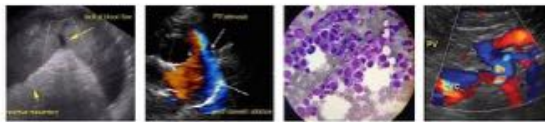
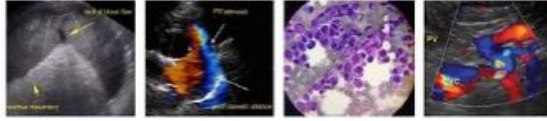


<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Murphy Demeester	History: History of ongoing diarrhea. Has used left over Metronidazole at home with some response, but as soon as stopped diarrhea starts again. Has started Apoquel and Sucralfate as well and still no improvement after 5 days. Performed GI PCR panel and started Fortiflora. Results were positive for Clostridium Difficile, restarted Metronidazole. Diarrhea a bit better, now just very soft stools. Continuing Fortiflora and GI diet. Concerns for IBD.
<b>SPECIES</b>	
Canine Bernese Cross	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE</b>
Neutered male	<b><i>Urinary System</i></b>
<b>SEX</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.
Neutered male	Prostate (neutered) is normal in size, echotexture and echogenicity for a neutered male.
<b>AGE</b>	Left kidney is normal is size (7.39 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.
6 years	Right kidney is normal is size (6.21 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>WEIGHT</b>	
47 kg	
<b>INTERPRETED BY</b>	<b><i>Adrenal Glands</i></b>
Beth Johnson, DVM DACVIM	Left adrenal gland is normal in size (2.8 cm long, 0.78 cm at the cranial pole and 0.72 cm at the 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 (2.3 cm long, 1.0 cm at the cranial pole and 0.73 cm at the caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.
Kelly Reshny, RVT	
<b>HOSPITAL NAME</b>	<b><i>Spleen</i></b>
Hespeler AH	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.
<b>REFERRING VET</b>	
Dr. Bhinder	
<b>INVOICE</b>	<b><i>Liver</i></b>
39975	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.
<b>DATE</b>	
10/6/22	



<b>PATIENT</b>	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.
Murphy Demeester	
<b>SPECIES</b>	<b><i>Gastrointestinal</i></b>
Canine Bernese Cross	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.
<b>BREED</b>	
Neutered male	The visible small intestines are normal in wall thickness and layering and slightly gassy. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.
<b>SEX</b>	
Neutered 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>	
6 years	<b><i>Pancreas</i></b>
<b>WEIGHT</b>	The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.
47 kg	
<b>INTERPRETED BY</b>	<b><i>Free Abdomen</i></b>
Beth Johnson, DVM DACVIM	There is no evidence of peritoneal effusion or apparent lymphadenopathy noted in these images.
<b>IMAGING PERFORMED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
Kelly Reshny, RVT	This is a relatively unremarkable/normal abdomen aside from a diffusely gassy bowel.
<b>HOSPITAL NAME</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
Hespeler AH	Given this patient's reported diarrhea and clostridium diagnosis further evaluation for concurrent underlying malabsorption, etc. is recommended in the form of 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, empirical deworming with a 5 day course of Panacur as well as transition to a hydrolyzed diet, transition to proviable or Visbiome as the probiotic of choice and transition from Metronidazole to Tylosin to allow a subjectively safer, long term management option with plans to treat with Tylosin for 6-8 weeks prior to discontinuing and then monitor for recurrence. If this becomes a chronic, recurrent problem despite a longer course of antibiotics/Tylosin therapy fecal transplants often offer longer term resolution of the clinical signs.
<b>REFERRING VET</b>	
Dr. Bhinder	
<b>INVOICE</b>	
39975	
<b>DATE</b>	
10/6/22	



**PATIENT**

Murphy Demeester

**SPECIES**

Canine Bernese Cross

**BREED**

Neutered male

**SEX**

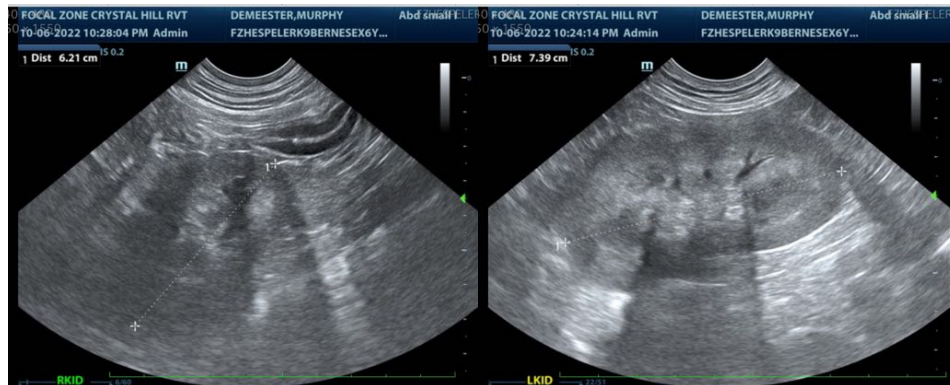
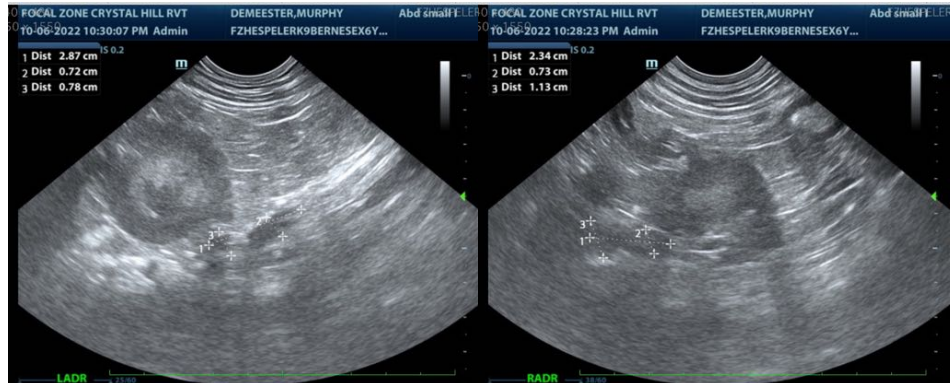
Neutered male

**AGE**

6 years

**WEIGHT**

47 kg



**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Kelly Reshny, RVT

**HOSPITAL NAME**

Hespeler AH

**REFERRING VET**

Dr. Bhinder

**INVOICE**

39975

**DATE**

10/6/22

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**

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