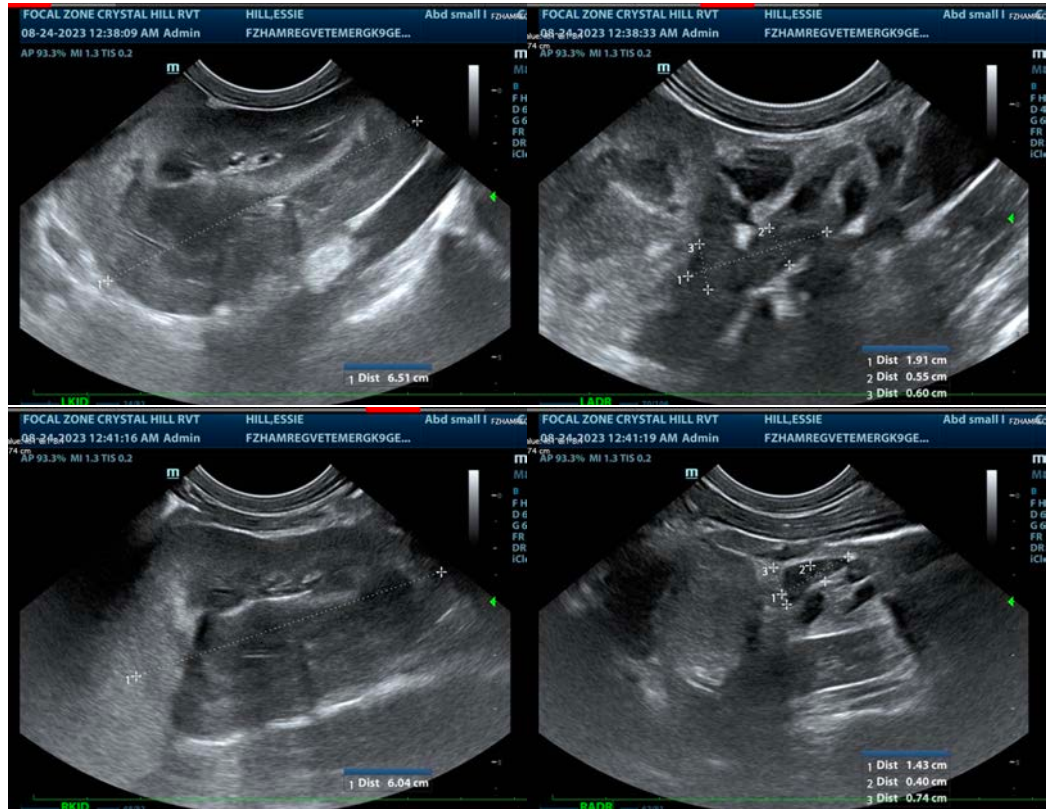
Dr. Grewal

**INVOICE**

44861

**DATE**

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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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