

**PATIENT**

Sue Duclon

**SPECIES**

Canine

**BREED**

Red Heeler

**SEX**

Spayed Female

**AGE**

1 Year 10 Months

**WEIGHT**

31 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Carissa Rhoades

**HOSPITAL NAME**

Elizabeth AH

**REFERRING VET**

Leon Anderson, DVM

**INVOICE**

17111

**DATE**

8/29/22

**PRESENTING CLINICAL SIGNS**

History: 12/2021: similar symptoms, ultrasound revealed lymphadenopathy, cytology was reactive, responded to antibiotic treatment. Now off food and blood in stool that is loose.

Abnormal PE/Chem/CBC/UA Results: PE: Pale sclera, pale pink gums, Fever at 104F. Full panel pending.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Left kidney is normal is size (5.63 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 is size (6.62 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 (2.4 cm long x 0.62 cm at cranial pole and 0.48 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (1.7 cm long x 0.71 cm at cranial pole and 0.59 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.

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.

**Gastrointestinal**

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.



**PATIENT**

Sue Duclon 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.

**SPECIES**

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

**BREED**

***Pancreas***

Red Heeler 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.

**SEX**

***Free Abdomen***

Spayed Female The medial iliac 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. No free fluid was present in these images.

**AGE**

1 Year 10 Months

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

31 Pounds

- Reactive medial iliac lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely
- Urinary bladder debris

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given this patient's historically same problem, antibiotic responsive at the time, combined with mild lymphadenopathy again, recommendations include an infectious disease/parasitic work up with a fecal exam and a fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease. Regardless of fecal results, empirical deworming with a 5-day course of Panacur is recommended while awaiting PCR results.

**IMAGING PERFORMED BY**

Carissa Rhoades

Other supportive therapeutic recommendations in the meantime include metronidazole or tylosin, a probiotic such as ProViable and a high fiber diet. Diet trials on a trial and error basis, monitoring for effect to determine the appropriate diet are recommended, beginning with either a high fiber diet, as mentioned above or a novel or hydrolyzed protein diet with a nonflavored fiber supplement added to provide the extra fiber.

**HOSPITAL NAME**

Elizabeth AH

Ultimately, if these episodes persist, colonoscopy may be necessary to definitively diagnose this patient's underlying disease.

**REFERRING VET**

Leon Anderson, DVM

**INVOICE**

17111

**DATE**

8/29/22



**PATIENT**

Sue Duclon

**SPECIES**

Canine

**BREED**

Red Heeler

**SEX**

Spayed Female

**AGE**

1 Year 10 Months

**WEIGHT**

31 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

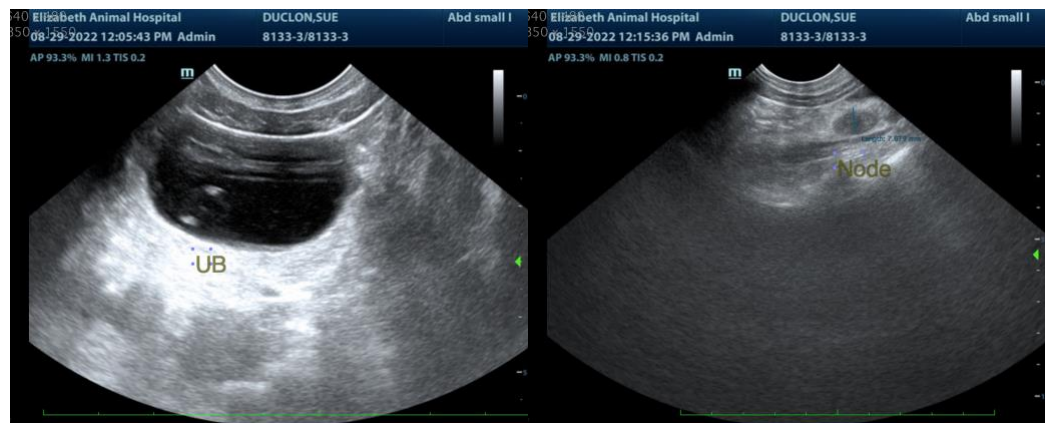
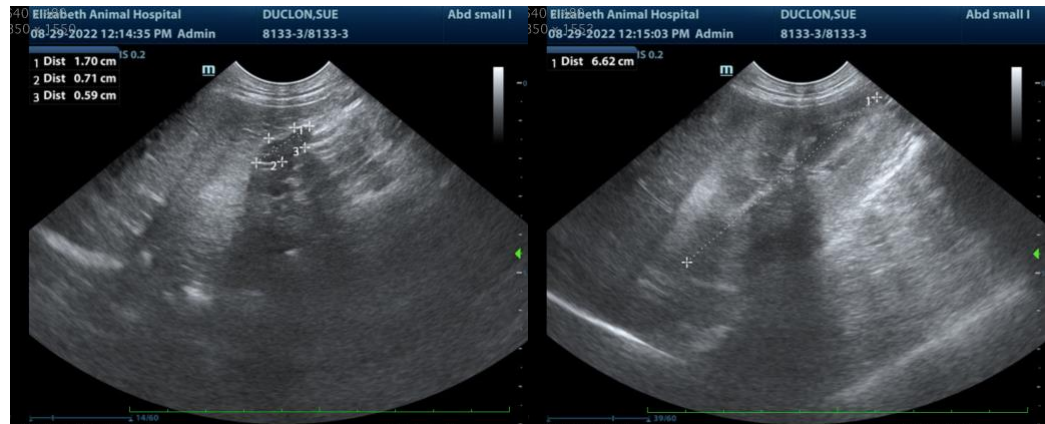
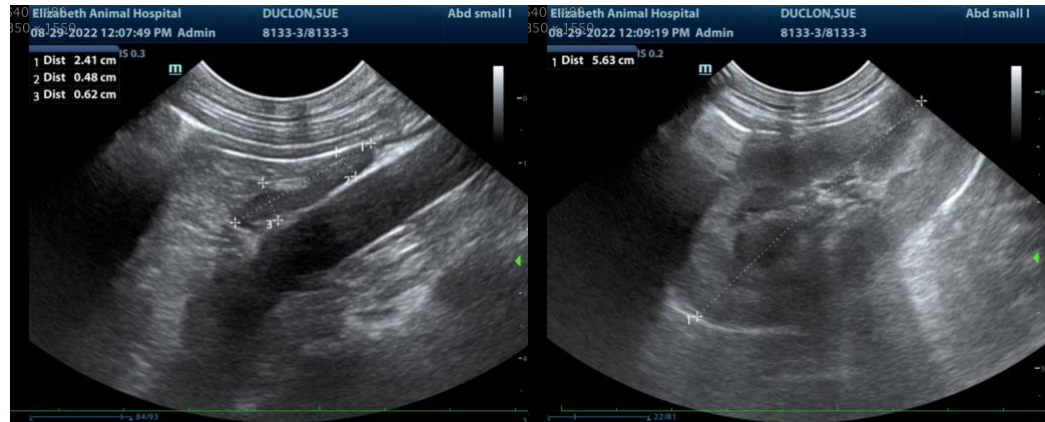
Carissa Rhoades

**HOSPITAL NAME**

Elizabeth AH

**REFERRING VET**

Leon Anderson, DVM



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.

**INVOICE**

17111

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or I can be of any further assistance please contact me.

**DATE**

8/29/22

**Beth Johnson, DVM DACVIM**



**PATIENT**

Beth.Johnson@SonoPath.com

Sue Duclon

**SPECIES**

Canine

**BREED**

Red Heeler

**SEX**

Spayed Female

**AGE**

1 Year 10 Months

**WEIGHT**

31 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING  
PERFORMED BY**

Carissa Rhoades

**HOSPITAL NAME**

Elizabeth AH

**REFERRING VET**

Leon Anderson, DVM

**INVOICE**

17111

**DATE**

8/29/22