



**PATIENT**

Pookie Petrou

**SPECIES**

Canine

**BREED**

Pekingese

**SEX**

Spayed Female

**AGE**

10 Years 6 Months

**WEIGHT**

Not Provided

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

Englewood Cliffs VH

**REFERRING VET**

Dr. Park

**INVOICE**

13110

**DATE**

01/12/26

**PRESENTING CLINICAL SIGNS**

Decr. appetite. Chronic lip licking. BW @ ER 12/23-WNL CPL-WNL Rads 1/6/26- questionable mass like focus R. vent. mid abd.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Urinary bladder is adequately 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.

Left kidney is normal in size (3.75 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.

Right kidney is normal in size (3.41 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 left adrenal gland is small (flattened contour). Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The left adrenal gland measured 0.43 cm at the cranial pole and 0.47 cm at the caudal pole.

The right adrenal gland is unable to be well visualized in these images.

**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.

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

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.

**Gastrointestinal**

The visible stomach wall is normal in thickness 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. 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**

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

Pookie Petrou

**Pancreas**

**SPECIES**

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

**BREED**

Pekingese

**Free Abdomen**

**SEX**

There is no visible free peritoneal effusion noted in these images.

Spayed Female

There is no apparent pathologic lymphadenopathy noted in these images.

**AGE**

In what appears to be the left to mid lateral abdomen just adjacent to the spleen is an ill-defined, mildly heterogeneous, largely hyperechoic area that may represent some fat, potentially some steatitis along the body wall and subcutaneously with an intra-abdominal component unable to be definitively ruled out.

10 Years 6 Months

**WEIGHT**

**ULTRASONOGRAPHIC FINDINGS**

Not Provided

- Suspect flat adrenal glands- This can be a normal patient variant and/or a sign of exogenous cortisol administration. If exogenous steroids are not being administered, hypoadrenocorticism (either relative or absolute) should be considered.
- Ill-defined, hyperechoic density lateral to the spleen is of unknown origin and unknown significance but could represent some focal steatitis versus other infiltrative process.

**INTERPRETED BY**

Beth Johnson, DVM  
 DACVIM

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

Kerri Becker

- Given patient's reported clinical history, a baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.
- A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.
- A routine fecal/Giardia exam is recommended if not recently evaluated.
- In the meantime, supportive/symptomatic medical management of clinical signs is recommended, including anti-emetics, gastroprotectants (+/- sucralfate, especially with any history of hematemesis), an appetite stimulant and fluid therapy if indicated, etc.
- Additionally, empirical deworming with a 5-day course of Panacur is recommended as is a full course of empirical Helicobacter triple therapy.
- Finally, if tolerated, a transition in diet could be considered, based on trial-and-error response with some options to consider including a gastrointestinal biome diet vs a hydrolyzed protein diet (sometimes several trials with different brands are necessary) vs an easy to digest, bland or low-fat diet vs other.

**HOSPITAL NAME**

Englewood Cliffs VH

**REFERRING VET**

Dr. Park

**INVOICE**

13110

**DATE**

01/12/26



**PATIENT**

Pookie Petrou

**SPECIES**

Canine

**BREED**

Pekingese

**SEX**

Spayed Female

**AGE**

10 Years 6 Months

**WEIGHT**

Not Provided

**INTERPRETED BY**

Beth Johnson, DVM  
 DACVIM

**IMAGING PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

Englewood Cliffs VH

**REFERRING VET**

Dr. Park

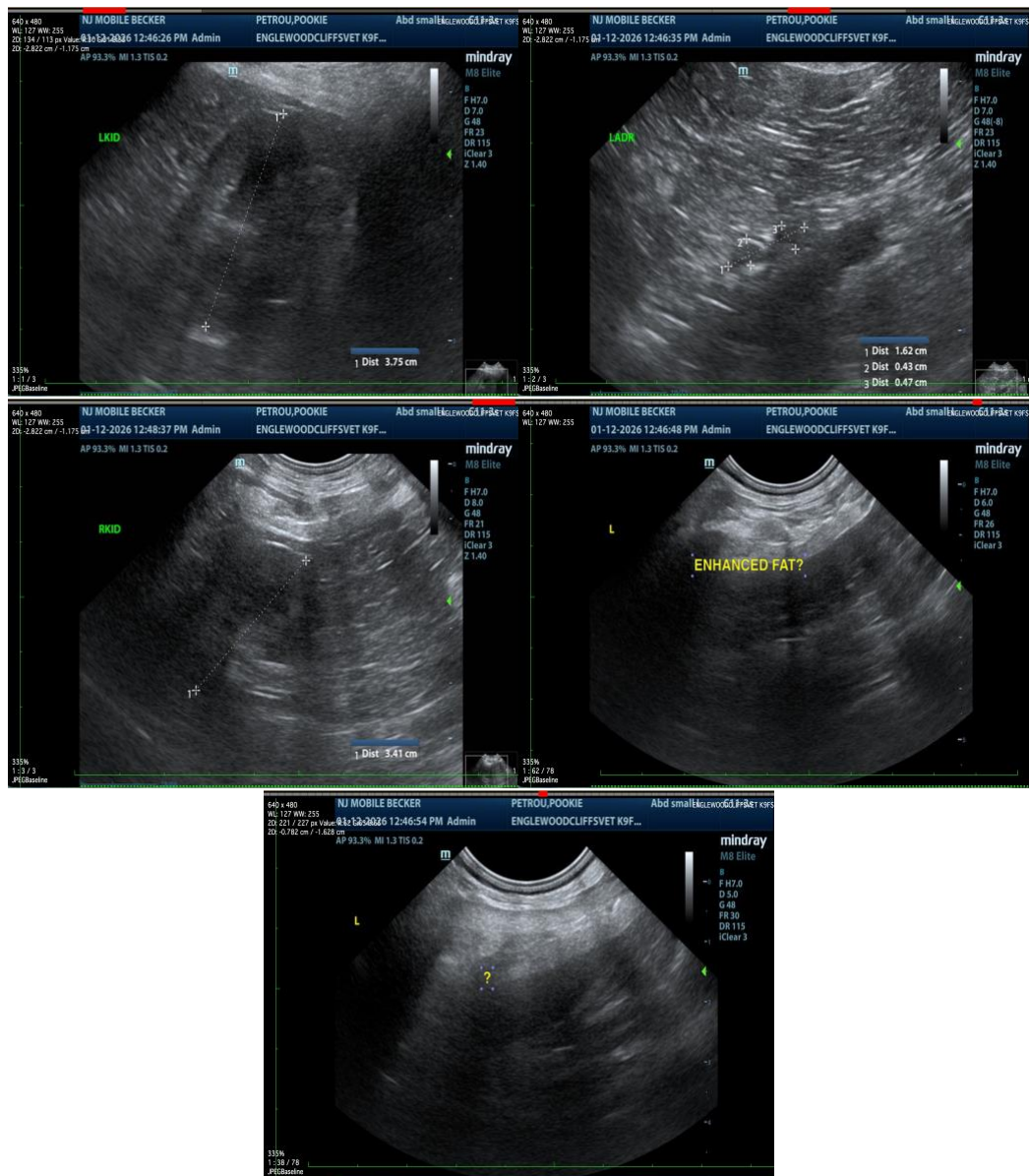
**INVOICE**

13110

**DATE**

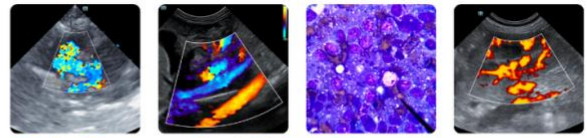
01/12/26

- Further physical examination of the left lateral body wall and subcutaneous area is recommended. Potentially sampling of the area described above could be considered via fine needle aspirate if patient's coagulation status is appropriate, or ultimately advanced imaging such as contrast CT scan could be considered.



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.



**PATIENT**

**Beth Johnson, DVM DACVIM**

Pookie Petrou

info@sonopath.com

**SPECIES**

Canine

**BREED**

Pekingese

**SEX**

Spayed Female

**AGE**

10 Years 6 Months

**WEIGHT**

Not Provided

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING  
PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

Englewood Cliffs VH

**REFERRING VET**

Dr. Park

**INVOICE**

13110

**DATE**

01/12/26