



**PATIENT PRESENTING CLINICAL SIGNS**

**Bently Gonzalez Ramos**  
Presented as a referral for an abdominal ultrasound. Pt was presented to the referring vet on 1/7/2022 after having inappetence for 2 days post finishing a 2 week trial of Amoxicillin for UTI previously diagnosed. O states he began to show signs of inappetence 2 days before finishing antibiotic and 2 days after, pt began to have hemorrhagic diarrhea, was anorexic, had excessive ptyalism, and was very QAR. The patient has not eaten since then aside from ~3 small bites of Hill's a/d. The patient received IV Cefazolin , Metronidazole, is currently on Gabapentin, Sucralfate, Omeprazole and tapering Prednisone. Had received Cerenia SQ while hospitalized and has been on IV LRS.

**SPECIES**  
Canine

**BREED**  
English Bulldog

Abnormal PE/Chem/CBC/UA Results: CBC: LYM: 0.34 ( 1-4.8) Platelets: 40 ( 165-500) CHEM: BUN 4 ( 7-27) Rest including electrolytes and protein were unremarkable. Albumin 3.1 ( 2.2-3.9)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**  
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.

Neutered Male

**AGE**  
The prostate is subjectively mildly enlarged for a neutered dog, measuring 2.0 cm wide. It is otherwise symmetrical and normal in echogenicity and echotexture with smooth, discreet margins.

**9 Years**  
Right kidney is normal in size (7.6 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**  
Left kidney is normal in size (7.3 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.

40 Pounds

**Adrenal Glands**

**INTERPRETED BY**  
Right adrenal gland is normal in size (1.0 cm at cranial pole and 0.70 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Beth Johnson, DVM  
DACVIM

Left adrenal gland is normal in size (0.71 cm at cranial pole and 0.77 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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**Spleen**

**REFERRING VET**

Dr. Laura Solis

Spleen is subjectively enlarged in size with rounded margins but intact capsule. Parenchyma is homogenously coarse/mottled in echotexture and normal to hypoechoic in echogenicity. A 0.65 cm x 0.90 cm hyperechoic nodule is noted in the tail of the spleen, surrounded by a hypoechoic rim. The nodule is non-capsule disrupting and consistent with a target lesion. Splenic vasculature appears normal.

**INVOICE NUMBER**

34142

**Liver**

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

**DATE**

1/11/22



**PATIENT** homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Bently Gonzalez  
Ramos

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.

**SPECIES** *Gastrointestinal*

Canine The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. It is moderately distended with sonolucent fluid, echogenic debris, chyme, and gas. There is no evidence of foreign material or infiltrative disease. However, complete visualization of the far wall is partially inhibited by gas.

**BREED**

English Bulldog The visible small intestines are near the upper end of normal range/mildly thick, with the duodenum measuring up to 0.52 cm and the jejunum measuring the same. The colon is also near the upper end of normal thickness. Motility appears adequate. The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

**SEX**

Neutered Male

**Pancreas**

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.

**AGE**

9 Years

**Free Abdomen**

There is no evidence of peritoneal effusion. Mesenteric, medial iliac, and pancreaticoduodenal lymphadenopathy is noted, mild.

**WEIGHT**

40 Pounds

**ULTRASONOGRAPHIC FINDINGS**

- Gastric stasis – Foreign material in the stomach cannot be ruled out, but is considered unlikely. The appearance of the contents appeared to be normal fluid and chyme.

**INTERPRETED BY**

Beth Johnson, DVM  
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- Diffusely mildly thick bowel – suggestive of inflammatory changes, either secondary to gastroenteritis potentially brought on by the antibiotics as reported versus infiltrative inflammatory bowel disease. Infiltrative neoplasia is possible, but considered less likely.

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- Most likely reactive lymphadenopathy – Again, infiltrative neoplasia is possible, but considered less likely.

**REFERRING VET**

Dr. Laura Solis

- Coarse splenomegaly with target lesion in the tail of the spleen – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered. Target lesions can be associated with benign disease, but are often indicative of malignancy.

**INVOICE NUMBER**

34142

- Mild prostatomegaly – Rule out normal patient variant versus prostatitis. Infiltrative neoplasia is considered unlikely.

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**PATIENT INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**Bently Gonzalez Ramos**

Recommendations include a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory as well as a baseline cortisol that can be combined with that panel. Other diagnostic recommendations include a fine needle aspirate of both the splenic lesion as well as the enlarged lymph nodes if possible, and if patient's coagulation status is appropriate.

**SPECIES**

Therapeutic recommendations given the lymphadenopathy include empirical deworming with a 5-day course of Panacur.

**Canine**

Given the gastric stasis, adding a promotility such as Metoclopramide to the therapeutic plan as well as an appetite stimulant, given the patient's inappetence, are both recommended while continuing other supportive medical management of acute gastroenteritis possibly brought on by antibiotic intolerance. If clinical signs persist, recheck imaging of the stomach, nodes and GI tract is recommended, especially the stomach given the mild distention and gastric stasis. Ultimately, if clinical signs persist, biopsies of the gastrointestinal tract may be necessary.

**BREED**

**English Bulldog**

**SEX**

**Neutered Male**

The prostate is most likely normal patient variant, especially if this dog was neutered later in life. However, monitoring of the prostate for progressive increase in size or progressive abnormalities is recommended, especially if urinary signs.

**AGE**

**9 Years**

**WEIGHT**

**40 Pounds**

**INTERPRETED BY**

**Beth Johnson, DVM DACVIM**

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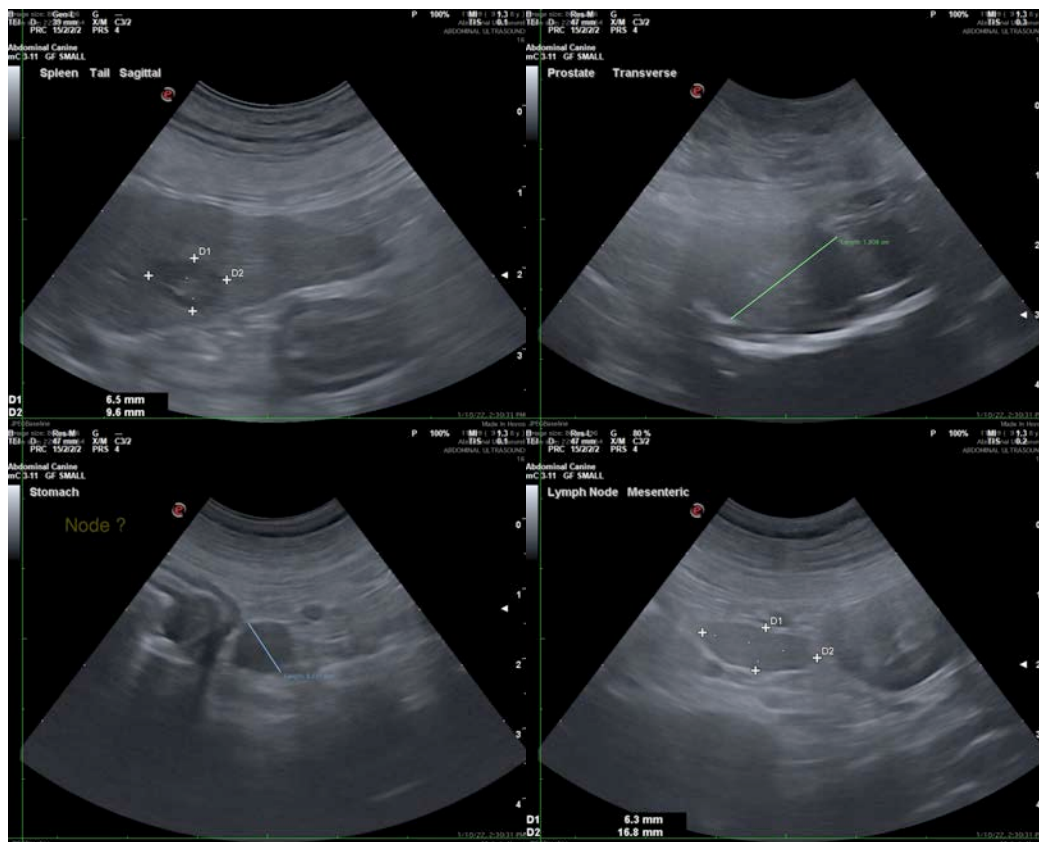
**Dr. Laura Solis**

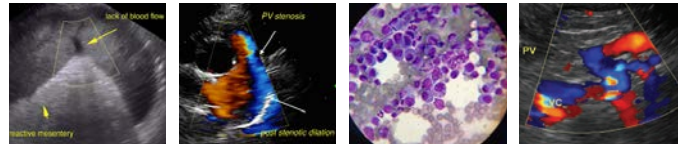
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Neutered Male

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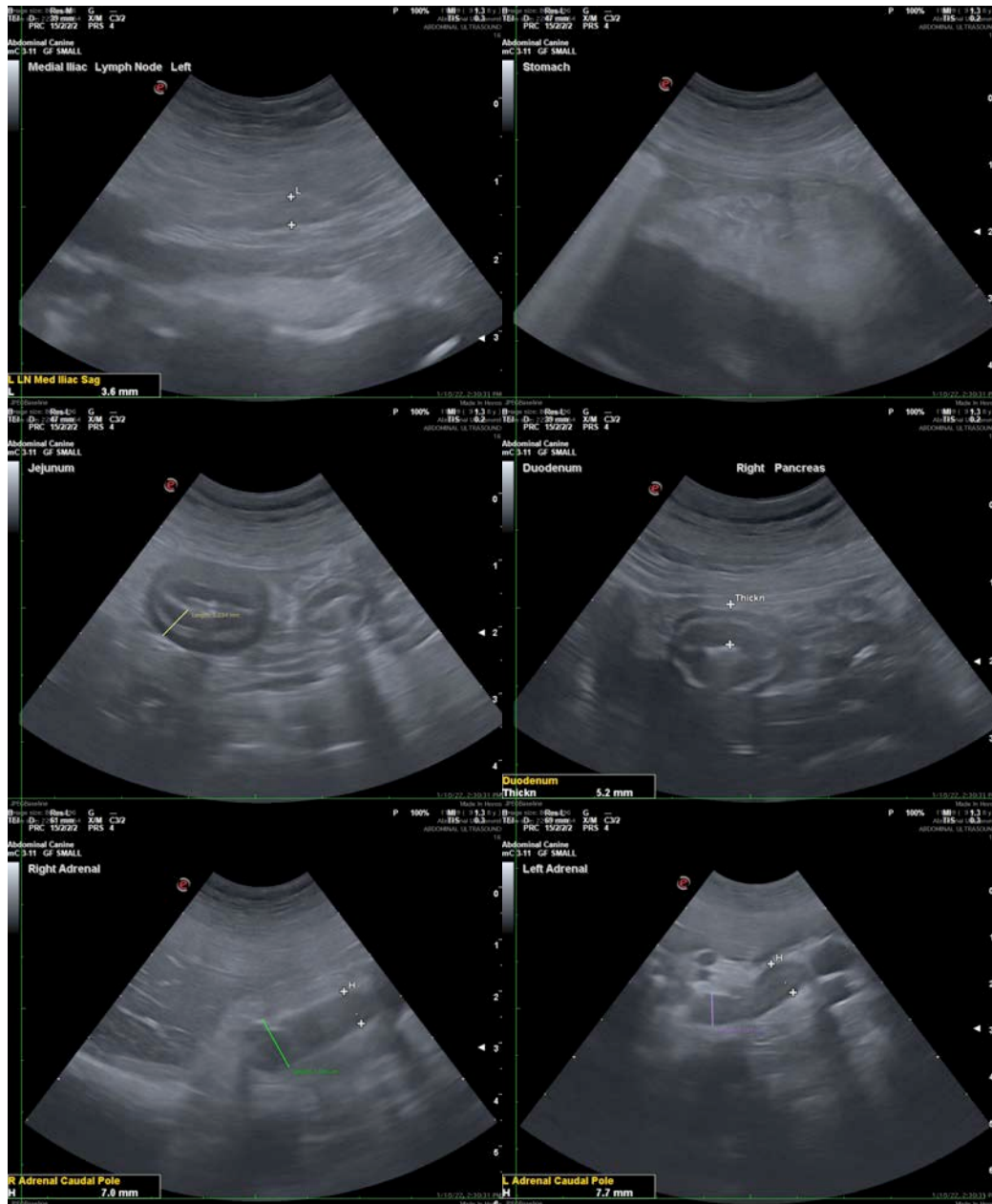
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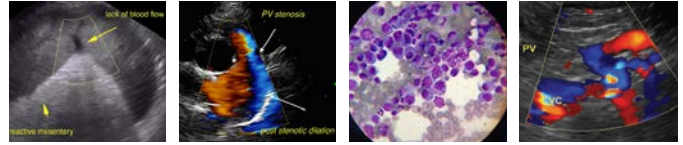
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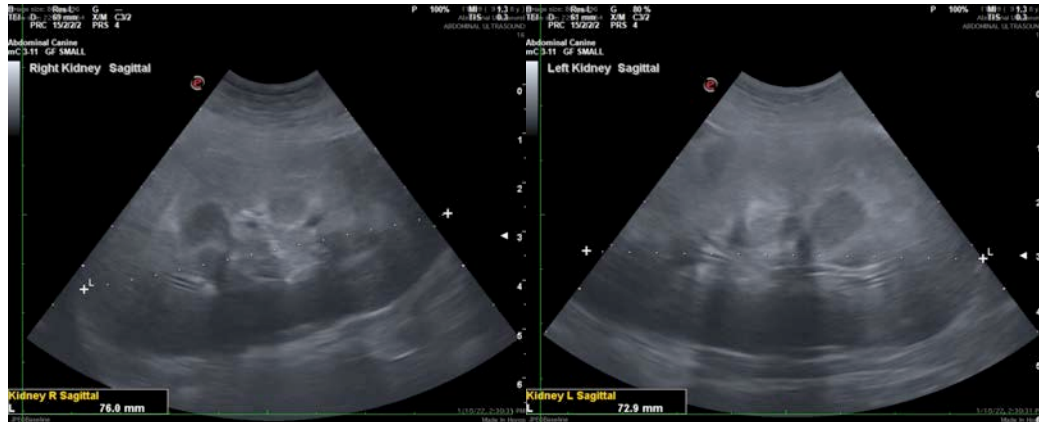
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Beth Johnson, DVM, DACVIM**  
Beth.Johnson@sonopath.com