



PATIENT PRESENTING CLINICAL SIGNS

Darcy Barletto seen at ER for diarrhea,
Abnormal PE/Chem/CBC/UA Results: slightly bloated tender abdomen, bloodwork and rads nsf

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

Pit Bull 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 or infarcts observed. Non-obstructive areas of mineralization/nephroliths are noted, primarily in the diverticular of the kidney.

SEX

Spayed Female Left kidney is normal in size (6.6 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 or infarcts observed. Non-obstructive areas of mineralization/nephroliths are noted, primarily in the diverticular of the kidney.

AGE

11 Years **Adrenal Glands**
The left adrenal gland is enlarged in size (0.95 cm at the cranial pole, 1.2 cm at the caudal pole). Normal shape and contour are maintained. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

WEIGHT

58 Pounds The right adrenal gland is enlarged in size (0.95 cm at the caudal pole). The cranial gland was not well visualized. However, there are no nodules or masses in the area. Normal shape and contour are maintained. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM **Spleen**
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.

HOSPITAL NAME

Fredon AH **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.

REFERRING VET

Dr. Linda Grau GB contains a moderate amount of non-dependent, mildly aggregated/inspissated sludge. Hypo to anechoic cystic areas are noted between the gallbladder sludge and luminal wall. The wall is otherwise smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion.

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PATIENT *Gastrointestinal*

Darcy Barletto 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 or infiltrative disease. A 1.0 cm curvilinear, echogenic foci with strong acoustic shadowing, consistent with possible mineral or bone foreign body.

SPECIES Normal ingesta surrounded by gas cannot be definitively ruled out, but is considered less likely.

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.

BREED

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

SEX *Pancreas*

Spayed Female 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 *Free Abdomen*

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

ULTRASONOGRAPHIC FINDINGS

- WEIGHT**
- 58 Pounds
- Likely incidental small gastric foreign body without evidence of obstruction. Normal ingesta surrounded by gas cannot be definitively ruled out, but is considered less likely.
 - Bilateral adrenomegaly – consistent with adrenal hyperplasia secondary to pituitary depending hyperadrenocorticism vs normal variant.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

- Early mucocele – 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. The non-dependent nature of this sludge combined with the cystic areas are suggestive, however, of possible emerging cystic mucosal hyperplasia or early gallbladder mucocele.

HOSPITAL NAME

Fredon AH

- Hyperechoic hepatomegaly – 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.

REFERRING VET

Dr. Linda Grau

- Non-obstructive nephrolithiasis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient’s history of diarrhea, bloating and abdominal discomfort, recommendations include a gastrointestinal malabsorption panel with a TLI, PLI, folate and cobalamin, as well as potentially gastrointestinal PCR panel all to Texas A&M GI laboratory.

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Given the bilateral adrenomegaly, if clinical signs of hyperadrenocorticism are present such as polyuria, polydipsia, polyphagia, panting, etc., testing for hyperadrenocorticism in the form of a low-

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PATIENT Darcy Barletto
 dose Dexamethasone suppression test could be considered, as hyperadrenocorticism can occasionally cause bloated abdomen. If hyperadrenocorticism is diagnosed, it is pituitary dependent based on this ultrasound.

SPECIES Canine
 Given the abdominal discomfort, recommendations for the early gallbladder mucocele are medical management with Ursodiol and close monitoring of clinical signs such as abdominal discomfort, vomiting, decreased appetite, as well as ultrasound changes for progression. If clinical signs cannot be relieved medically, and/or progression develops, surgical cholecystectomy may be warranted.

BREED Pit Bull
 The gastric foreign body is non-obstructive and is likely incidental in this patient. Given the apparent density, abdominal radiographs are recommended for better assessment of the foreign body. Gastroscopy could be considered to remove it, especially if there is any history coin battery, etc. ingestion. However, it is not believed to be contributing to clinical signs.

SEX Spayed Female
 Therapeutic recommendations include empirical deworming with a 5-day course of Panacur, probiotic, followed by diet change starting with a novel or hydrolyzed protein diet and moving through different diets based on trial and error selection pending clinical results.

AGE 11 Years

WEIGHT 58 Pounds

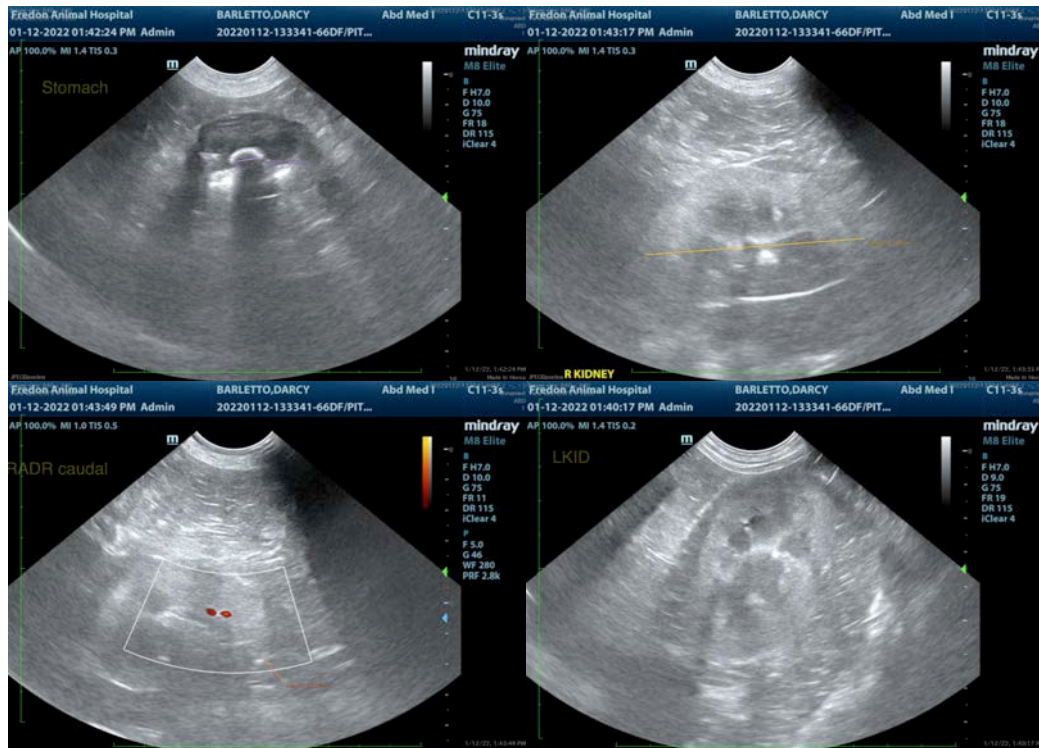
INTERPRETED BY Beth Johnson, DVM
 DACVIM

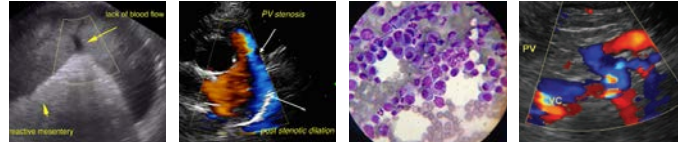
HOSPITAL NAME Fredon AH

REFERRING VET Dr. Linda Grau

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PATIENT

Darcy Barletto

SPECIES

Canine

BREED

Pit Bull

SEX

Spayed Female

AGE

11 Years

WEIGHT

58 Pounds

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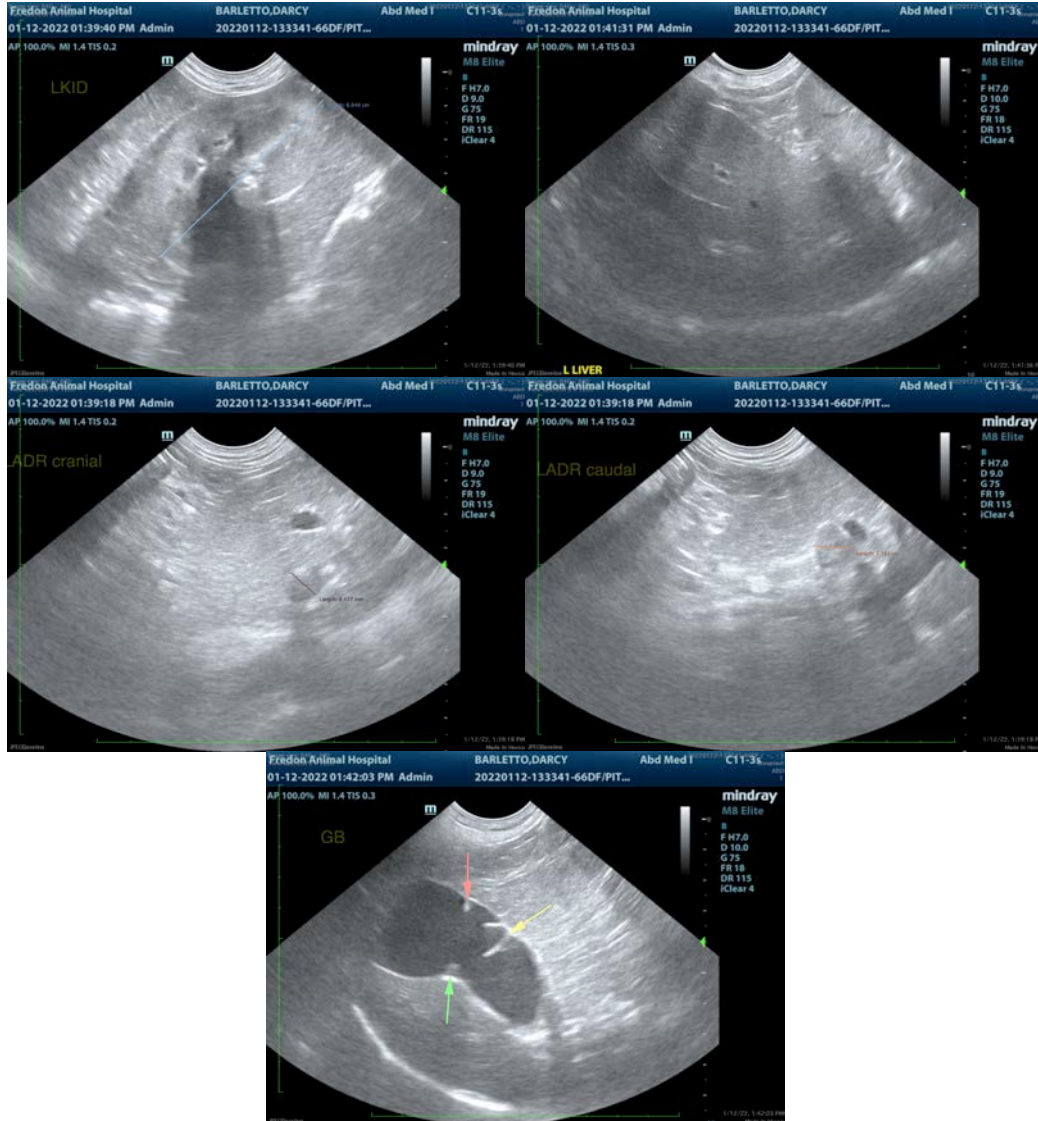
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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