



PATIENT

Heidi O'Brien

PRESENTING CLINICAL SIGNS

No general Concerns.
Abnormal PE/Chem/CBC/UA Results: Loose incisor and grade 1 dental disease., Lipoma - 4 cm
Ventral abdomen ALKP 749 U/L

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Golden Mix

Urinary System

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

SEX

Spayed Female

Left kidney is normal in size (6.63 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

AGE

6 years

Right kidney is normal in size (7.32 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

WEIGHT

67.2 lbs

Adrenal Glands

Left adrenal gland is normal in size (1.96 cm long x 0.67 cm at the cranial pole and 0.62 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (2.78 cm long x 0.73 cm at cranial pole and 0.62 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Spleen

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

IMAGING PERFORMED BY

Dr. Ammeraal

Liver

HOSPITAL NAME

Sova AH

The visible liver is subjectively normal in size. There is some decreased visualization due to gas and rib artifact in this deep chested dog. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

REFERRING VET

Dr. Ammeraal

INVOICE

95509

Gastrointestinal

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.

DATE

1/25/22

The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.



PATIENT Colon is normal in wall thickness (< 0.2 cm) and layering.

Heidi O'Brien

Pancreas

SPECIES

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

Canine

BREED

Free Abdomen

Golden Mix

Lymph nodes are normal with no observed enlargement.

SEX

ULTRASONOGRAPHIC FINDINGS

Spayed Female

Unremarkable abdomen.

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

6 years

Differentials are vast and non-specific. Differentials include, but are not limited to, benign nodular hyperplasia which occurs in 70% of older dogs and often does not result in an abnormal ultrasound, reactive or idiopathic/vacuolar hepatopathy, cholestasis and/or hyperadrenocorticism as well as many chronic non-hepatobiliary diseases such as chronic infections/inflammation from dental disease, IBD, neoplasia, hyperlipidemia, hypothyroidism, chronic pancreatitis, chronic stress, etc.

WEIGHT

67.2 lbs

INTERPRETED BY

There is no ultrasonographic evidence of cholestasis. Adrenocortical testing such as a low dose dexamethasone suppression test could be considered if clinical signs of hyperadrenocorticism are present. Ursodiol could be considered if gallbladder sludge is noted. A fine needle aspirate of the liver could be considered if patient's coagulation status is appropriate. Otherwise, recommendations include addressing any other concurrent disease and monitoring. If values are progressive, recheck imaging is recommended.

Beth Johnson, DVM
DACVIM

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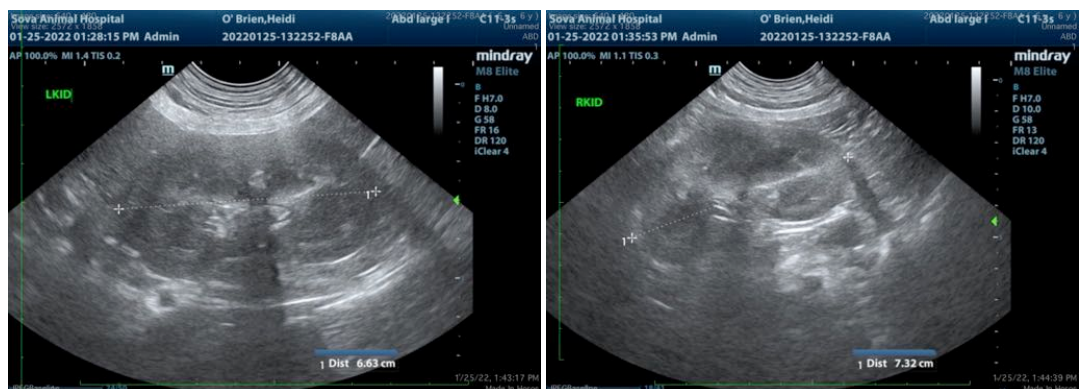
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SPECIES

Canine

BREED

Golden Mix

SEX

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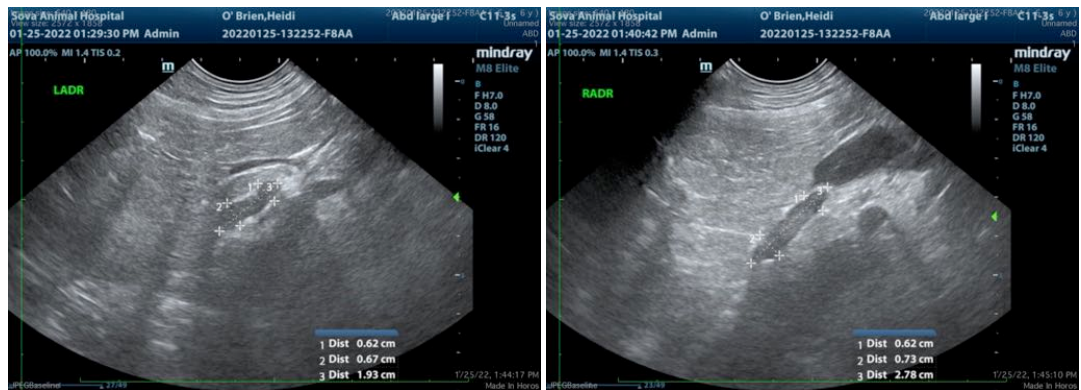
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Beth.Johnson@SonoPath.com