



PATIENT PRESENTING CLINICAL SIGNS

Jobi CAH 12 yo MN bichon mix. PU/PD, hematemesis
Abnormal PE/Chem/CBC/UA Results: ALP elevated

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine Urinary System

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.

BREED

Bichon Prostate (neutered) is normal in size, echotexture and echogenicity for a neutered male.

SEX

Neutered Male

The left kidney is normal in size (5.45 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. Incidental renal cortical cysts also noted.

AGE

12 Years

The right kidney is normal in size (5.0 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. Incidental renal cortical cysts also noted.

WEIGHT

12 Pounds

Adrenal Glands

Right adrenal gland is normal in size (2.0 cm long x 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.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Left adrenal gland is normal in size (2.0 cm long x 0.52 cm at cranial pole and 0.80 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

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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.

REFERRING VET

Dr. Elaina Petrone

Liver

Liver is subjectively enlarged. Margins are smooth but round. 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. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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The gallbladder is moderately distended with anechoic bile and gravity dependent echogenic sediment. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

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PATIENT

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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. (See other)

SPECIES

Canine

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. (See other)

BREED

Bichon

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

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

12 Years

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

Other

Medial to the left kidney in the mid abdomen there is a 6.0 cm heterogeneous, markedly cavitated mass of undetermined tissue origin.

WEIGHT

12 Pounds

ULTRASONOGRAPHIC FINDINGS

- Mid abdominal heterogeneous, cavitated mass of undetermined tissue origin – Primary differential is a bowel mass. However, lymph node and/or other mesenteric mass cannot be ruled out.

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- Hyperechoic hepatomegaly canine – most consistent with benign steroid (endocrine) hepatopathy or reactive or idiopathic hepatopathy. Infiltrative neoplasia such as round cell neoplasia is also possible, but considered less likely.

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- 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.

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- Age related kidney change with non-obstructive dystrophic mineralization and incidental cortical cysts – This finding is expected/consistent with age-related mild degenerative disease and should be interpreted clinically in combination with laboratory changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include 3-view thoracic radiographs if not already evaluated to further assess cardiopulmonary status as well as to look for evidence of metastatic disease. If patient's coagulation

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PATIENT status is appropriate, a fine needle aspirate of the mid abdominal mass is recommended. Other diagnostic options for the mass include an abdominal CT scan to better determine origin of the mass and/or an exploratory laparotomy could be considered with plans for mass removal/excisional biopsy.

Jobi CAH

SPECIES Given this patient's PU/PD, hyperechoic hepatomegaly, gallbladder sludge, etc., hyperadrenocorticism is a differential. However recommendations are to address the mass and wait until the patient fully recovers prior to further evaluating hyperadrenocorticism in the form of a low-dose Dexamethasone suppression test, as concurrent disease can result in false positives.

Canine

BREED

Bichon

SEX

Neutered Male

AGE

12 Years

WEIGHT

12 Pounds

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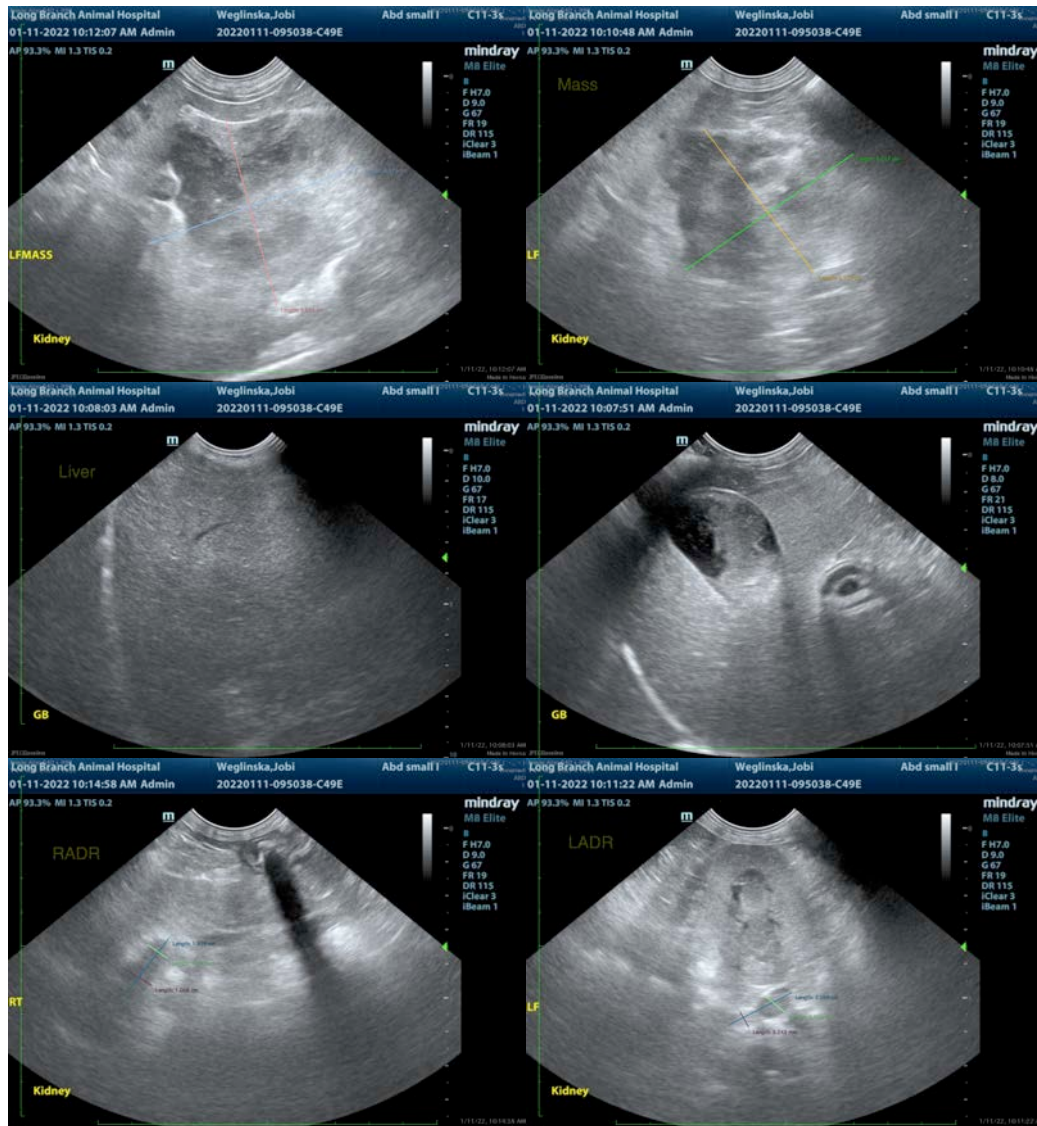
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SPECIES

Canine

BREED

Bichon

SEX

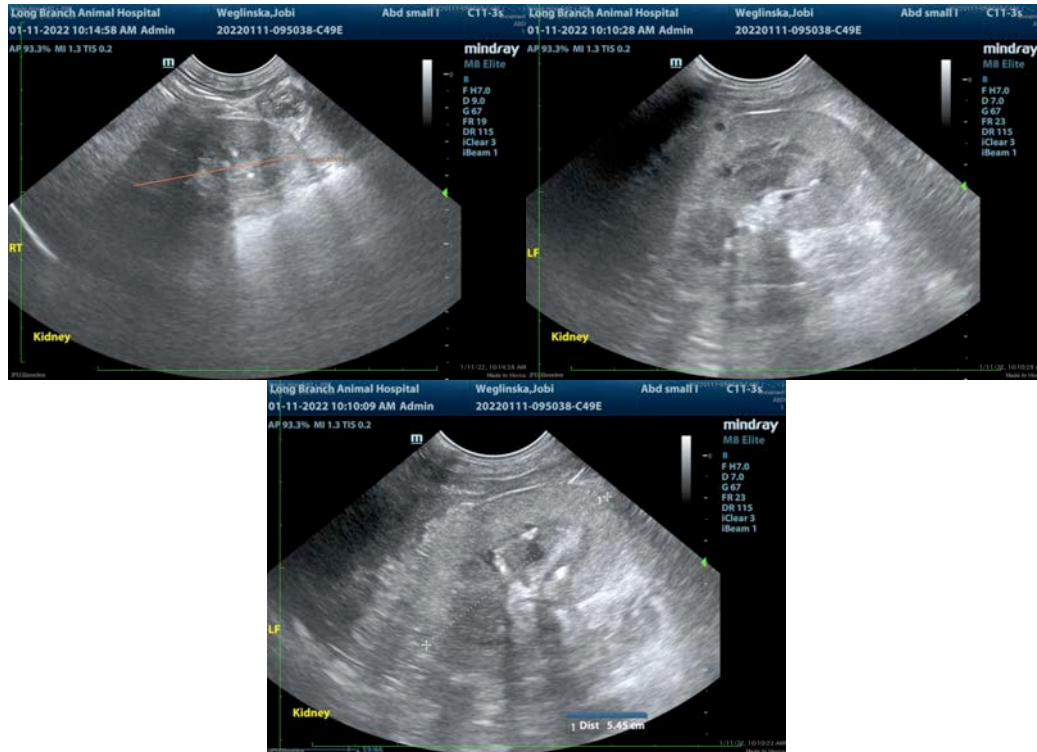
Neutered Male

AGE

12 Years

WEIGHT

12 Pounds



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.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

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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