



DATE PRESENTING CLINICAL SIGNS

8/8/22

Patient was here on 8/4 and again on 8/6 for ongoing GI issues. He ate a little bit this morning and got his meds but then when owner fed another small meal at 2 pm, he vomited shortly after in spite of having Cerenia on board.

PATIENT

Ollie Schmidt

Current Medications: Acepromazine, Butorphanol, Midazolam, Pantoprazole.
Radiographs: Abdomen 2 View Lat and V/D abdomen- stomach wall very thick and irritated.
Date of Previous IntraPet Ultrasound: No previous.

Sedation: IV sedation.

Stat Report: Not requested.

SPECIES

Canine

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

German Shepherd Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 area of the prostate is examined without evident pathology.

AGE

12/4/20

Left kidney is normal is size (6.22 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

56 lbs

Right kidney is normal is size (5.72 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

Left adrenal gland is normal in size (2.57 cm long, 0.55 cm at cranial pole and 0.63 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Animal Emergency
Hospital

Right adrenal gland is normal in size (2.59 cm long, 0.57 at cranial pole and 0.57 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

REFERRING VET

Dr. Goessling

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.

INVOICE

32203

Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Mild parenchymal remodeling with a mildly diffusely coarse architecture and slightly increased portal markings is present. No focal, nodules or masses 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 mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

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.

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

Pancreas

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.

Free Abdomen

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

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.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

1. Mildly coarse liver with mildly increased portal markings. This change could be consistent with mild chronic hepatopathy or resolved hepatopathy. However, normal patient variant cannot be ruled out. This finding should be interpreted in combination with the presence or absence of laboratory changes consistent with a hepatopathy.
2. Fluid filled colon consistent with this patient's reported diarrhea.
3. Reactive mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations for this patient:

1. 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.
2. Fecal exam and fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.
3. In the meantime, empirical deworming with a 5 day course of Panacur is recommended as well as supportive/symptomatic management in the form of anti-emetics, gastroprotectants, diet transition on a trial and error basis beginning with a novel or hydrolyzed protein diet or a bland, easy to digest diet can be considered as well as probiotic.



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.

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