



PATIENT

Josie Munson

SPECIES

Canine

BREED

Catahoula Leopard
Dog

SEX

Female

AGE

3 Years

WEIGHT

66.2 Lbs.

PRESENTING CLINICAL SIGNS

History: Pt is 3Y F intact catahoula leopard dog originally presented on 12/19 for 1 week hx v+ bile, lethargy. O started bland diet, intermittent improvement, no longer getting better. Regurgitating food and water. Smacking lips. listless. Soft stool. Prayer stretching a lot (bottom in the air). Just finished heat about a week prior to onset cx, no issues there but is licking rear a lot. No retching without production. Jaw/face will get really tense after regurgitating. Groaning at night seems uncomfortable. No Hx of dietary indiscretion but will pick up food when on walks. 12/19 Three-view abdominal rads + lateral thoracic rad to look for megaesophagus - no obstructive pattern present. No FB seen. Formed stools in colon. No evidence of megaesophagus. Normal serosal detail. CBC - HCT 53.4%, leukogram & PLT wnl Chem10 - Creat 1.5 (suspect pre-renal), rest wnl EPOC - all wnl. LAC 0.93, pH 7.392 FAST scan - no evidence of pyometra. No free abdominal fluid. Liver, GIT, & rest of abdominal organs appear wnl. No vaginal discharge noted. Baseline cortisol < 1 ACTH Stim- Post cortisol: 3.18 ug/dL- inconclusive for atypical addison's SQF 600 ml LRS Rx Omeprazole 20 mg caps Rx Sucralfate 1 gm tabs Rx Cerenia 160 mg tabs Rx Visbiome Bland diet Presented again 12/21 Buprenorphine 0.02 mg/kg IM 1L LRS SCF ADD Rx: cerenia 160mg tabs ADD Rx: gabapentin 300mg caps ADD Rx Ondansetron 8mg tabs Presented 12/22- Bright yellow, foamy d+ for past days. One instance of d+ w/ spots of blood. Pt has been whining non-stop for past day. No v since Sunday. Very lethargic. Pt pacing for past couple hours. Pt not eating kibble, but will eat chicken and rice. PT not drinking water on her own. 12/22 Persistent large bowel diarrhea, hyporexia, no vomiting Continue gabapentin, probiotic, cerenia Rx Prednisone Presented 12/24 for abdominal ultrasound, STAT Fecal-pending Ddx: Pancreatitis, IBD, intestinal parasites, addison's, neoplasia, other

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erica C. Harmon, DVM

HOSPITAL NAME

Willamette VH

REFERRING VET

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Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized, and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The kidneys measured 5 cm each.

Adrenal Glands

The regions of the **adrenal glands** were imaged. No evident pathology.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver



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The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Empty GI tract. Considerations for Addison's warranted. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials.





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The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

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