

PATIENT PRESENTING CLINICAL SIGNS

Simon Austin Chronic history of soft stools and consistent mild eosinophilia - currently diarrhea is doing well on Tylan powder and Honest Chicken, but p is eating grass and vomiting 1-2 times weekly.

SPECIES

Canine

BREED

Pembroke Welsh Corgi

SEX

Neutered Male

AGE

6 Years 6 Months

WEIGHT

30 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Harosimowicz

HOSPITAL NAME

Waterbury Vet
Hospital

REFERRING VET

Dr. Harosimowicz

INVOICE

44917

DATE

8/24/23

Abnormal PE/Chem/CBC/UA Results: P is BAR on exam. Abdomen is tense to palpation, but p is also a bit nervous/aggressive during exams so difficult to distinguish between behavioral or abdominal pain. Rectal WNL with scant amount of formed stool Fecal test on 6/16/23 was negative (including Giardia Ag) Blood work on 7/1/23: CBC: WNL (eosinophils -932) Chem 21: SDMA - 15, Proteins WNL (alb-3.2, TP -6.3, Glob-3.1) UA: USG - 1.063, pH of 6.5, 1+ protein, 2-5 WBC phpf, 0-2 rbc phpf, 2+ struvites, no bacteria. UPC: 0.1 4Dx: Anaplasma positive (chronic) Submitted fasted BW today for GI panel through Texas A&M

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with primarily anechoic contents. No distinct masses or cystoliths are observed. However, along the dorsal wall there is a 0.60 cm long x 0.20 cm thick echogenic density that does not appear to have vascular uptake. Otherwise, the urinary bladder, trigone, and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The area of the prostate is examined without evident prostatic pathology.

The right kidney is normal in size (5.81 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.

The left kidney is normal in size (5.79 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

The right adrenal gland is normal in size (0.86 cm at the cranial pole and 0.41 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

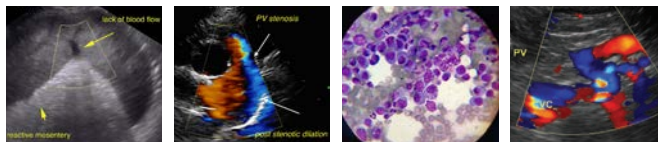
The left adrenal gland is small (flattened contour), measuring 0.33 cm at the cranial pole and 0.33 cm at the caudal pole. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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.

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



PATIENT

homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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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.

Canine

Gastrointestinal

BREED

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.

Pembroke Welsh Corgi

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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.

Neutered Male

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

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Pancreas

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.

30 Pounds

INTERPRETED BY

Free Abdomen

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

Beth Johnson, DVM
DACVIM

There is no apparent lymphadenopathy noted in these images.

IMAGING PERFORMED BY

ULTRASONOGRAPHIC FINDINGS

- The density along the dorsal urinary bladder wall likely (given this patient's urinalysis results) represents mucus, potentially mineral/sand debris, even a blood clot. A benign polyp or even less likely infiltrative neoplasia can't be ruled out but is considered less likely.
- The flat left adrenal gland is likely a normal patient variant, given the more normal appearing right adrenal gland. However, hypoadrenocorticism should be ruled out, especially given this patient's reported eosinophilia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

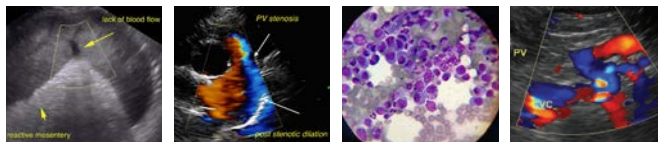
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As is reportedly already pending, A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

8/24/23

Pending above results, a fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease. Contact lab for recommendations on how long to discontinue antibiotics prior to obtaining a stool sample for PCR submission.



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In the meantime, if not recently evaluated, empirical deworming with a 5-day course of Panacur is recommended, and given this patient's reported eosinophils, dietary sensitivity could be playing a role, so if tolerated, transition in diet could be considered, beginning with a hydrolyzed protein diet.

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The urinary bladder wall changes trend toward benign in appearance and are likely not tissue, but debris, etc. Therefore, monitoring may be an appropriate plan. However, if a more definitive cancer rule out is elected, submission of urine for BRAF gene mutation, which is associated with urinary bladder cancer, could be considered.

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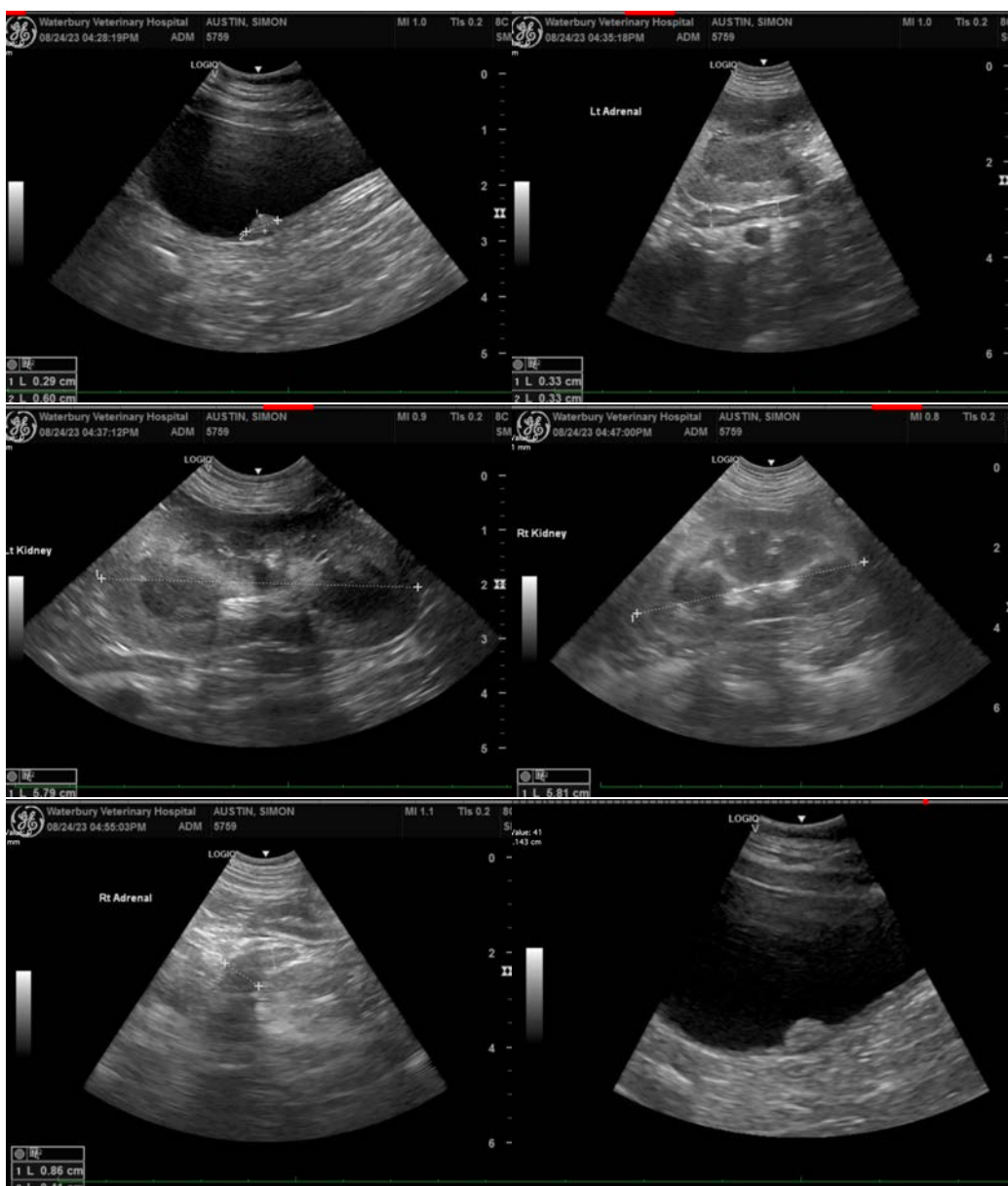
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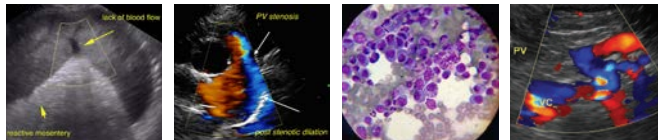
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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