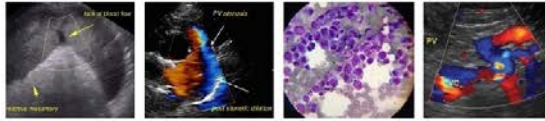




PATIENT	PRESENTING CLINICAL SIGNS
Dexter Shaw	Previous ultrasound Feb 2023. Ongoing waxing and waning appetite, diarrhea off and on. Has been on Cerenia and Metronidazole and recently added Tylosin as stools became very dark and had an episode of gastroenteritis and vomiting. Was also being given SQ fluids.
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results: Precision PSL elevated and AST decreased slightly.
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Cairn Terrier	Urinary System
SEX	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.
Neutered Male	Prostate is normal in size, echotexture and echogenicity for a neutered male.
AGE	Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Multiple small cortical cysts are noted bilaterally. The left kidney measures 4.79 cm. The right kidney measures 5.33 cm.
15 Years	
WEIGHT	
17 Pounds	
INTERPRETED BY	Adrenal Glands
Beth Johnson, DVM DACVIM	The right adrenal gland is normal in size (1.0 cm at the cranial pole and 0.90 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
IMAGING PERFORMED BY	The left adrenal gland is normal in size (0.57 cm at the cranial pole and 0.54 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Crystal Hill	
HOSPITAL NAME	Spleen
The Maples AH	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	Liver
Dr. Kazienko	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	
44536	
DATE	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.
8/9/23	



PATIENT

Gastrointestinal

Dexter Shaw

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.

SPECIES

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. **See the asterisk after large bowel.

BREED

Cairn Terrier

SEX

Neutered Male

The descending colon is normal. **In the left cranial abdomen there is a focal bowel loop that contains an echogenic interface with distal progressively shadowing material that, if it is a small bowel loop, is concerning for foreign material. However, the bowel loop is believed to be colon based on appearance of colonic contents elsewhere. If it is colon, however, that portion of the colon is mildly thick, measuring 0.40 cm thick with normal intact layering.

AGE

15 Years

Pancreas

WEIGHT

17 Pounds

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.

Free Abdomen

INTERPRETED BY

Beth Johnson, DVM
DACVIM

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

There is no apparent lymphadenopathy noted in these images.

PRIMARY FINDINGS

IMAGING PERFORMED BY

Crystal Hill

- Suspect mildly thick colon wall – consistent with possible infiltrative parasitic, infectious, dietary related, inflammatory change, or less likely infiltrative neoplasia. Small bowel foreign material versus colon can't be definitively ruled out but is considered less likely. There is no evidence of an obstructive pattern to support small bowel obstruction contributing to this patient's clinical signs.

HOSPITAL NAME

The Maples AH

SECONDARY FINDINGS

REFERRING VET

Dr. Kazienko

- Age related kidney changes with multiple bilateral cortical cysts

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

44536

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.

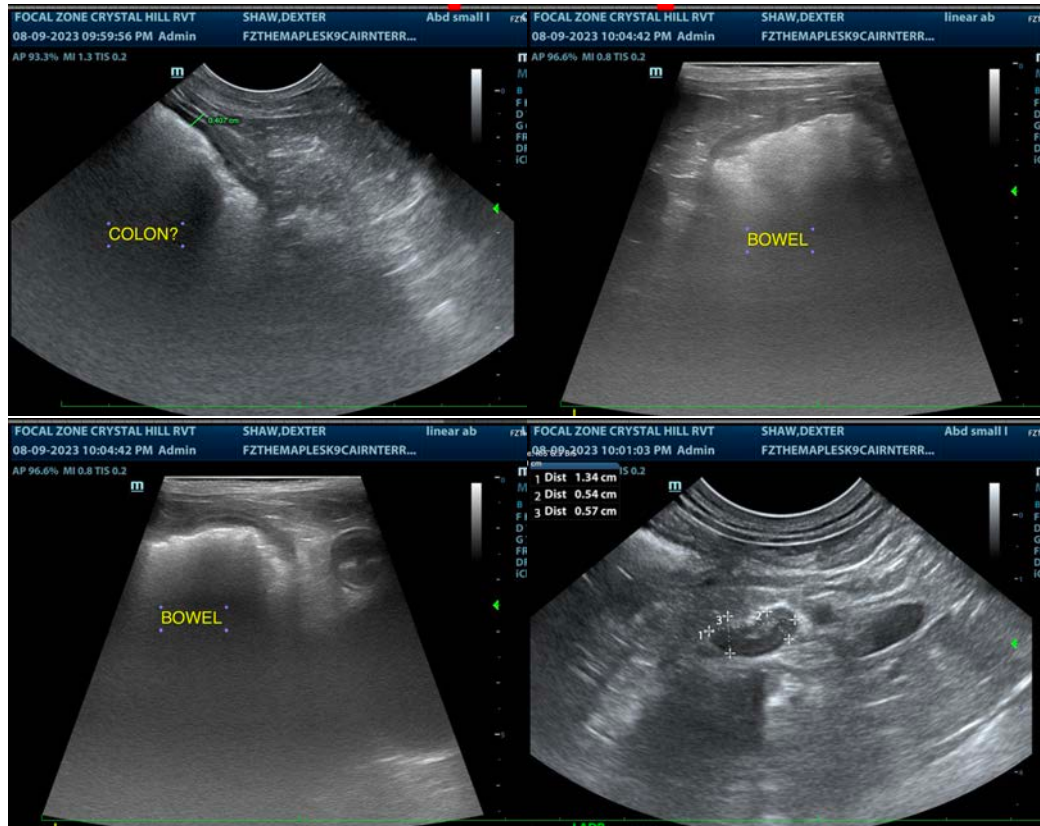
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8/9/23

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



PATIENT	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 analysis.
Dexter Shaw	
SPECIES	Ultimately, if clinical signs persist, further evaluation of especially the colon +/- the small bowel via colonoscopy +/- upper GI gastroscopy/endoscopy for further visualization and biopsies may ultimately be necessary.
Canine	
BREED	In the meantime, supportive/symptomatic medical management in the form of antiemetics, gastroprotectants, appetite stimulants, a probiotic such as Visbiome or Provable, and empirical deworming with a 5-day course of Panacur could be considered. Additionally, if tolerated one patient is eating better, a transition in diet could be considered based on trial and error response with options potentially including a hydrolyzed protein diet or a fiber response colitis diet versus other.
Cairn Terrier	
SEX	Again, the shadowing contents are believed to be colonic without any evidence of obstruction. However, given the appearance of the last ultrasound and this ultrasound, additional imaging in the form of contrast (i.e., barium swallow) could be considered.
Neutered Male	
AGE	
15 Years	
WEIGHT	
17 Pounds	
INTERPRETED BY	
Beth Johnson, DVM DACVIM	
IMAGING PERFORMED BY	
Crystal Hill	
HOSPITAL NAME	
The Maples AH	
REFERRING VET	
Dr. Kazienko	
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DATE	
8/9/23	





PATIENT

Dexter Shaw

SPECIES

Canine

BREED

Cairn Terrier

SEX

Neutered Male

AGE

15 Years

WEIGHT

17 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

The Maples AH

REFERRING VET

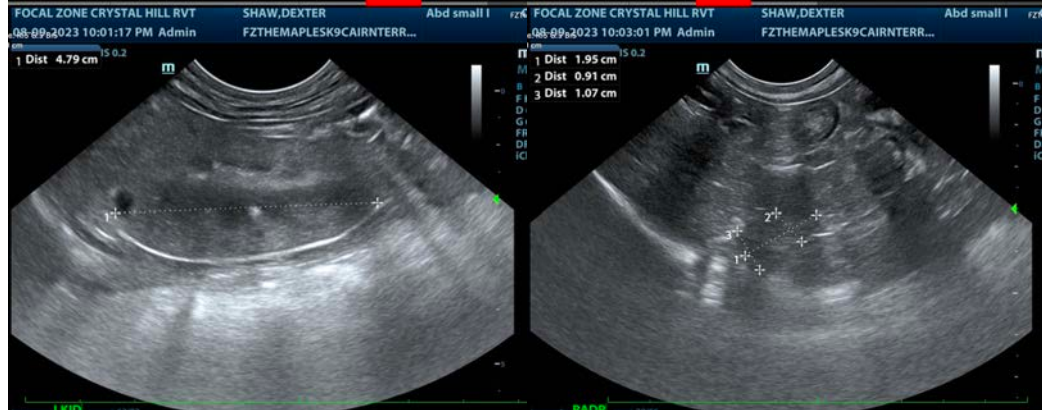
Dr. Kazienko

INVOICE

44536

DATE

8/9/23



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
info@sonopath.com