



**PATIENT**

Darla Bleu Lanham

**SPECIES**

Canine

**BREED**

Pointer/German  
Shorthaired Mix

**SEX**

Spayed Female

**AGE**

12 years 10 Months

**WEIGHT**

54 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING  
PERFORMED BY**

Dr. Samantha Hudgins

**HOSPITAL NAME**

Petvacx AH

**REFERRING VET**

Dr. Samantha Hudgins

**INVOICE**

44086

**DATE**

1/10/23

**PRESENTING CLINICAL SIGNS**

Vomiting for the past 2 days. History of stomach issues. Currently on Thyo-tab 0.5 mg SID, Proin 50 mg BID, Fish oil, Senilife, Antacid 20 mg SID. Has had "Yak Chews" recently

Abnormal PE/Chem/CBC/UA Results: Elevated total protein(9.6), Albumin(4.5), Globulin(5), ALT(544), ALP(218), Total Bilirubin(4.4). Low Chloride(107). Normal cPL . History of elevated ALT, ALP.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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.

The right kidney is normal in size (7.0 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.

The left kidney is normal in size (6.5 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.

**Adrenal Glands**

The areas of both adrenal glands are examined without evident pathology.

**Spleen**

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.

**Liver**

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as moderate suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

**Gastrointestinal**

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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.



**PATIENT**

Darla Bleu Lanham

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

**SPECIES**

***Pancreas***

Canine

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.

**BREED**

Pointer/German  
Shorthaired Mix

***Free Abdomen***

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

**SEX**

Spayed Female

There is no apparent lymphadenopathy noted in these images.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

12 years 10 Months

- **Hepatic Fibrosis Pattern** – This appearance is most consistent with chronic hepatitis with fibrosis and/or early cirrhosis. These changes can occasionally be seen with resolved past inflammatory episodes and should therefore be interpreted in combination with clinical signs and/or associated laboratory changes (including bile acids, except in cases where total bilirubin is increased).

**WEIGHT**

54 Pounds

- **Moderate gallbladder debris** - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assessment of this patient's clotting ability is recommended, as is testing for Leptospirosis if not recently evaluated. Following that, unless a diagnosis is obtained, a liver biopsy is recommended, being sure to include copper level assessment.

**IMAGING PERFORMED BY**

Dr. Samantha Hudgins

The gallbladder changes are visibly exacerbated due to the small amount of liver parenchyma surrounding the gallbladder. However, if a surgical biopsy is elected, assessment of the gallbladder for any evidence of distention, obstruction, etc. caused by the debris is also recommended at that time.

**HOSPITAL NAME**

Petvacx AH

Prior to more invasive diagnostics, three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

**REFERRING VET**

Dr. Samantha Hudgins

In the meantime, hepatic nutraceuticals including Ursodiol, broad-spectrum antibiotics, and symptomatic supportive care are recommended.

**INVOICE**

44086

**DATE**

1/10/23



**PATIENT**

Darla Bleu Lanham

**SPECIES**

Canine

**BREED**

Pointer/German  
Shorthaired Mix

**SEX**

Spayed Female

**AGE**

12 years 10 Months

**WEIGHT**

54 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING  
PERFORMED BY**

Dr. Samantha Hudgins

**HOSPITAL NAME**

Petvax AH

**REFERRING VET**

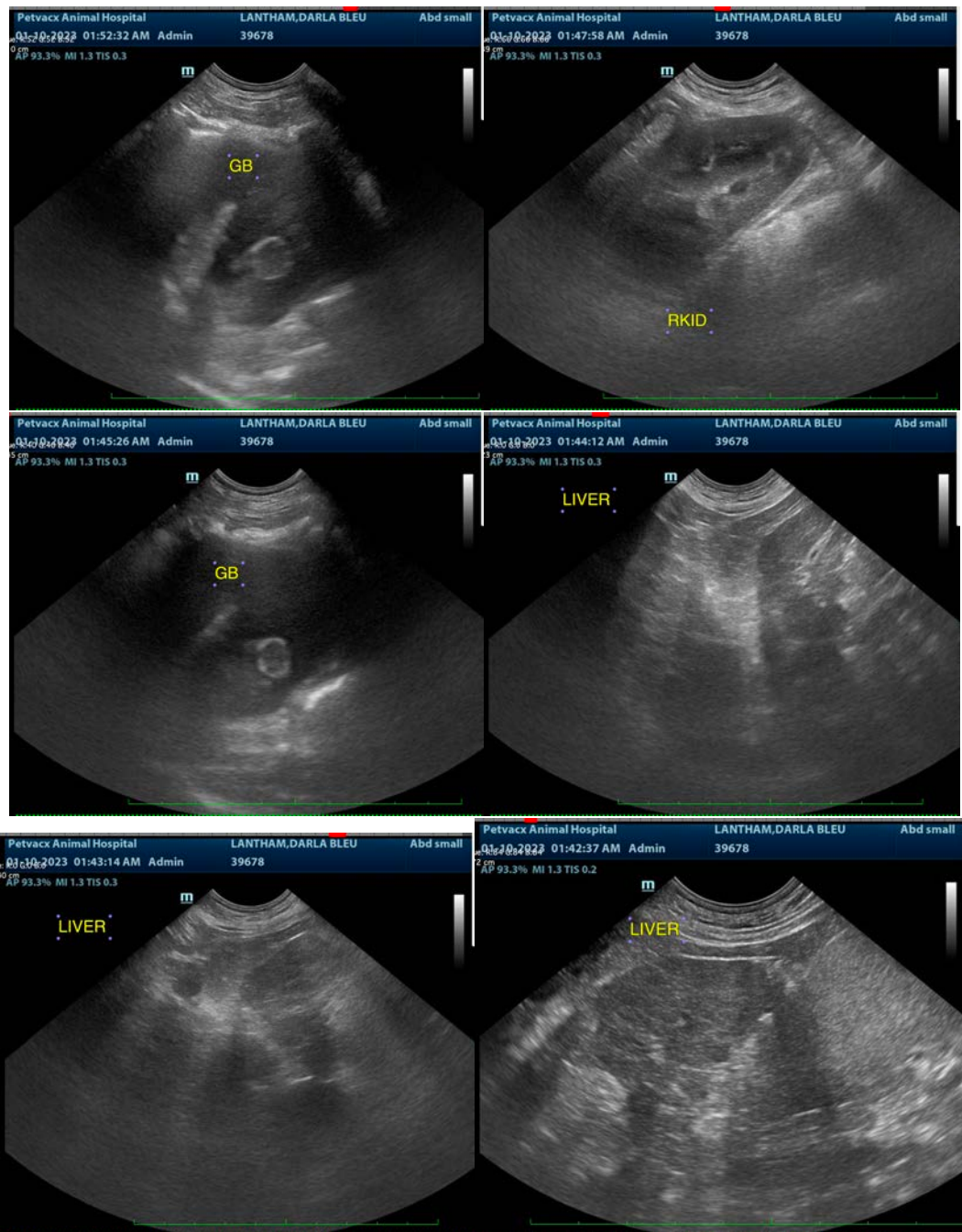
Dr. Samantha Hudgins

**INVOICE**

44086

**DATE**

1/10/23





**PATIENT**

Darla Bleu Lanham

**SPECIES**

Canine

**BREED**

Pointer/German  
Shorthaired Mix

**SEX**

Spayed Female

**AGE**

12 years 10 Months

**WEIGHT**

54 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING  
PERFORMED BY**

Dr. Samantha Hudgins

**HOSPITAL NAME**

Petvacx AH

**REFERRING VET**

Dr. Samantha Hudgins

**INVOICE**

44086

**DATE**

1/10/23



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