



PATIENT PRESENTING CLINICAL SIGNS

Pickles Bradford Recurring gastroenteritis/pancreatitis, most recently with blood in vomitus (9/15). Current meds: Carafate, Pepcid, Cerenia, Metronidazole, Hepatoclear (liver supp.).
Abnormal PE/Chem/CBC/UA Results: ALT 159, ALP 886, BUN 60, BUN:Cret. 38, trigs 796, amylase 1230, PrecPSL 496. CBC: MCV 82. U/A: pending.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Jack Russell Terrier

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.

Prostate (neutered) is normal in size, echotexture and echogenicity for a neutered male.

SEX

Neutered Male

Right kidney is normal in size (3.62 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.

AGE

17 Years

Left kidney is normal in size (3.4 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. An incidental cortical cyst is present. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

WEIGHT

9 Pounds

Right adrenal gland is normal in size (1.22 long x 0.65 cm at cranial pole and 0.47 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Left adrenal gland is normal in size (1.19 cm long x 0.54 cm at cranial pole and 0.48 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

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). A focal discreet anechoic nodule/cyst noted in the mid body, non-capsule disrupting, measuring 0.4 cm in diameter. Splenic vasculature appears normal.

HOSPITAL NAME

Midland Park VH

Liver

REFERRING VET

Dr. John Shokoff

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.

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GB contains a moderate amount of non-dependent, mildly aggregated/inspissated sludge. Hypo to anechoic cystic areas are noted between the gallbladder sludge and luminal wall. The wall is otherwise smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion.

DATE

9/16/21



PATIENT

Pickles Bradford

Gastrointestinal

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. **Note – in one video at the caudal edge of the video, there is a solid, iso- to hypoechoic round structure labeled in the images by an arrow that appears to be within the duodenum. It cannot be definitively determined whether it is in the duodenum (Such as a piece of kibble or foreign object) of it's attached to the wall of the duodenum. There is no loss of layering and only mild bowel distention oral to the object.

BREED

Jack Russell Terrier

SEX

Neutered Male

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

AGE

17 Years

Pancreas

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.

WEIGHT

9 Pounds

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

Beth Johnson, DVM
DACVIM

- Early mucocele – 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. The non-dependent nature of this sludge combined with the cystic areas are suggestive, however, of possible emerging cystic mucosal hyperplasia or early gallbladder mucocele.

HOSPITAL NAME

Midland Park VH

- Incidental left cortical cyst
- Anechoic splenic nodule – most consistent with a benign cyst or hematoma.
- Possible foreign object versus nodule within the duodenum versus an overlying enlarged lymph node or other tissue creating the appearance of a nodule where there is not one.

REFERRING VET

Dr. John Shokoff

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include medical management of suspected microulceration given the clinical signs and the increased BUN with antacids and Sucralfate/Carafate suspension as well as antiemetics as needed. Empirical deworming with a 5-day course of Panacur is recommended. Further diagnostic recommendations include a gastrointestinal malabsorption/maldigestion panel including TLI, PLI, folate, and cobalamin to Texas A&M GI laboratory followed by upper GI endoscopy if the hematemesis persists. If further diagnostics are not an option, other medical management could include trial and error diet changes, starting with bland diet and then potentially transitioning to a novel protein or hydrolyzed protein diet, etc.

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Additional recommendations including feeding the dog as usual with the previously medical management discussed, but then rechecking the concerning area of bowel following a 12 hour fast in a week or so. If the lesion is still present, then fine needle aspirate and/or surgical biopsies could be considered.

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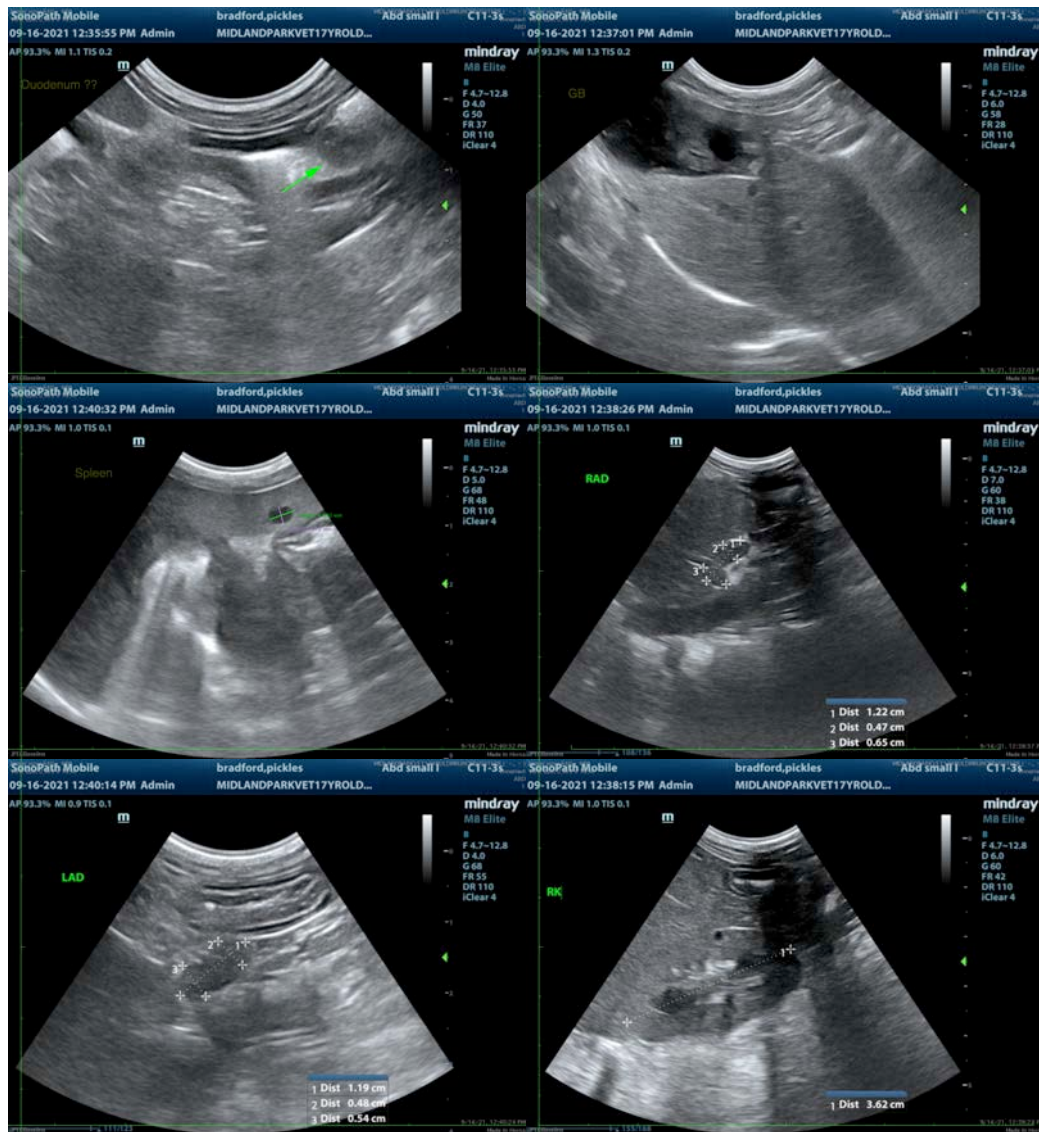
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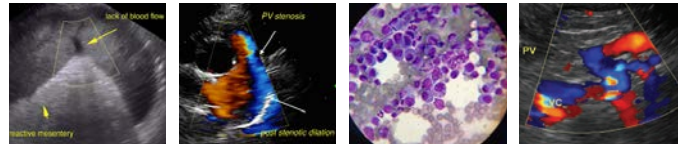
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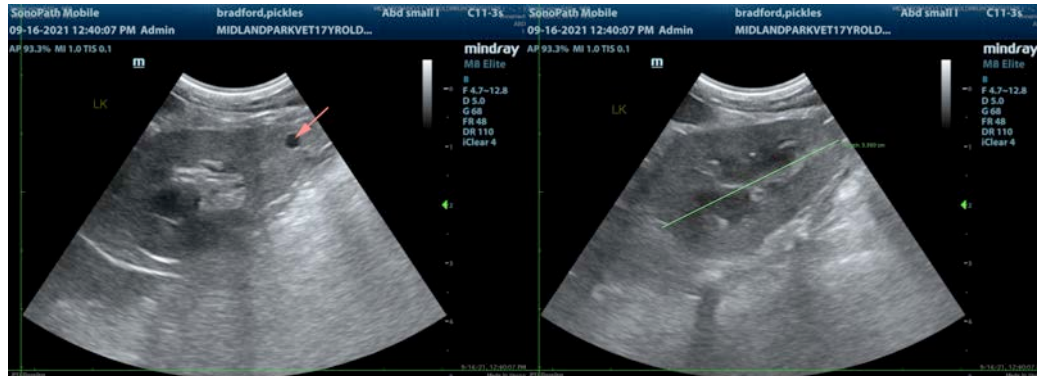
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Beth.Johnson@sonopath.com