



PATIENT	PRESENTING CLINICAL SIGNS
Keela Maus	Vomiting blood increased ALT, GGT
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	The 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.
Lab	
SEX	The right kidney is normal in size (6.11 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.
Spayed Female	
AGE	The left kidney is normal in size (5.78 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.
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WEIGHT	Adrenal Glands
66	The right adrenal gland is normal in size (1.4 cm at the cranial pole and 0.79 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
INTERPRETED BY	The left adrenal gland is normal in size (2.43 cm long x 0.71 cm at the cranial pole and 0.67 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Beth Johnson, DVM DACVIM	
IMAGING PERFORMED BY	Spleen
Jenn	The 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	Liver
Rockaway AH	The liver is subjectively mildly decreased 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	The 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.
Dr. Maniar	
INVOICE	Gastrointestinal
44517	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	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). 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.
1/26/23	



PATIENT

Keela Maus

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

SPECIES

Canine

Pancreas

The 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

Lab

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

SEX

Spayed Female

There is no apparent lymphadenopathy noted in these images.

AGE

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ULTRASONOGRAPHIC FINDINGS

- Subjective microhepatica – Rule outs include normal patient variant versus vascular anomaly given the patient’s young age versus end stage liver disease (believed to be less likely).

WEIGHT

66

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include an “antigen search” for sources of reactive hepatopathy, including testing for Leptospirosis, as well as bile acids if not already evaluated. Additionally, a fecal exam is recommended.

INTERPRETED BY

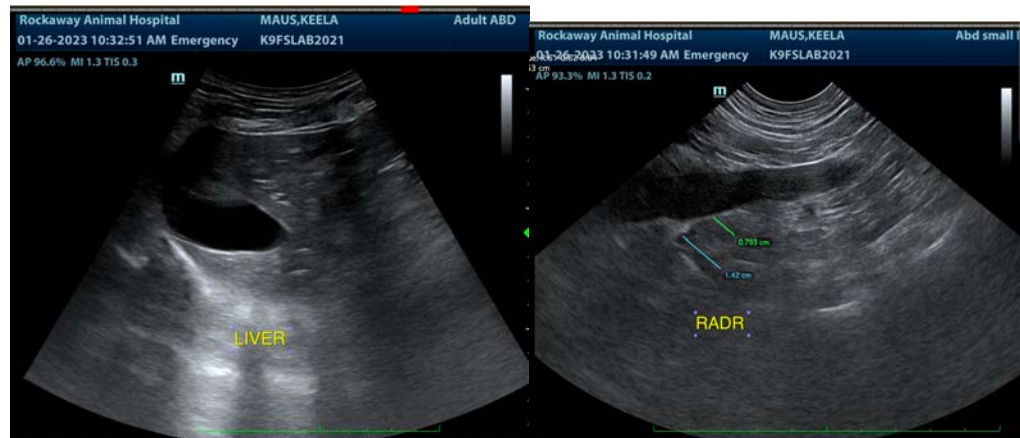
Beth Johnson, DVM
DACVIM

In the meantime, supportive/symptomatic medical management of clinical signs/possible hemorrhagic gastroenteritis is recommended with antiemetics, gastroprotectants including Sucralfate, a probiotic such as Visbiome or Provable if diarrhea is present, as well as empirical deworming with a 5-day course of Panacur.

Hepatic nutraceuticals +/- broad-spectrum antibiotics may also be warranted depending on the level of increased ALT.

IMAGING PERFORMED BY

Jenn



HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

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PATIENT

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SPECIES

Canine

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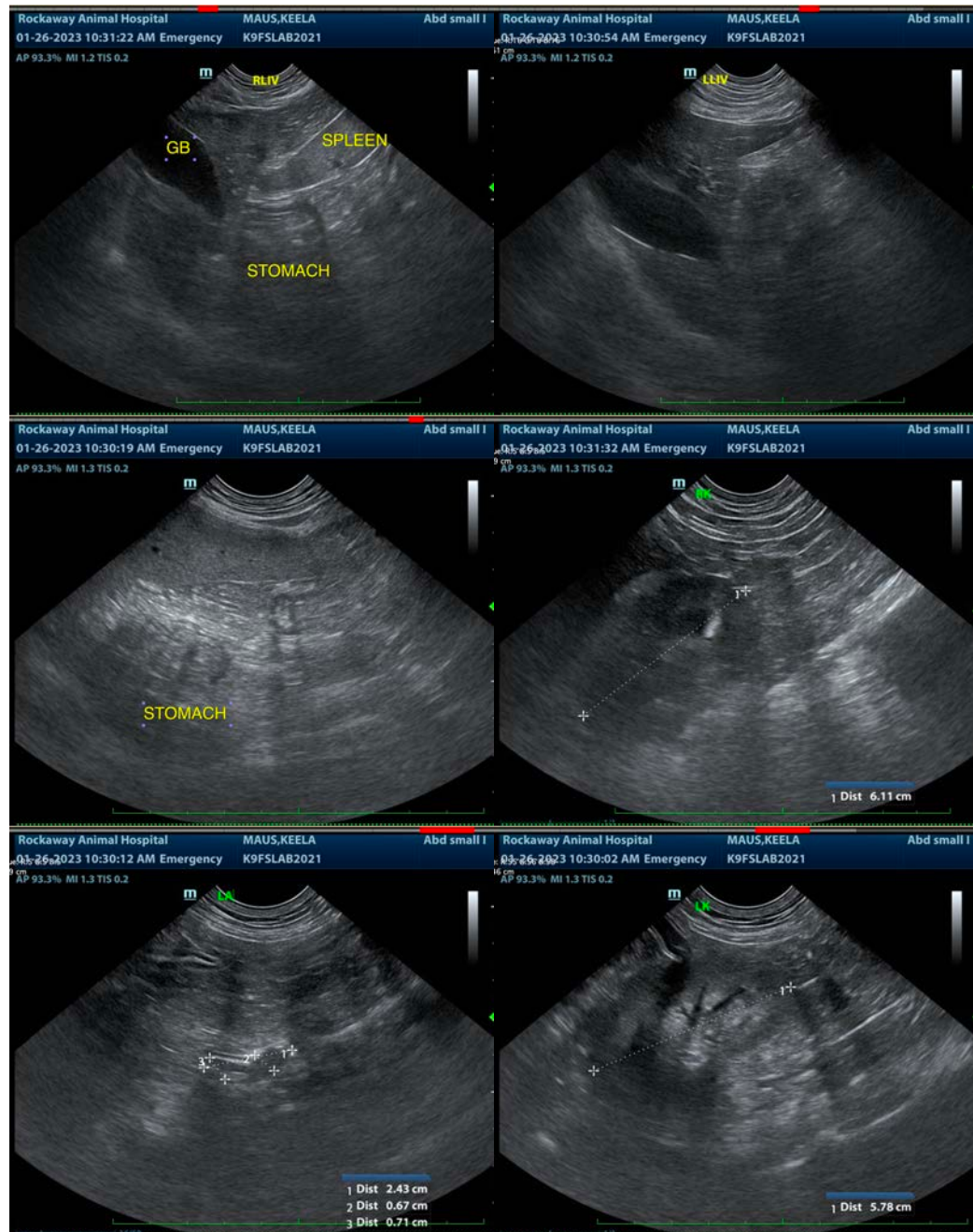
Dr. Maniar

INVOICE

44517

DATE

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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