



**PATIENT PRESENTING CLINICAL SIGNS**

**Henni Mennella** Presented for persistent vomiting/regurgitation, chronic poor-doing. Had labwork last week with primary care which was normal per owner. History otherwise very brief, unknown regarding preventive care or and prior/ongoing treatment.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: -Thin body condition 3/9 -tense abdomen, not distended - melena on thermometer CBC unremarkable other than lymphopenia ER Mini panel: hyponatremia/hypochloremia, elev BUN 66, Cr 1.6, ALT elev 185, ALKP 102 -urinalysis showed highly concentrated urine Thoracic radiographs nsf other than hypovolemia (small heart, small cava)

**BREED**

PitBull

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**

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.

FS

**AGE**

Right kidney is normal in size (5.82 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.

7yr

**WEIGHT**

Left kidney is normal in size (6.67 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. An ~1.0 cm cortical cyst was present in the caudal pole.

20kg

**Adrenal Glands**

**INTERPRETED BY**

Adrenal glands are small (flattened contour). Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. Right adrenal gland measured (0.52 cm at cranial pole and 0.51 cm at caudal pole). Left adrenal gland measured (0.49 cm at cranial pole and 0.57 cm at caudal pole).

Beth Johnson, DVM  
DACVIM

**IMAGING**

**PERFORMED BY**

**Spleen**

Dr. Callihan Animal  
Emergency Care

Spleen is subjectively large in size with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

**HOSPITAL NAME**

**Liver**

Animal Emergency Care

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.

**REFERRING VET**

Dr. Ruarke Animal  
Emergency Care

Gallbladder is subjectively mildly over distended with anechoic bile as well as moderate 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. The gallbladder measured 5.4 cm x 6.7 cm.

**INVOICE**

12726ag

**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.

**DATE**

01/18/2023



**PATIENT**

Henni Mennella

The visible small intestines are normal in wall thickness and layering. Hyperechoic mucosal fogging or speckling is noted. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

**SPECIES**

Canine

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

**BREED**

PitBull

**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.

**SEX**

FS

**Free Abdomen**

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

**AGE**

7yr

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

20kg

- 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.
- Mucosal speckling is often present with inflammatory bowel disease (IBD). It is not specific for type or severity of disease. Mild speckling change can occur as a normal patient variant in the post-prandial state.
- Moderate gallbladder debris (canine) - 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.
- Hypersplenism – 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, amyloidosis as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**Secondary**

- Incidental cortical cyst in the left kidney

**IMAGING PERFORMED BY**

Dr. Callihan Animal  
Emergency Care

**HOSPITAL NAME**

Animal Emergency Care

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**REFERRING VET**

Dr. Ruarke Animal  
Emergency Care

1. A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.
2. Pending cortisol results, 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.
3. If this patient has supporting clinical signs and/or progressive lab changes that suggest potential gallbladder disease and another diagnosis is not obtained via the cortisol level etc. an emerging mucocele may be possible and could be contributing to clinical signs. Ultimately a cholecystectomy may be necessary, however at this time the appearance of the gallbladder trends towards less severe than an emerging mucocele. Unless clinical signs or laboratory changes persists/progress, medical management with hepatic nutraceuticals including Ursodiol could be considered. In the meantime, additional testing for leptospirosis given the increased liver enzymes is recommended. While awaiting results, supportive/symptomatic medical management of the GI signs is recommended with antiemetics, gastric protectants

**INVOICE**

12726ag

**DATE**

01/18/2023



**PATIENT**

Henni Mennella

including sucralfate, a probiotic such as Visbiome or Proviale, empirical deworming with a 5 day course of Panacur and a bland easy to digest low fat diet if tolerated.

**SPECIES**

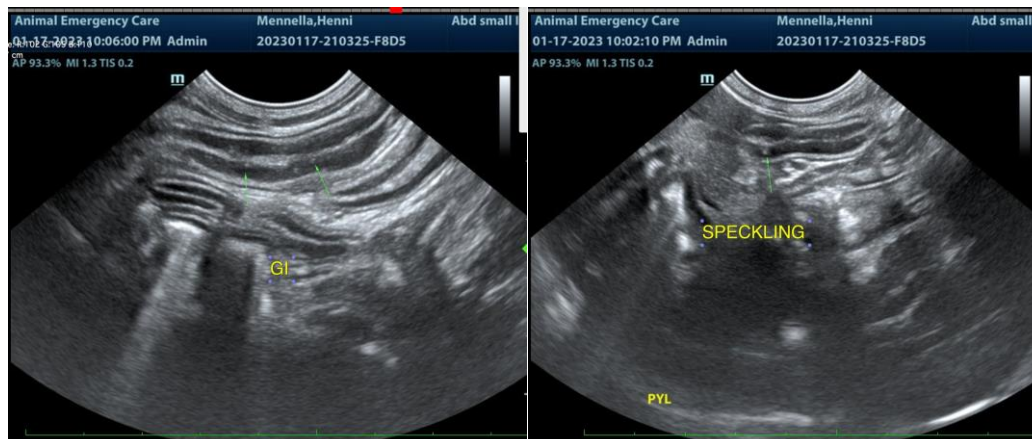
Canine

**BREED**

PitBull

**SEX**

FS



**AGE**

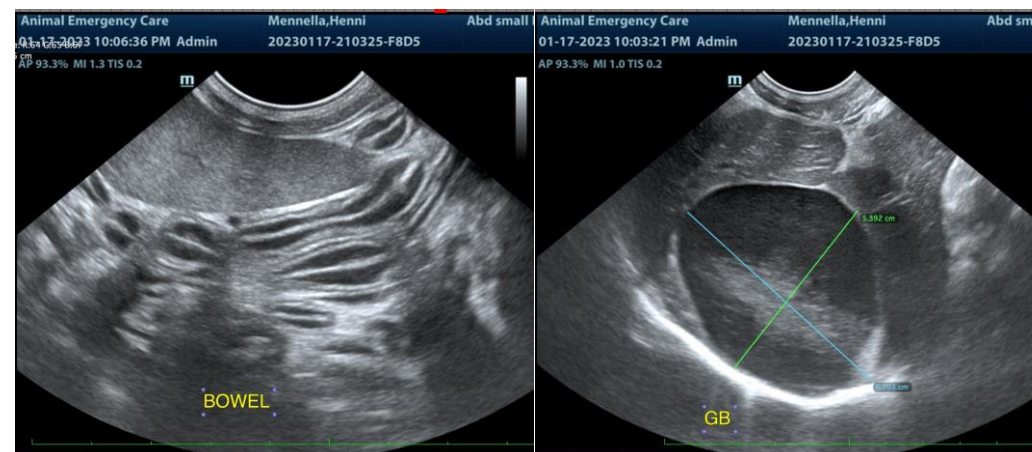
7yr

**WEIGHT**

20kg

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM



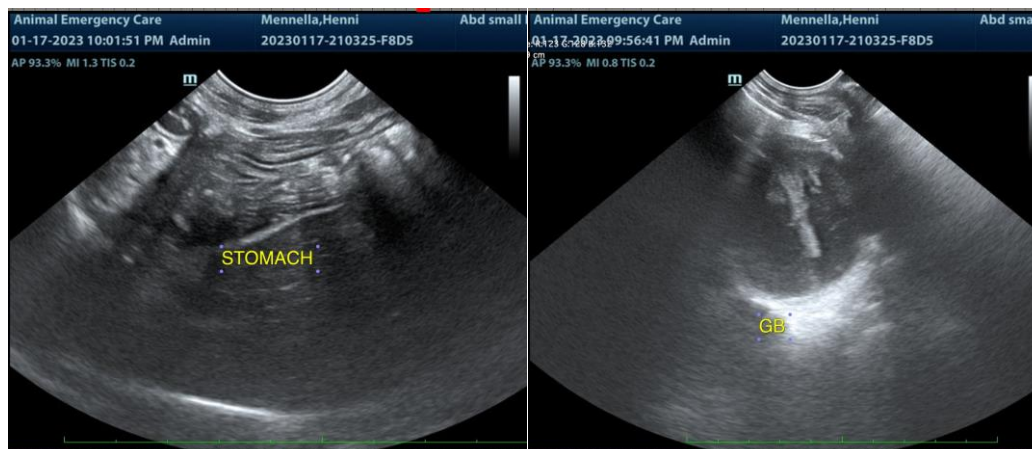
**IMAGING**

**PERFORMED BY**

Dr. Callihan Animal  
Emergency Care

**HOSPITAL NAME**

Animal Emergency Care



**REFERRING VET**

Dr. Ruarke Animal  
Emergency Care

**INVOICE**

12726ag

**DATE**

01/18/2023



**PATIENT**

Henni Mennella

**SPECIES**

Canine

**BREED**

PitBull

**SEX**

FS

**AGE**

7yr

**WEIGHT**

20kg

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**  
Dr. Callihan Animal  
Emergency Care

**HOSPITAL NAME**

Animal Emergency Care

**REFERRING VET**

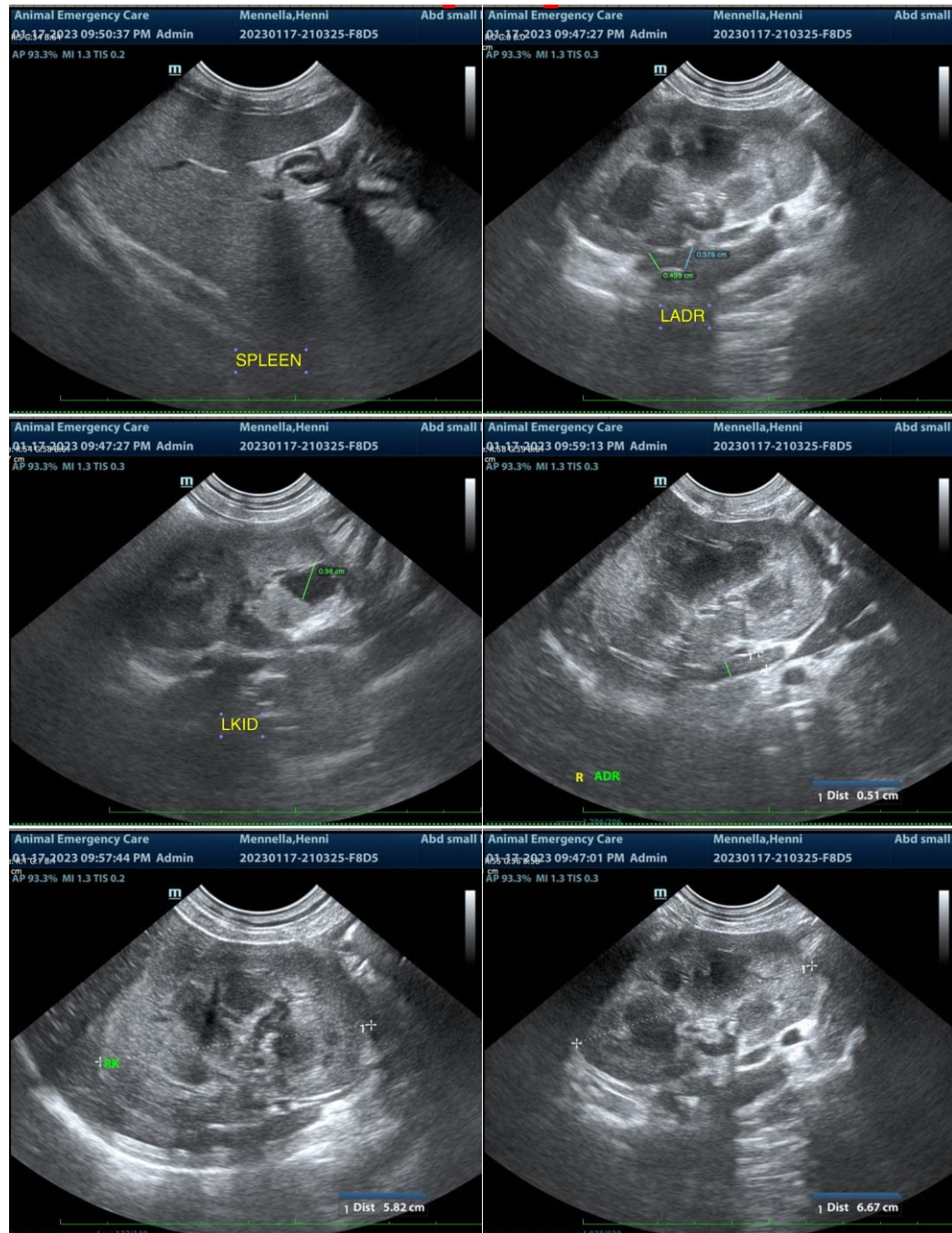
Dr. Ruarke Animal  
Emergency Care

**INVOICE**

12726ag

**DATE**

01/18/2023

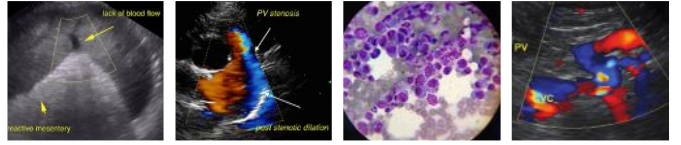


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**

Beth.Johnson@SonoPath.com



**PATIENT**

Henni Mennella

**SPECIES**

Canine

**BREED**

PitBull

**SEX**

FS

**AGE**

7yr

**WEIGHT**

20kg

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING  
PERFORMED BY**  
Dr. Callihan Animal  
Emergency Care

**HOSPITAL NAME**

Animal Emergency Care

**REFERRING VET**

Dr. Ruarke Animal  
Emergency Care

**INVOICE**

12726ag

**DATE**

01/18/2023