



PATIENT	PRESENTING CLINICAL SIGNS
Hunter Amsden	Presented at our hospital for vomiting, diarrhea, anorexia. At rdvm 2 weeks ago for- started Pimobendan 2 weeks ago. Not eating well since Friday PM, vomiting about every hour since then. Previous Health Concerns: heart murmur, mitral valve disease (diagnosed 2 weeks ago) Current Medications: Vetmedin ½ tab Q 12 hr (missed few doses past few days) Appetite/When did they eat last: decreased 1-23 days; yesterday bland diet 1x
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results: Cardiovascular: Grade IV/VI systolic heart murmur Abdominal: slightly reactive, gassy on palpation Abdominal x-rays: ~6.5-7cm x 6.5-7cm round mass cranial abdomen causing mass effect on stomach and GI tract CBC: HCT 49%, neut 87.3%, lym 10.6%, mono 1.5% (total WBC values WNL) Chem: Amylase 1608, lipase >1000, rest WNL EPOC: CI 103, Lact 4.35, rest WNL CPL: abnormal
BREED	
Coton De Tulear	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
SEX	
Neutered Male	Urinary System
AGE	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.
11 Years	The prostate is unable to be well visualized in these images.
WEIGHT	The right kidney is normal in size (4.58 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.
5.0 kg	The caudal pole of the left kidney appears to contain normal architecture, corticomedullary distinction, etc. The cranial pole of the left kidney contains a large approximately 6.0 cm in diameter cortical cyst, resulting in an overall 7.8 cm size left kidney.
INTERPRETED BY	Adrenal Glands
Beth Johnson, DVM DACVIM	The right adrenal gland is normal in size (0.60 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
IMAGING PERFORMED BY	The left adrenal gland is normal in size (0.52 cm at the cranial pole and 0.52 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Erin Wicks	Spleen
HOSPITAL NAME	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.
Shores VEC	Liver
REFERRING VET	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.
Dr. Welti	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.
INVOICE	
41643	
DATE	
9/25/22	



PATIENT

Hunter Amsden

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.

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.

BREED

Coton De Tulear

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

SEX

Neutered Male

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.

AGE

11 Years

Free Abdomen

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

There is no apparent lymphadenopathy noted in these images.

WEIGHT

5.0 kg

ULTRASONOGRAPHIC FINDINGS

- Mild acute pancreatitis
- **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.
- The reported mass visible on radiographs is a large cystic structure (presumed renal cortical cyst) in the cranial pole of the left kidney.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of an obstructive pattern to imply that the cyst is impinging the bowel and contributing to the gastrointestinal signs. Therefore, it is believed to likely be an incidental finding. Having said that, draining of the cyst could be considered to see if that helps alleviate clinical signs, and submission of the fluid could be submitted for cytology, and if indicated, culture and sensitivity.

In the meantime, 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.

REFERRING VET

Dr. Welti

Continue supportive/symptomatic medical manage of mild acute pancreatitis and gastritis with antiemetics, gastroprotectants, appetite stimulants (if necessary), pain management (if necessary), broad-spectrum antibiotics, and fluids.

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This patient's clinical signs reportedly began after administration of cardiac medications. Therefore, if possible, discontinuing or changing those may be indicated as well.

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SPECIES

Canine

BREED

Coton De Tulear

SEX

Neutered Male

AGE

11 Years

WEIGHT

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INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

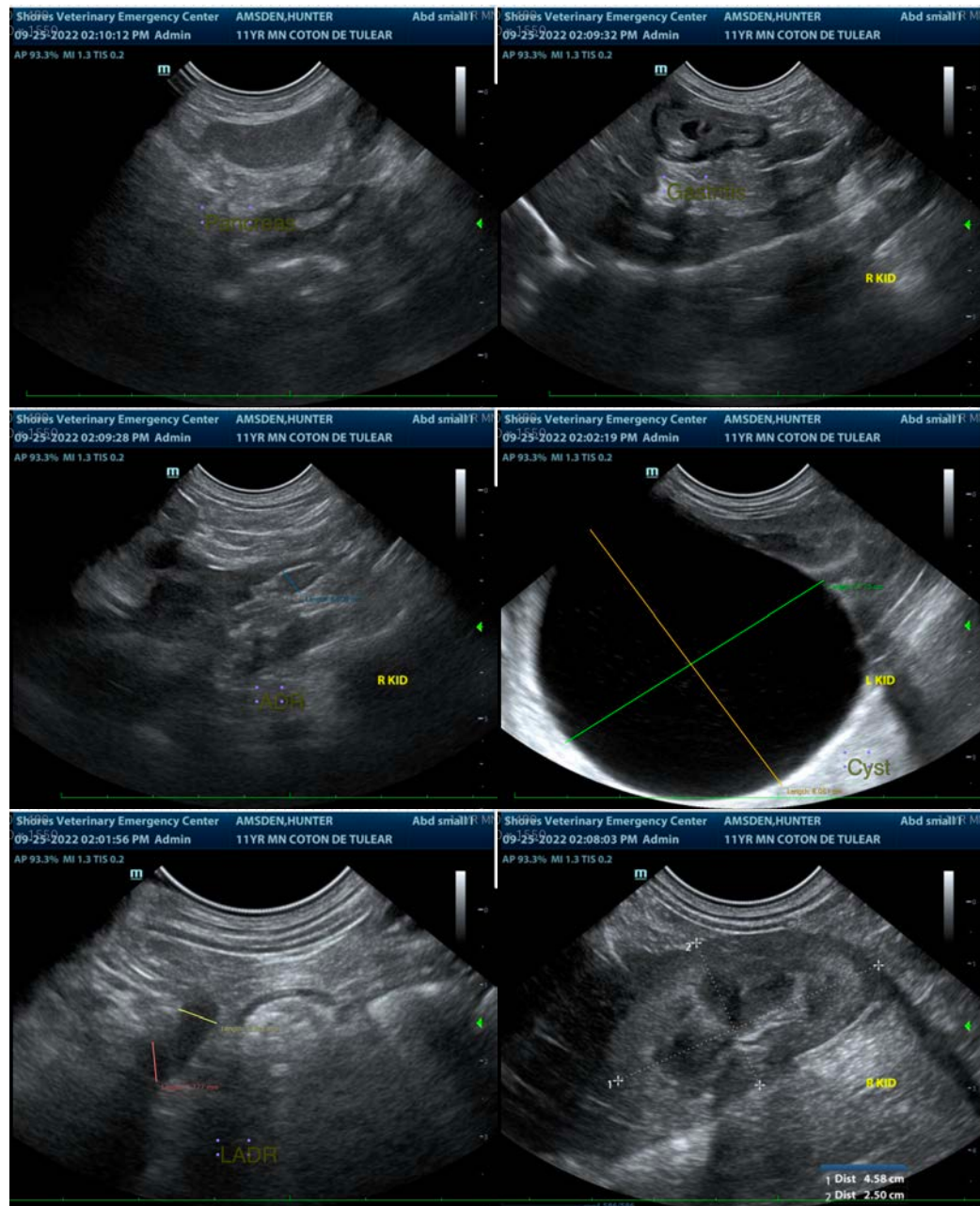
Dr. Welti

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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

Beth.Johnson@sonopath.com