

PATIENT PRESENTING CLINICAL SIGNS

Oscar Keenleyside

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

14 Years

WEIGHT

5.81 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Main Street AH

REFERRING VET

Dr. Brochu

INVOICE

44515

DATE

8/9/23

Seen April 27, 2023 as regurgitating food 1-2hr after eating; no issues with appetite but not chewing kibble. Previously diagnosed w heart murmur but O hasn't seen any changes. On exam, BAR; 128 bpm (6/6 heart murmur with palpable thrill); pink mucous membranes, 1 sec CRT. Recheck Wellness 2 with T4 and cPLi add-on August 4, 2023 as laboured breathing and lethargic - O concerned heart murmur has worsened. O noted that stopped eating 3 days ago. Laboured breathing started night prior and seems to get worse with exercise/laying down. On exam, QAR/BAR; mucous membranes very pale (nearly blue); CRT >2 sec, RR -160rpm with increased bronchovesicular sounds throughout all fields. Weak peripheral pulse, difficulty auscultating heart - heart rate in accordance with respiratory rate and muffled heart sounds compared to respiratory sounds. Thoracic radiographs + in-house CBC/GHP/ Lytes/SDMA/T4 done and delivered flow by supplemental oxygen therapy. Started on Furosemide (20mg 1/2T PO BID) and O agreed to US. Dr. Brochu listen today before scheduled US - 150 bpm with 6/6 heart murmur and palpable thrill and WNL RR with normal bronchovesicular sounds; O noted still decrease appetite and lethargy but breathing markedly improved over the weekend.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The area of the prostate is examined without evident prostatic pathology.

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. The left kidney measures 3.23 cm. The right kidney measures 3.79 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.78 cm at the cranial pole and 0.31 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.56 cm at the cranial pole and 0.57 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

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.

Liver

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



PATIENT	homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.
Oscar Keenleyside	
SPECIES	Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.
Canine	
BREED	<i>Gastrointestinal</i>
Shih Tzu	The stomach wall is largely normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. However, the body/fundus contains an approximately 2.0 cm long, focal thickening measuring 1.1 cm thick with less distinct layering than normal in that area. 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.
SEX	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.
Neutered Male	
AGE	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
14 Years	
WEIGHT	<i>Pancreas</i>
5.81 kg	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.
INTERPRETED BY	<i>Free Abdomen</i>
Beth Johnson, DVM DACVIM	There is no evidence of free peritoneal effusion noted in these images.
IMAGING PERFORMED BY	There is no apparent lymphadenopathy noted in these images.
Kelly Reschny	
HOSPITAL NAME	ULTRASONOGRAPHIC FINDINGS
Main Street AH	<ul style="list-style-type: none"> Focal gastric wall thickening is only definitively visible in some views. It is not well replicated in other views and may be a fold/rugal fold, normal patient variant, etc. However, infiltrative inflammatory disease (both benign and/or even malignant neoplasia) can't be definitively ruled out without more information. Mild gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.
REFERRING VET	
Dr. Brochu	
INVOICE	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
44515	Given this patient's reported acute respiratory distress, medical management recommendations are geared towards that at this time. Having said that, especially if the provided lab work was drawn prior to
DATE	
8/9/23	



PATIENT

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Lasix therapy, further evaluation of the kidneys is recommended if not already evaluated via a urinalysis and, if indicated based on urinalysis results, urine culture. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

SPECIES

Canine

Following stabilization, if gastrointestinal signs are present, persist, and/or develop, further evaluation of the possible focal gastric wall thickening could be considered in the form of either a fine needle aspirate of the gastric wall if patient's coagulation status is appropriate, or even an endoscopic biopsy.

BREED

Shih Tzu

Alternatively, a recheck ultrasound of the stomach could be planned in 4-6 weeks to monitor the thickening prior to pursuing sampling if a more conservative approach is desired.

SEX

Neutered Male

In the meantime, empirical deworming with a 5-day course of Panacur is recommended, as is an empirical course of helicobacter therapy +/- longer term antacids, given this patient's history of regurgitation.

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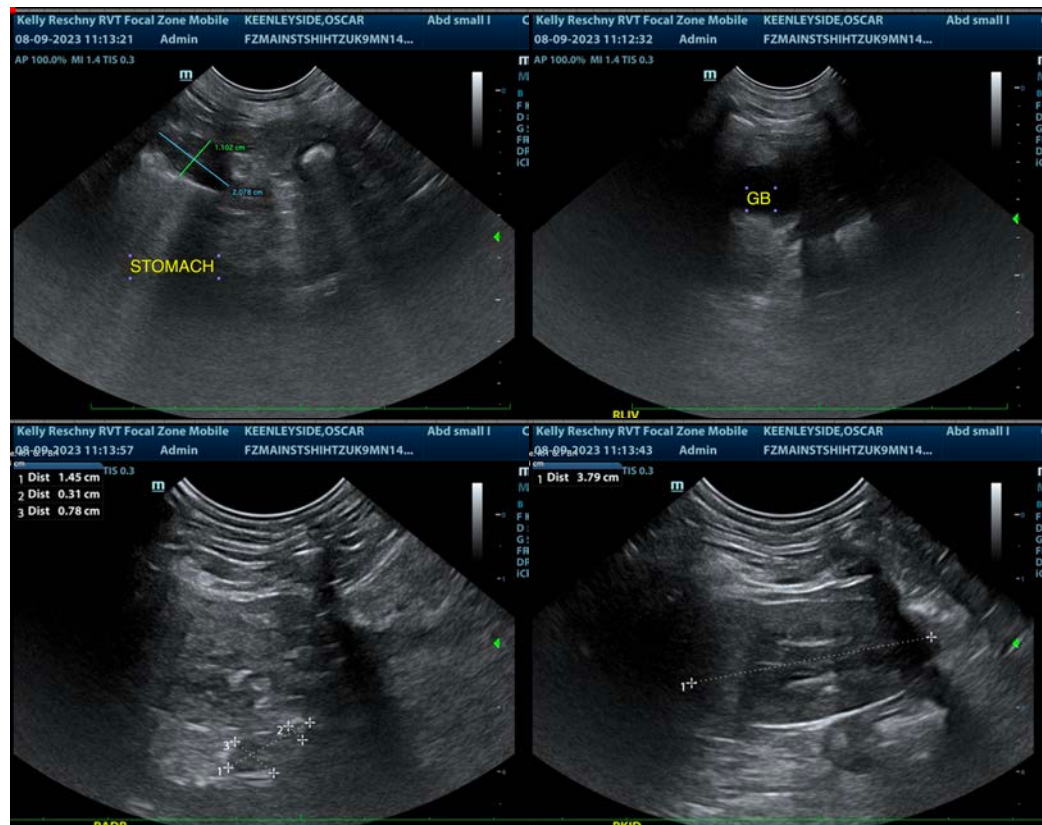
Dr. Brochu

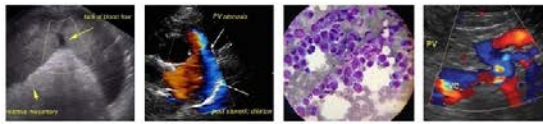
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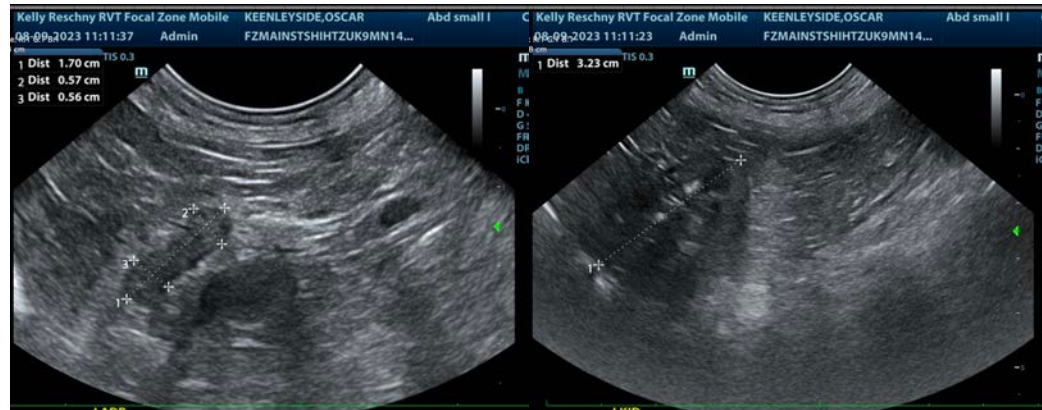
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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