



PATIENT PRESENTING CLINICAL SIGNS

Milo Boyce Hx of mucoid bloody stool last night and again this am. Vomited red blood 4am. No known history of toxins, foreign material, etc.

SPECIES Abnormal PE/Chem/CBC/UA Results: HR – 110 MM – pink < 2 CBC – mild neutrophilia; PCV 56%
Canine Chem – pending Abd rads – no evidence of obstructive pattern; unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

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

SEX Neutered Male Prostate is normal in size, echotexture and echogenicity for a neutered male.

AGE 2 Years The right kidney is normal in size (4.0 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 or infarcts observed. Non-obstructive areas of mineralization/nephroliths are noted.

WEIGHT 16.6 Pounds The left kidney is normal in size (4.0 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 or infarcts observed. Non-obstructive areas of mineralization/nephroliths are noted.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Adrenal Glands

The right adrenal gland is normal in size at the caudal pole (0.63 cm at the caudal pole). No evident pathology around the area of the cranial pole.

IMAGING PERFORMED BY

Dr. Adrienne Waffle

The left adrenal gland is normal in size (0.39 cm at the cranial pole and 0.46 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Torch Lake VC

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.

REFERRING VET

Dr. Adrienne Waffle

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 homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

INVOICE

41550

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.

DATE

9/23/22



PATIENT

Milo Boyce

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

2 Years

WEIGHT

16.6 Pounds

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Gastrointestinal

Fundic mucosal hypertrophy with hyperechoic mucosa and some mucosal remodeling is noted. There is no loss of mural detail. Layering is normal. There is mild luminal fluid accumulation. No evidence of masses/nodules or foreign material present.

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.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. It is mildly distended with fluid and echogenic debris such as gravel, sand, dirt, etc.

Pancreas

The observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Enhanced hyperechoic ill-defined surrounding fat is noted.

Free Abdomen

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

There is no apparent lymphadenopathy noted in these images.

PRIMARY FINDINGS

- **Gastritis** – Consistent with irritation secondary to dietary indiscretion or intolerance, infection (bacterial, viral, other), parasitic or protozoal disease, toxin, other metabolic disease such as pancreatitis, other. Microulceration cannot be ruled out.
- Colonic contents consistent with passing sand or debris
- Possible mild acute pancreatitis

SECONDARY FINDINGS

- Non-obstructive nephrolithiasis bilaterally

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's reported hematemesis and hematochezia, evaluation of coagulation status is recommended if not recently evaluated. Additionally, a fecal exam +/- A fecal enteropathogen PCR panel to Texas A&M GI Laboratory are recommended.

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

In the meantime, empirical supportive/symptomatic medical management of acute gastritis/gastroenteritis/colitis is recommended in the form of antiemetics, gastroprotectants (including sucralfate), a probiotic such as Provable or Visbiome, Tylosin could be considered, as well as empirical deworming with a 5-day course of Panacur.

A bland, easy to digest diet is recommended until clinical signs resolve, at which time transition back to normal diet should be appropriate.



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REFERRING VET

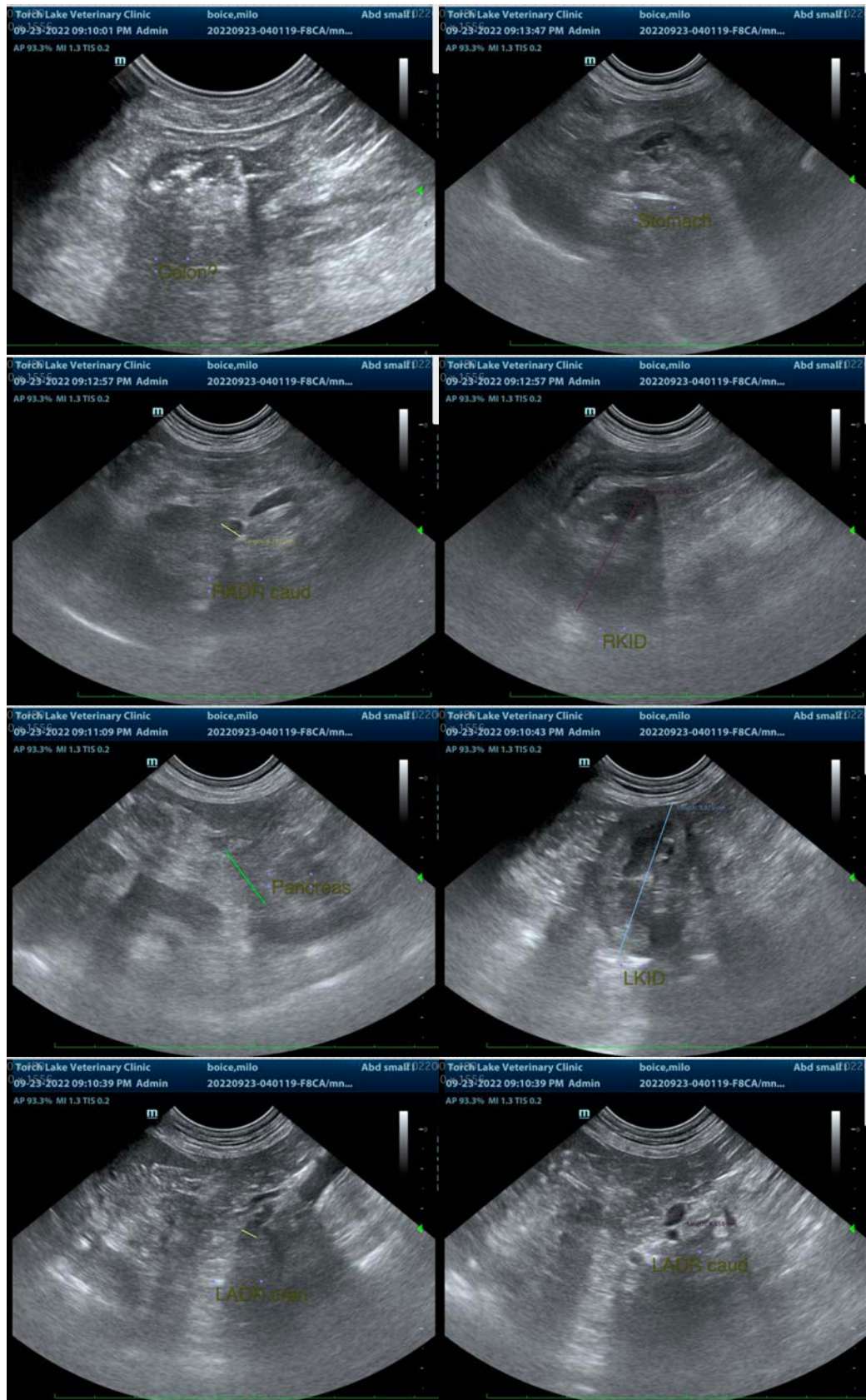
Dr. Adrienne Waffle

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PATIENT

Milo Boyce

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.

SPECIES

Canine

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.

BREED

Mix

Beth Johnson, DVM, DACVIM

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SEX

Neutered Male

AGE

2 Years

WEIGHT

16.6 Pounds

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