



PATIENT PRESENTING CLINICAL SIGNS

Aspen Olson 1 day hx of vomiting (8x within 24hr), pancreatitis negative, hepatomegaly on radiographs. Known hypothyroidism - on L-thyroxin.
Abnormal PE/Chem/CBC/UA Results: Chem wnl

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

Golden Retriever

Right 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.

SEX

Spayed Female

Left kidney is normal in size (7.7 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.

AGE

10 Years

Adrenal Glands

Right adrenal gland is normal in size (0.75 cm at cranial pole and 0.66 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

WEIGHT

115 Pounds

Left adrenal gland is normal in size (0.47 cm at cranial pole and 0.72 cm at caudal pole), shape and contour. 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

Lone Mountain 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. Shreya Gowda

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

INVOICE NUMBER

34210

Gastric fundic mucosal hypertrophy with hyperechoic mucosa and some mucosal remodeling is noted. There is no loss of mural detail. Layering is normal. There is mild luminal fluid accumulation. No evidence of masses/nodules or foreign material present.

DATE

1/13/22



PATIENT

Aspen Olson

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) in the images provided. 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.

SPECIES

Canine

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

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.

BREED

Golden Retriever

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy in the still images provided.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

- Gastritis – Microulceration cannot be ruled out.
- 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.

AGE

10 Years

WEIGHT

115 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include medical management of gastritis with antiemetics, antacids +/- a course of Sucralfate, and a fine needle aspirate of the liver if a patient's coagulation status is appropriate. If clinical signs persist and/or progress, a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin as well as baseline cortisol to Texas A&M GI laboratory is recommended in addition to recheck abdominal imaging in the forms of x-rays +/- recheck ultrasound.

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REFERRING VET

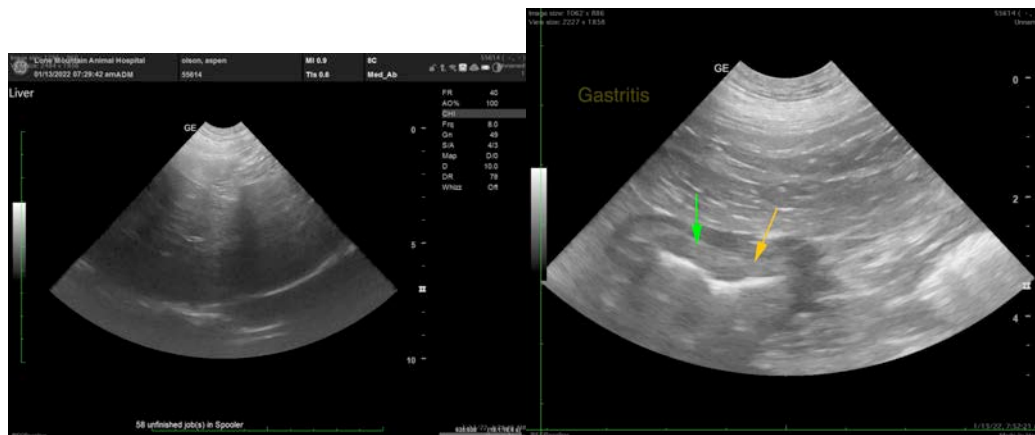
Dr. Shreya Gowda

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PATIENT

Aspen Olson

SPECIES

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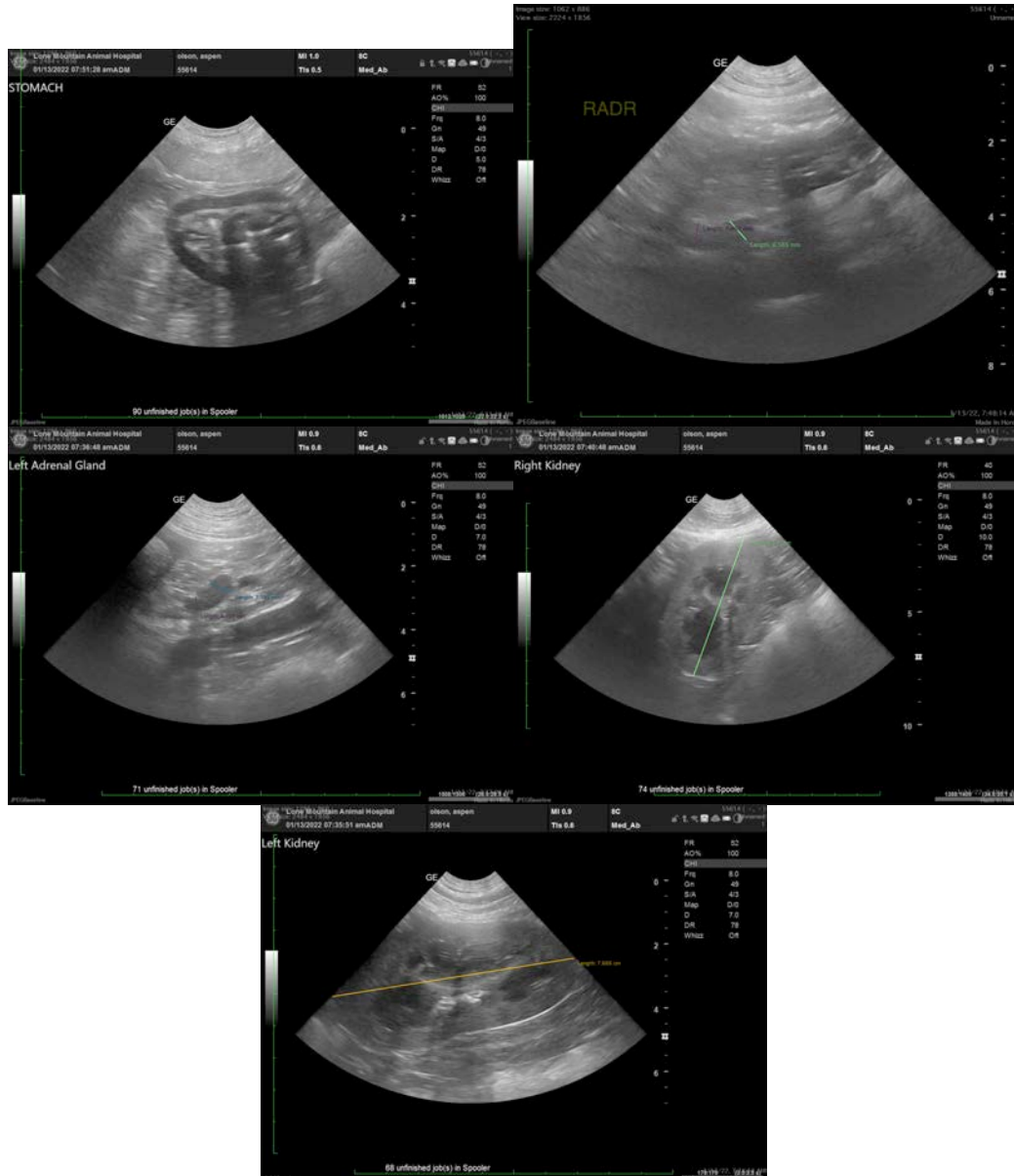
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Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com

DATE

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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.