**PATIENT PRESENTING CLINICAL SIGNS**

PATIENT Lexi Stamm
SPECIES History: Vomiting up food in MAY 2023. Was treated for nausea, helped for about 2 weeks then vomiting started again for 1 1/2 weeks. Patient started Aggressively eating grass the last few days. Lethargy and soft stool three times in one day. No history of eating foreign material.

Canine Abnormal PE/Chem/CBC/UA Results: Abdomen tense mostly in upper abdomen. CPL test normal

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Shepherd Mix

Urinary System

SEX Urinary bladder is only mildly distended (empty). Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

Female Spayed

AGE

If there are urinary signs and/or concern for urinary bladder pathology, reassessment after complete filling is recommended.

6 years, 9 mos

WEIGHT

Left kidney is normal in size (5.84 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.

49.5 lbs

INTERPRETED BY

Right kidney is normal in size (6.30 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.

Beth Johnson, DVM
DACVIM

Adrenal Glands

Adrenal glands are small (flattened contour). The left adrenal gland measures 0.61 cm at the caudal pole / 0.54 at the cranial pole. The right adrenal gland measures 0.55 cm at the cranial pole / 0.56 at the caudal pole. The right corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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Amy Mayhew, LVT

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.

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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.

REFERRING VET

Pierson Pet Hospital

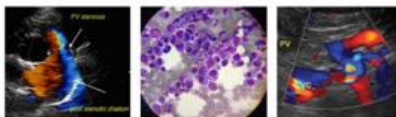
INVOICE Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

14009

Gastrointestinal**DATE**

The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material, or infiltrative disease. If this patient was fasted, delayed gastric emptying could be considered. Soft (cloth) fluid absorbing foreign material is considered less likely but cannot be definitively ruled out. If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

8.9.23

**PATIENT**

Lexi Stamm

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

Shepherd Mix

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.

SEX

Female Spayed

Free Abdomen

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

AGE

6 years, 9 mos

ULTRASONOGRAPHIC FINDINGS**WEIGHT**

49.5 lbs

Findings

- Flat adrenal glands – This can be a normal patient variant and/or a sign of exogenous cortisol administration. If exogenous steroids are not being administered, hypoadrenocorticism (either relative or absolute) should be considered.
- Gastric contents should be interpreted in combination with patient's last meal, etc., as stated above.

INTERPRETED BYBeth Johnson, DVM
DACVIM**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS****IMAGING****PERFORMED BY**

Amy Mayhew, LVT

- A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.
- 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.
- In the meantime, supportive/symptomatic medical management of clinical signs is recommended, including a probiotic (such as Visbiome or Proviabio), empirical deworming with a 5-day course of Panacur and, if tolerated, a transition in diet, based on trial-and-error response, beginning with a hydrolyzed protein diet. Some patients respond to one brand/version of a hydrolyzed protein diet better than another brand, so several attempts may be required.
- Ultimately, if clinical signs persist, and a diagnosis is not reached, further evaluation of the GI tract via upper and lower endoscopy for visualization and biopsies may be warranted.

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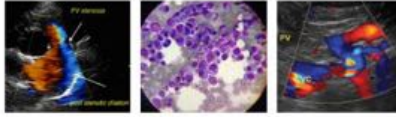
Pierson Pet Hospital

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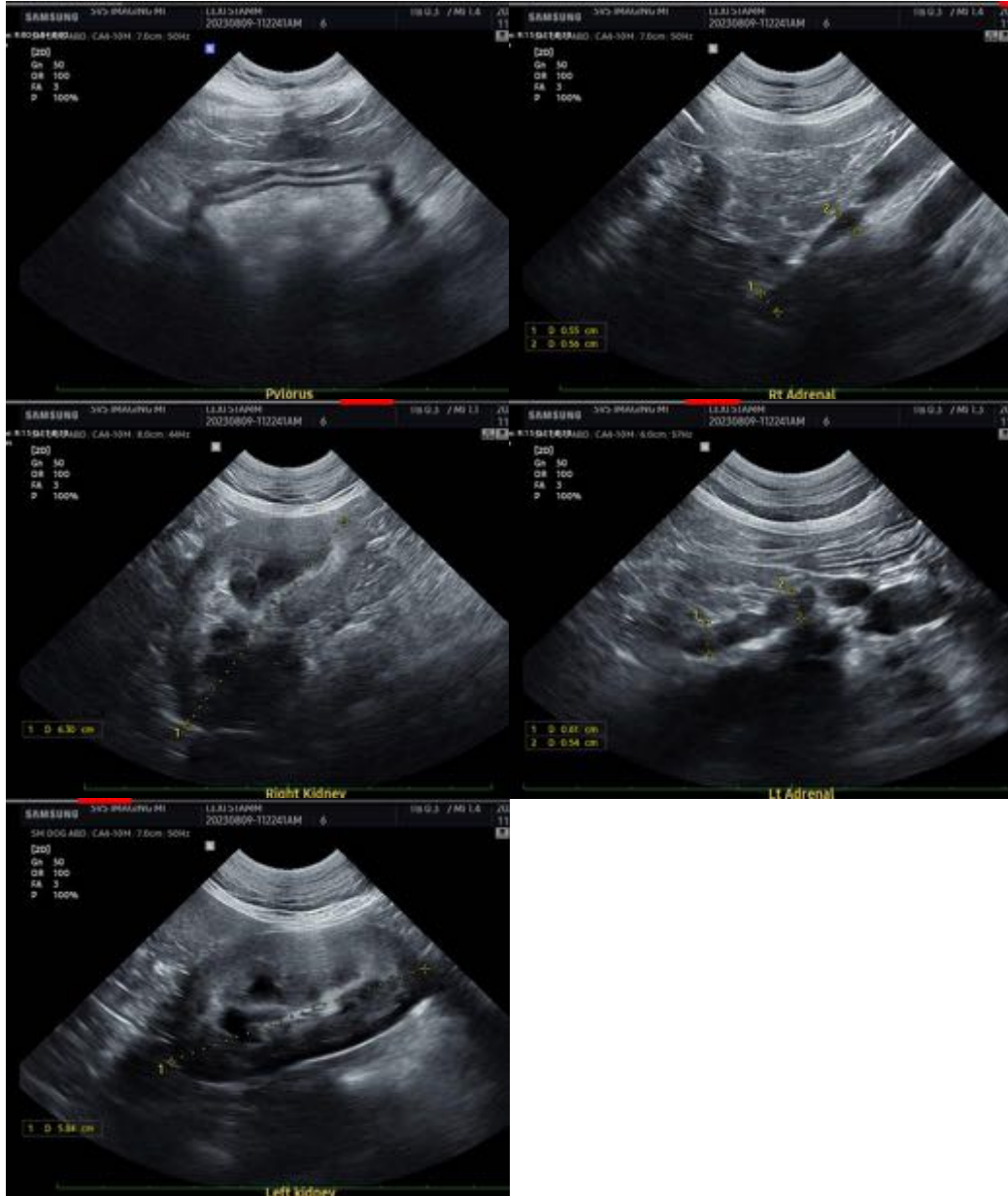
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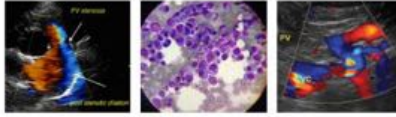
The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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