

**PATIENT**

Connor O'Brien

**PRESENTING CLINICAL SIGNS**

History: Chronic vomiting/diarrhea started about 2 weeks ago. Treated recently for Giardia w/ Panacur. Chem/CBC WNL on 8/14 at ERvet. hx of seizures - on phenobarbital.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Mixed

Urinary bladder is adequately 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.

**SEX**

Neutered Male

The prostate is unable to be visualized in these images.

Left kidney is normal is size (6.5 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.

**AGE**

6.5 Years

Right kidney is normal is size (5.6 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.

**WEIGHT**

57 Pounds

**Adrenal Glands**

Left adrenal gland is normal in size (0.54 cm at cranial pole and 0.7 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The area of the right adrenal gland is examined without evident pathology.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**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.

**IMAGING PERFORMED BY**

Dr. Cerf

**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.

**HOSPITAL NAME**

Veterinayr Center of  
Hardyston

Gallbladder is unable to be visualized in these images.

**REFERRING VET**

Dr. Cerf

**Gastrointestinal**

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.

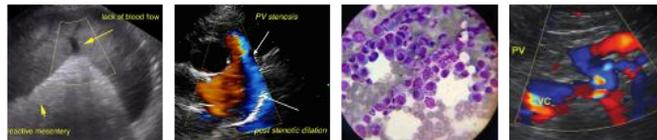
**INVOICE**

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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 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.

**DATE**

8/29/22



**PATIENT**

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

Connor O'Brien

**Pancreas**

**SPECIES**

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.

Canine

**BREED**

**Free Abdomen**

Mixed

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

**SEX**

- This is a relatively unremarkable/normal abdomen without an obvious cause for the patients reported gastrointestinal signs.

Neutered Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

Given this patients historical Giardia, recommendations include a fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of other potential gastrointestinal organisms, as well as 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.

6.5 Years

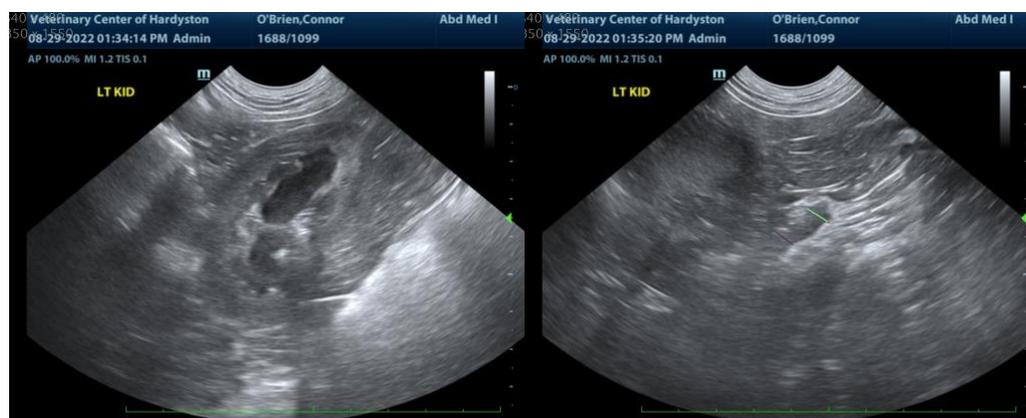
**WEIGHT**

In the meantime, retreating this patient with a 5-day course of Panacur, potentially in combination with metronidazole could be considered while awaiting pending results, in addition to supportive/symptomatic management of the gastrointestinal signs with antiemetics, etc. as needed.

57 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM



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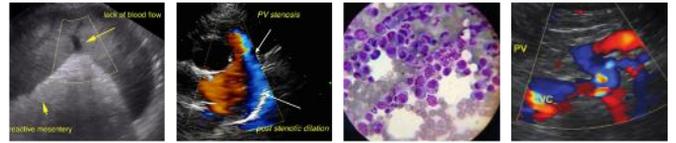
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**

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