



## PATIENT

Pappy Hastings

## SPECIES

Canine

## BREED

Bull Terrier Mix

## SEX

MN

## AGE

13 years

## WEIGHT

55.7 lbs

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Dr. Danielle Shemanski

## HOSPITAL NAME

Western New York  
Veterinary Services

## REFERRING VET

Dr. Ken Bedell

## INVOICE

11100

## DATE

1/13/2026

## PRESENTING CLINICAL SIGNS

RDVM REASON FOR REFERRAL: Minor liver enzymopathy, mild SDMA elevation, difficulty defecating, soft stool. In December, unable to palpate any masses, no stool in rectum at time of exam. X-rays showed diffuse inflammation within the abdomen with no visible cause. Brief History: Patient presented for difficulty defecating and discomfort. Mild dehydration, no stool in colon, unable to palpate sublumbar lymph nodes. Severe intervertebral disc disease and spondylosis/spondylitis noted on x-rays. Loss of abdominal detail on x-ray. The owner reports that Pappy's stool has firmed up. He is now on a home-cooked diet of rice, shredded chicken, pumpkin, and sometimes ground beef or turkey with assorted vegetables and occasionally yogurt. Good appetite. He has vomited once recently, which is unusual for him. CLINICAL SIGNS: Weight loss has stopped and stools have firmed up.

MEDICATIONS: Meloxicam, Denamarin, Gabapentin.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with mild echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

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

The right kidney is normal is size (7.01 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.

The left kidney is normal is size (5.77 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. A small cortical cyst is noted in the cranial pole measuring just over 0.5 cm in. There is no evidence of pyelectasia, mineral or infarcts observed.

### Adrenal Glands

The right adrenal gland is normal in size (0.73 cm at cranial pole and 0.76 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.52 cm at cranial pole and 0.64 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

### Spleen

Spleen is subjectively large in size (2.6 cm thick at the hilus) with normal smooth margins. Parenchyma is normal in echogenicity with a diffusely coarse/heterogenous echotexture. No discrete sizable focal nodules or masses are observed. Splenic vasculature appears normal.

### Liver



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Liver is subjectively enlarged (swollen contour) with a diffusely mildly coarse architecture and subtly increased portal markings. Mildly mixed echogenic changes are noted diffusely. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

### *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 mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted.

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

### *Pancreas*

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.

### *Free Abdomen*

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

There is no apparent pathologic lymphadenopathy noted in these images.

## PRIMARY FINDINGS

- Coarse splenomegaly – 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.
- An obvious cause for the mild to moderate liver changes is not identified in these images. Microscopic disease such as Leptospirosis, bacterial cholangiohepatitis, chronic active hepatitis, copper-associated hepatotoxicity, other hepatotoxicity, other reactive hepatopathy, infiltrative neoplasia (considered unlikely), etc. cannot be definitively ruled out.
- Moderate 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



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abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

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**SECONDARY FINDINGS**

**SPECIES**

- A very mild amount of echogenic urinary bladder debris.
- Incidental cortical cyst in the left kidney.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Bull Terrier Mix

Fine needle aspirates of the spleen and liver could be considered if patient's coagulation status is appropriate. However, given the report of mild laboratory changes and improvement/resolution of clinical signs, additional gastrointestinal workup follow up may or may not be warranted.

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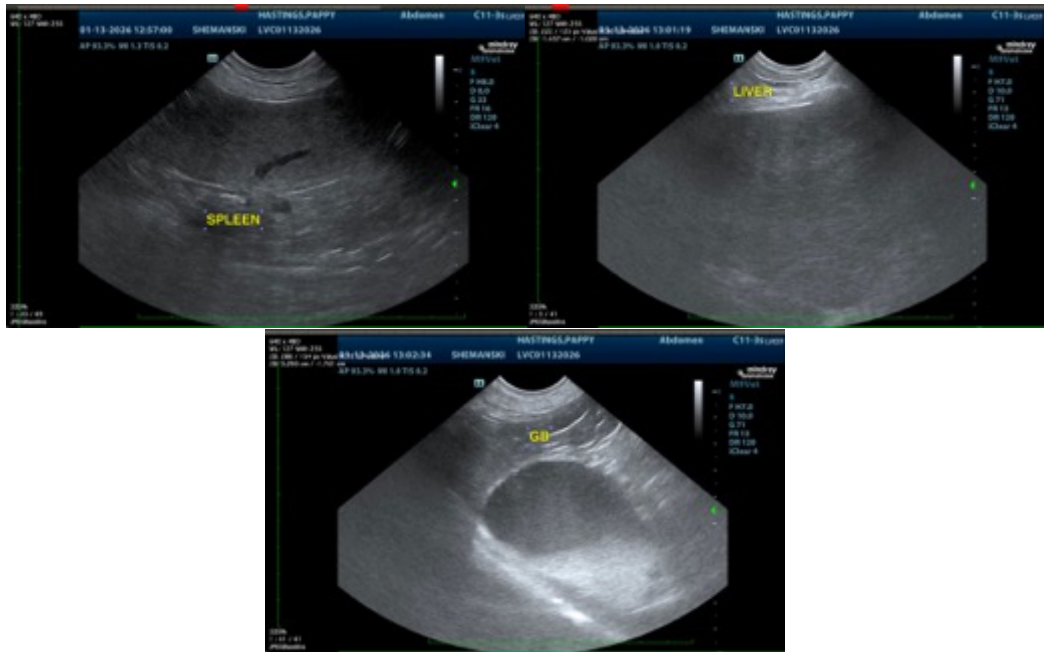
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM  
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