



PATIENT	PRESENTING CLINICAL SIGNS
Mabel Sever	P seen 9/18 for fever, diarrhea of 2 day duration, and swelling behind right eye (suspected retrobulbar abscess) swelling resolved with abx therapy, retrobulbar area explored, no FB found. No CT performed. P was d/c from hospt 9/19. Diarrhea continued, p had waxing and waning anorexia, and developed dark/bloody diarrhea, was seen with rDVM and hospitalized during the days 9/23 and 9/24 on fluids ad GI supportive meds, minimal improvement
SPECIES	
Canine	
BREED	
Australian Cattle Dog	Abnormal PE/Chem/CBC/UA Results: labs 9/18 Cortisol - NORMAL CBC- HCT 44.1%, RETIC HGB 20.7, WBC 5.89 (WNL), NEU 0.04, MONO 3.55, EOS 0.01, PLT 138, PDW 8.1, EPOC-HCT 51%, -8.3 BEecf, CHEM 10-BUN 6, GLOB 4.8, ALP 348 VCHEK CORTISOL- 4.11- normal Fecal direct- no salmon fluke eggs Labs 9/24: CBC: hct 36.7, mono 1.39, PLT 99 *manual plt count Chem 17: nsf (alp 169 normal) EPOC: BE -7.0
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Spayed Female	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.
3 Years	The right kidney is normal in size (6.3 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.
WEIGHT	The left kidney is normal in size (6.2 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.
40 Pounds	
INTERPRETED BY	Adrenal Glands
Beth Johnson, DVM DACVIM	The area of the right adrenal gland is examined without evident pathology.
IMAGING PERFORMED BY	The left adrenal gland is normal in size (0.43 cm at the cranial pole and 0.47 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Dr. Erica Harmon	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.
Willamette VH	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. Erica Harmon	
INVOICE	
41638	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	Gastrointestinal
9/25/22	



PATIENT

Mabel Sever

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. 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.

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

Australian Cattle Dog

The visible colon is normal in wall thickness (< 0.2 cm) and layering. It is mildly fluid distended.

Pancreas

SEX

Spayed Female

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.

Free Abdomen

AGE

3 Years

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

There is no apparent lymphadenopathy noted in these images.

WEIGHT

40 Pounds

ULTRASONOGRAPHIC FINDINGS

- Fluid distended large bowel – consistent with this patient’s reported diarrhea.
- Otherwise, relatively unremarkable/normal abdomen without evident cause for the patient’s reported hemorrhagic diarrhea.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further diagnostic recommendations for this patient include a fecal exam if not recently evaluated, as well as a fecal enteropathogen PCR panel to Texas A&M GI Laboratory, as well as a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory.

IMAGING PERFORMED BY

Dr. Erica Harmon

In the meantime, therapeutic recommendations include continued medical management of hemorrhagic gastroenteritis/stress colitis, etc. with the addition of empirical deworming with a 5-day course of Panacur, a probiotic such as Provable or Visbiome, and potentially trial-and-error diet transition, beginning with a fiber response diet, and if no improvement, considering a hydrolyzed protein diet while awaiting PCR panel and GI panel, etc. results.

HOSPITAL NAME

Willamette VH

If clinical signs persist, next diagnostic recommendations may include upper and lower GI endoscopy for further evaluation of the gastrointestinal mucosa as well as biopsies.

REFERRING VET

Dr. Erica Harmon

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Mabel Sever

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

Spayed Female

AGE

3 Years

WEIGHT

40 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Erica Harmon

HOSPITAL NAME

Willamette VH

REFERRING VET

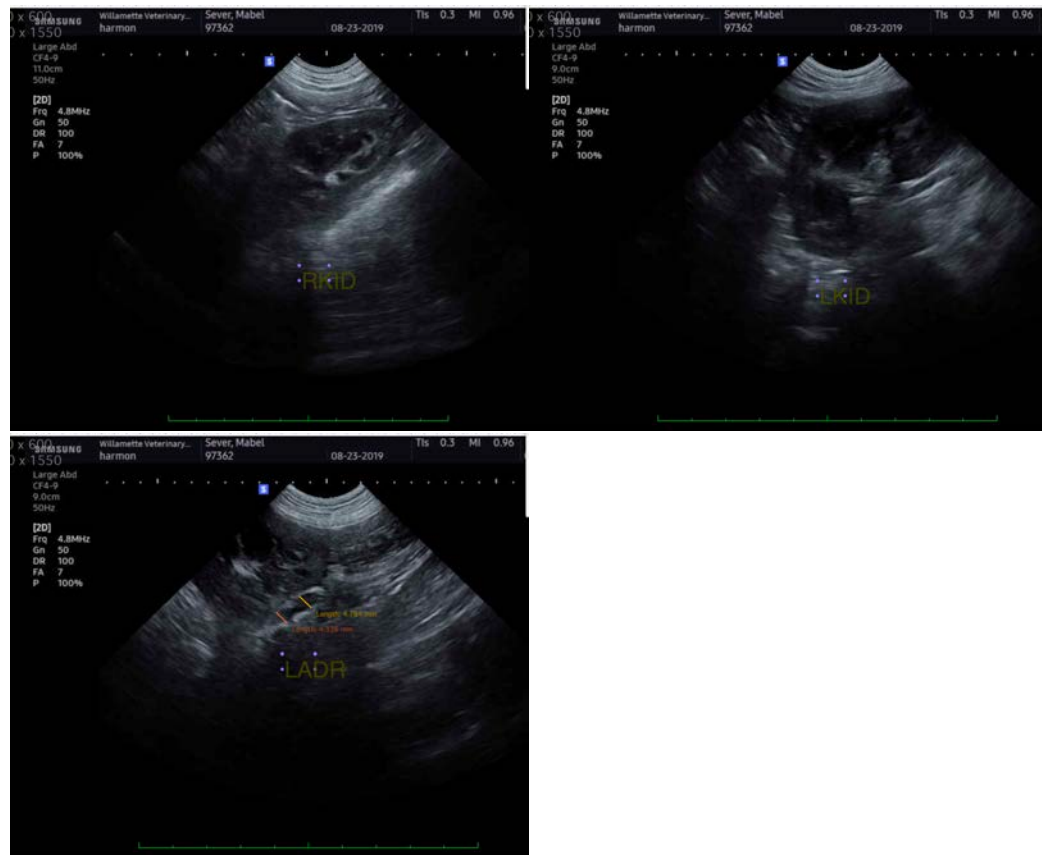
Dr. Erica Harmon

INVOICE

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DATE

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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