



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Hachi Hernandez	History: gastroenteritis, possible pyloric stenosis
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b>
<b>BREED</b>	Urinary bladder is adequately 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.
Shiba Inu	Prostate (intact) is normal in size for an intact male. Parenchyma is diffusely homogenous and relatively hyperechoic. Normal distinct margins and symmetrical bilobed shape are maintained. The prostate measures 2.4 cm wide.
<b>SEX</b>	Left kidney is normal is size (4.71 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.
Male	Right kidney is normal is size (5.16 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.
<b>AGE</b>	
1 year	
<b>WEIGHT</b>	
22 lbs	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
Beth Johnson, DVM DACVIM	Left adrenal gland is normal in size (2.0 cm long, 0.52 cm at cranial pole and 0.55 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.
<b>IMAGING PERFORMED BY</b>	Right adrenal gland is normal in size (1.6 cm long, 1.4 at cranial pole and 0.57 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.
Jenn	<b>Spleen</b>
<b>HOSPITAL NAME</b>	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.
Rockaway AH	<b>Liver</b>
<b>REFERRING VET</b>	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.
Dr. Maniar	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.
<b>INVOICE</b>	
39598	
<b>DATE</b>	
9/24/22	



<b>PATIENT</b>	<b><i>Gastrointestinal</i></b>
Hachi Hernandez	The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic reverberation artifact from intraluminal gas as well as a mild amount of echogenic, non-shadowing luminal chyme and fluid. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent. There is no evidence of pyloric thickening or outflow obstruction; however, mild changes are difficult to visualize in these images due to gas artifact.
<b>SPECIES</b>	
Canine	
<b>BREED</b>	
Shiba Inu	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.
<b>SEX</b>	
Male	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
<b>AGE</b>	<b><i>Pancreas</i></b>
1 year	The observed pancreas is mildly, prominent (enlarged) in size, mildly enhanced, hyperechoic, ill-defined surrounding fat is noted. Enhanced hyperechoic ill-defined surrounding fat is noted.
<b>WEIGHT</b>	<b><i>Free Abdomen</i></b>
22 lbs	There is no evidence of free peritoneal effusion noted in these images.
<b>INTERPRETED BY</b>	There is no apparent lymphadenopathy noted in these images.
Beth Johnson, DVM DACVIM	<b>ULTRASONOGRAPHIC FINDINGS</b>
<b>IMAGING PERFORMED BY</b>	<b>Primary Findings</b>
Jenn	<ol style="list-style-type: none"> <li>1. Mild acute pancreatitis is suspected.</li> <li>2. There is no visible evidence of gastric outflow obstruction or pyloric pathology noted in these images; however, mild lesions may be missed due to gas artifact.</li> </ol>
<b>HOSPITAL NAME</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
Rockaway AH	In addition to overall metabolic health screening with a CBC, chemistry panel, electrolytes and urinalysis if this is a chronic ongoing problem then 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 possible mild acute pancreatitis and gastroenteritis is recommended in the form of a low-fat diet, anti-emetics, gastroprotectants as well as pain management, fluid therapy, appetite stimulants, etc. if indicated based on patient's status. Empirical deworming with a 5 day course of Panacur is also recommended. If a low-fat diet doesn't help clinical signs then transition to a hydrolyzed protein diet can be considered in case of a food insensitivity/allergy. If the clinical signs persist and/or progress then upper GI endoscopy may be considered for further evaluation of the pyloric area and biopsies of the upper GI tract.
<b>REFERRING VET</b>	
Dr. Maniar	
<b>INVOICE</b>	
39598	
<b>DATE</b>	
9/24/22	



**PATIENT**

Hachi Hernandez

**SPECIES**

Canine

**BREED**

Shiba Inu

**SEX**

Male

**AGE**

1 year

**WEIGHT**

22 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

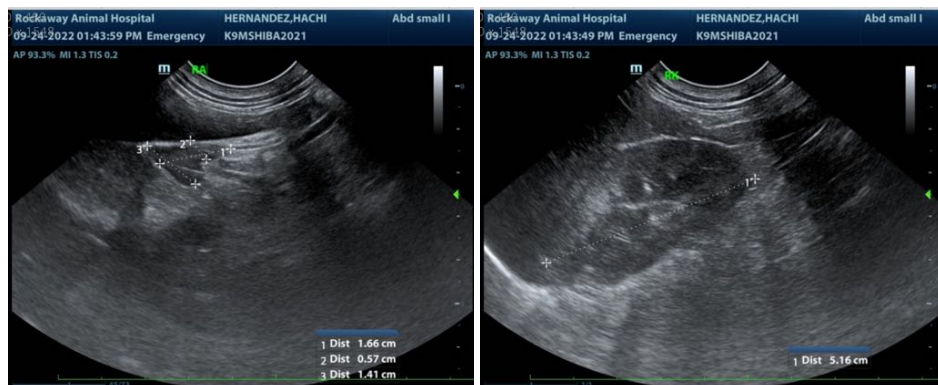
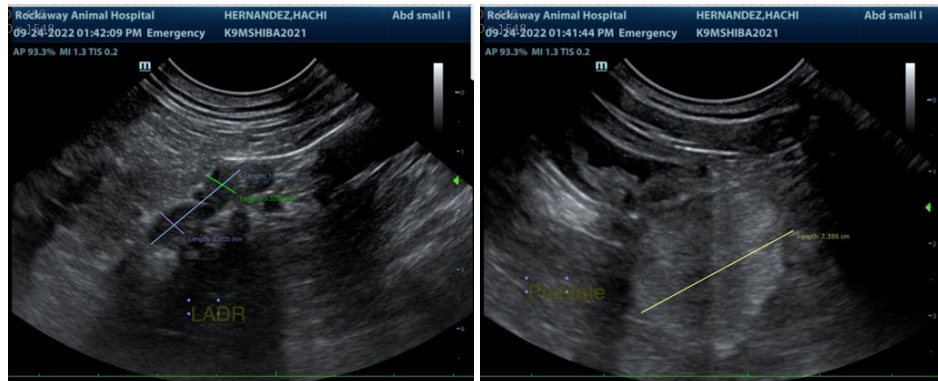
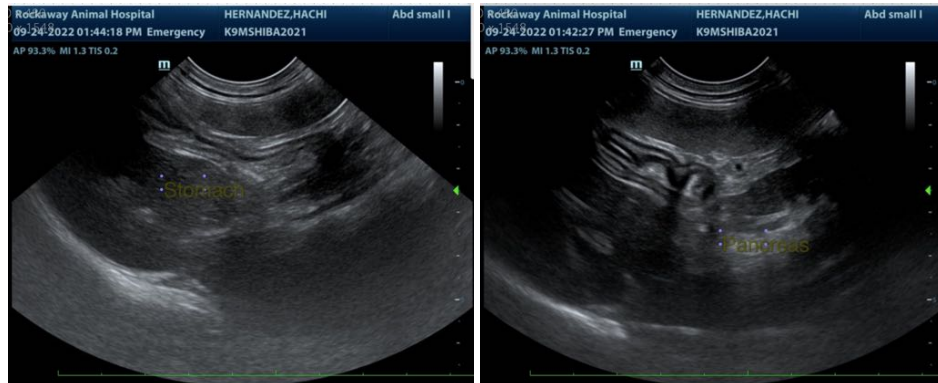
Dr. Maniar

**INVOICE**

39598

**DATE**

9/24/22





**PATIENT**

Hachi Hernandez

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**

Shiba Inu

**Beth Johnson, DVM DACVIM**

Beth.Johnson@SonoPath.com

**SEX**

Male

**AGE**

1 year

**WEIGHT**

22 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING  
PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

Dr. Maniar

**INVOICE**

39598

**DATE**

9/24/22