



PATIENT

Bounder Oscanlon

PRESENTING CLINICAL SIGNS

2-3 day history of vomiting, hematochezia, and anorexia. Blood work-nsf aside from mild hemoconcentration PCV: 57%

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Australian Shepherd

The urinary bladder is adequately distended with anechoic contents. The wall is smooth and regular. No abnormalities are noted with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass. One of the ureteral papillae is visualized; no abnormalities are noted.

SEX

Neutered Male

Kidneys

The **left** kidney measures 5.08 cm. The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, is preserved. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

AGE

2 Years

The **right** kidney measures 4.84 cm. Its overall architecture, including the definition of the cortico-medullary junction, is preserved. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

WEIGHT

30 Pounds

Aortic bifurcation/trifurcation

No abnormalities observed.

Adrenal Glands

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

The **left** adrenal gland measures 0.32 cm at the cranial pole, 0.31 cm at the caudal pole. The gland is mildly thin and flatter than usual for a dog of Bounder's stature. No abnormalities are noted with the gland's echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

The **right** adrenal gland: not visualized.

IMAGING PERFORMED BY

Dr. Elaina Petrone

Spleen

The spleen is within normal limits in size, architecture, echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

HOSPITAL NAME

Long Branch AH

Liver

There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver's echotexture is homogeneous and it is within normal limits in echogenicity. Focal lesions are not observed and no abnormalities are observed with the hepatic vessels.

REFERRING VET

Dr. Elaina Petrone

The gallbladder wall is within normal limits in thickness and echogenicity. A moderate amount of echogenic material is present within the GB. The cystic and common bile ducts are not visualized, however, there are no obvious signs of an obstruction.

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Gastrointestinal

A large amount of gas is present within the lumen of the stomach. The gastric wall is within normal limits in thickness and the wall layers are well defined. However, the submucosa is prominent. A

DATE

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PATIENT	possible mucosal defect suggestive of a an erosion is visualized, but only in one view, therefore artifact is possible. No obvious abnormalities are observed with its peristalsis.
Bounder Oscanlon	
SPECIES	Duodenum: Wall thickness is within normal limits. The definition of the wall layers is preserved. Very mild fogging is noted.
Canine	Jejunum: Wall thickness is within normal limits. The definition of the wall layers is preserved. Corrugation is present, suggestive of inflammation. Ingesta present within lumen. Abnormally dilated loops of bowel are not observed.
BREED	A large amount of gas is present in the transverse colon.
Australian Shepherd	The colon is not well visualized.
SEX	Pancreas
Neutered Male	The area of the left limb is mildly hypoechoic, but maintains regular contours. The surrounding mesenteric fat is mildly hyperechoic.
AGE	No overt abnormalities are observed with the echogenicity or echotexture of the right limb . There is no evidence of hyperechogenicity of the surrounding mesentery.
2 Years	Other
WEIGHT	Lymph nodes
30 Pounds	No abnormalities are observed
INTERPRETED BY	Abdominal effusion is not visualized.
Lisa Carioto, DVM, DVSc, Diplomate ACVIM	Mesentery
	The mesentery surrounding the GI tract is diffusely hyperechoic, which is suggestive of steatitis (inflammation).
IMAGING PERFORMED BY	ULTRASONOGRAPHIC FINDINGS
Dr. Elaina Petrone	<ul style="list-style-type: none"> • Gastrointestinal tract: Gastric changes are suggestive of inflammation secondary to recent vomiting. A possible gastric erosion may be present, but lesion is not repeatable, therefore, artifact is possible. inflammation of the jejunum is present, i.e. <i>gastroenteritis</i> is present. <i>An underlying cause is not identified.</i>
HOSPITAL NAME	Note, a foreign body and signs suggestive of a foreign body are <u>not</u> observed, and <i>there are no signs to suggest the presence of one</i> . If a foreign body is strongly suspected, radiographs may be performed to obtain a baseline and then repeated to ensure the original gas pattern and ingesta have moved since the original radiographs, or a sonographic re-evaluation of the GI tract may be performed.
Long Branch AH	
REFERRING VET	<ul style="list-style-type: none"> • Mesentery: Diffuse steatitis of the omentum is present.
Dr. Elaina Petrone	
INVOICE	<ul style="list-style-type: none"> • Adrenal glands: Thinner and flattened left gland. Right not visualized. Exclude hypoadrenocorticism.
38703	<ul style="list-style-type: none"> • Pancreas: Mild pancreatitis of the left limb may be present or emerging.
DATE	<ul style="list-style-type: none"> • Gallbladder: Gallbladder <i>sludge</i> is often clinically insignificant, however, gastroesophageal reflux disease (GERD), can occur in some patients. Obtaining a history regarding signs of GERD
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PATIENT

Bounder Oscanlon

from the client is suggested. Treatment with an anti-acid, proton pump inhibitor or ursodeoxycholic acid may be required.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Canine

*Baseline (random) cortisol to exclude hypoadrenocorticism.

High index of suspicion of acute hemorrhagic diarrhea syndrome (AHDS), previously known as hemorrhagic gastroenteritis (HGE), however, hypoadrenocorticism may mimic AHDS.

BREED

Australian Shepherd

Dietary indiscretion? Evaluate dietary history, including raw meat diet, for example, *E. coli*, *Clostridium* spp., *Campylobacter* spp., *Salmonella*, etc.

+/- spec cPL

SEX

Neutered Male

Anti-emetics

Ensure properly hydrated to avoid further dehydration and hypovolemia; intravenous fluids 24-48 hours, electrolyte supplementation, including oral electrolyte solution if vomiting ceases

AGE

2 Years

Avoid antibiotics, unless signs of sepsis

Montmorillonite clay paste for diarrhea

WEIGHT

30 Pounds

+/- Probiotics and prebiotics (aka synbiotics) after a few days of paste

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DVSc, Diplomate
ACVIM

Obtaining a history regarding signs of GERD from the client is suggested. Treatment with an anti-acid or proton pump inhibitor may be required. Note, ursodeoxycholic acid is not recommended for the moment.

If signs of GERD, 10-14 day trial with famotidine or omeprazole (0.7-1 mg/kg PO q12h)

Deworm if not recently dewormed.

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SPECIES

Canine

BREED

Australian Shepherd

SEX

Neutered Male

AGE

2 Years

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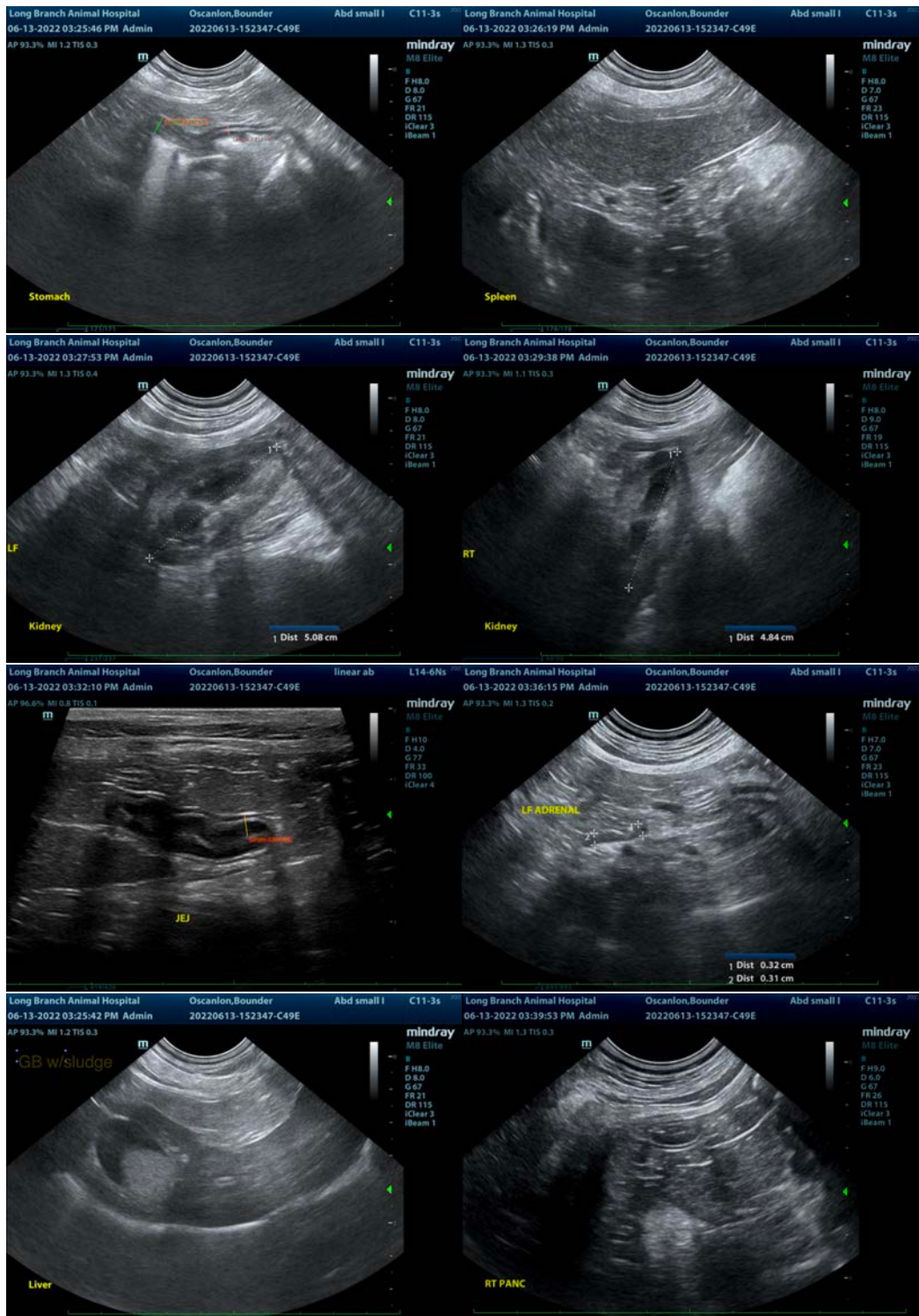
Dr. Elaina Petrone

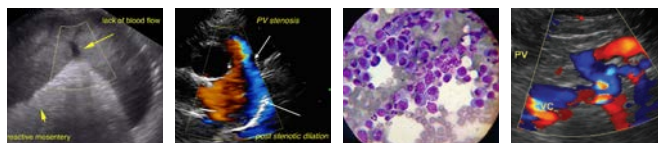
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

Lisa.Carioto@sonopath.com

BREED

Australian Shepherd

SEX

Neutered Male

AGE

2 Years

WEIGHT

30 Pounds

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