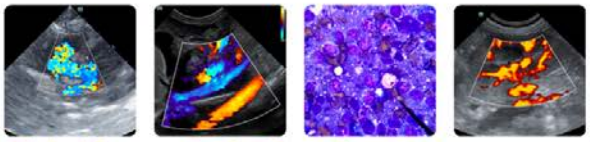


PATIENT

Bo MLAR

SPECIES

Canine

BREED

Beagle

SEX

Intact Male

AGE

9-10 Years

WEIGHT

9.1 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Main Line Animal Rescue

REFERRING VET

Alicia Royer, DVM

INVOICE

72489

DATE

1/27/26

PRESENTING CLINICAL SIGNS

AUS to further evaluate a suspected abdominal mass vs fluid filled pylorus and small amount of abdominal effusion. However, radiographs show poor serosal detail secondary to emaciated body condition and small amount of abdominal effusion, making interpretation challenging. Intake to shelter 1/21/26 in poor body condition, BCS 2/9. Senior dog, age is estimated. Excessive thirst on arrival. Ravenous appetite. Tapeworms on fecal, treated with first dose of Drontal. Repeat fecal NPS. Received initial medical care in clinic as below and transferred to foster for continued care. At this time, Foster has not reported GI signs, ravenous appetite, bright and alert. Fasted for AUS.

In clinic: IV, IVF (noted drop in PVC/TS during time of fluid administration), Ondansetron. Continued: Yunnan Baiyao for concerns for abd effusion and poss mass, Famotidine, Mometamax AU, ondansetron

Abnormal PE/Chem/CBC/UA Results: Blood Pressure: SBP 153 mmHg CXR: Right middle lung lobe, increased opacity, suspected broncho interstitial pattern vs other AXR: poor serosal detail, poor body condition, abd effusion, right cranial soft tissue opaque circular structure noted, area of the pylorus vs spleen. Multiple, small, mineral opacity seen within the structure - r/o GI foreign material vs mineralized mass. APOCUS: scant effusion around liver and spleen - 1/21/22 arrival: PCV/TS 42%/6.2 --> 1/22/26 PCV/TS: 36%/5.5 after IVF - Plts 473 K - BUN 13, Cr 0.4, SDMA 4.6 - 4Dx: Neg x 4 - O&P/Giardia: initially showed Tapeworms --> Drontal --> repeat fecal: NPS, Neg - Recheck CBC/Chem: Pending - Baseline Cortisol: Pending - Malabsorption panel (TLI/PLI/Cobalamin/Folate): Pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately 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.

Prostate is symmetrically enlarged (2.7 cm wide in the transverse view) with smooth margins that are well differentiated from surrounding tissue. Normal bilobed shape is maintained. Parenchyma is heterogenous with scattered hyperechoic foci present. No mineral or cysts are noted.

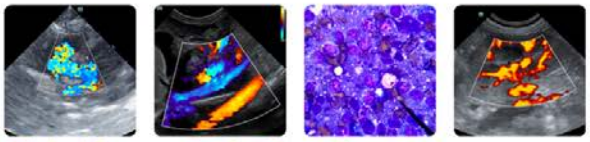
The right kidney is normal is size (5.82 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal is size (5.72 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.

Adrenal Glands

The right adrenal gland is normal in size (0.67 cm at cranial pole and 0.47 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.62 cm at cranial pole and 0.53 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.



PATIENT

Bo MLAR

SPECIES

Canine

BREED

Beagle

SEX

Intact Male

AGE

9-10 Years

WEIGHT

9.1 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Main Line Animal Rescue

REFERRING VET

Alicia Royer, DVM

INVOICE

72489

DATE

1/27/26

Spleen

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.

Liver

The 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.

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.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out.

If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

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 is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta/chyme. There is no evidence of obstruction, foreign material or infiltrative disease.

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

Pancreas

Pancreas is prominent (enlarged) in size and mildly irregular in shape with a slightly undulating contour. Parenchyma is coarse in echotexture and heterogenous to hypoechoic in echogenicity.

Free Abdomen

There is a trace amount of anechoic free fluid present.

There is no apparent pathologic lymphadenopathy noted in these images.

PRIMARY FINDINGS

- Mucosal speckling – 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.

- Chronic low-grade smoldering pancreatitis can't be ruled out and should be suspected in the face of appropriate clinical signs.

PATIENT

Bo MLAR

SPECIES

Canine

BREED

Beagle

SEX

Intact Male

AGE

9-10 Years

WEIGHT

9.1 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Main Line Animal Rescue

REFERRING VET

Alicia Royer, DVM

INVOICE

72489

DATE

1/27/26

- The trace free fluid is of unknown origin. Differentials (unless already ruled out) could include increased hydrostatic pressure (cardiac disease and/or vascular or lymph blockage), decreased oncotic pressure (low albumin), vasculitis, paraneoplastic fluid, rupture/leakage of/from an organ (GI, GB, UB, other), blood (hemoabdomen), other.

SECONDARY FINDINGS

- Benign Prostatic Hyperplasia – Prostatic findings are most consistent with Benign Prostatic Hyperplasia (BPH) and hyperechoic foci consistent with increased vascularity and fibrosis often associated with BPH. Active prostatitis cannot be ruled out. Infiltrative neoplasia cannot be ruled out but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Especially in an asymptomatic patient, I suspect that the pancreatic changes are not significantly pathologic, and the mucosal speckling is likely secondary to what appears to be a post-prandial study. Having said that, if patient was definitely fasted and/or reassessment of the GI tract following an additional 12-24 hours of fasting reveals gastric and bowel contents still, further weight would be given to possible non-fully obstructive foreign material. At this time, foreign material is considered less likely, in my opinion. If weight loss persists beyond management of patient's parasite load beyond adequate daily caloric nutrition intake, etc., further recommendations include:

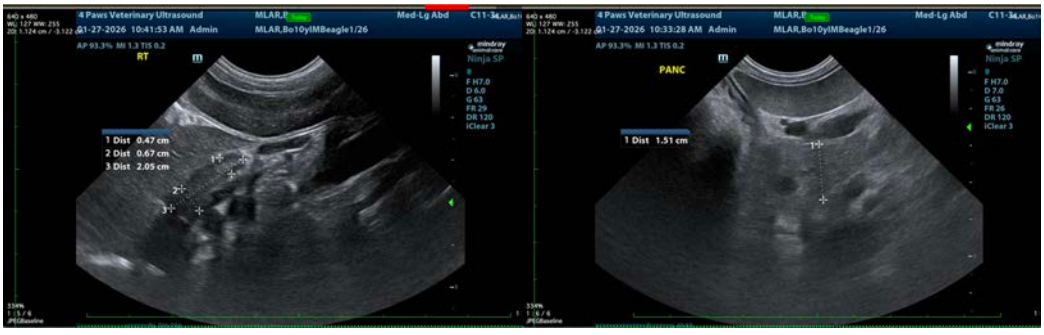
A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease. Contact lab for recommendations on how long to discontinue antibiotics (if indicated) prior to obtaining a stool sample for submission.

A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

Additionally, as is reportedly already pending, a full general metabolic health screen including urinalysis is recommended.

In the meantime, maintaining adequate nutrition, hydration, addressing parasites, etc. and monitoring is recommended while awaiting additional results.



PATIENT

Bo MLAR

SPECIES

Canine

BREED

Beagle

SEX

Intact Male

AGE

9-10 Years

WEIGHT

9.1 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Main Line Animal Rescue

REFERRING VET

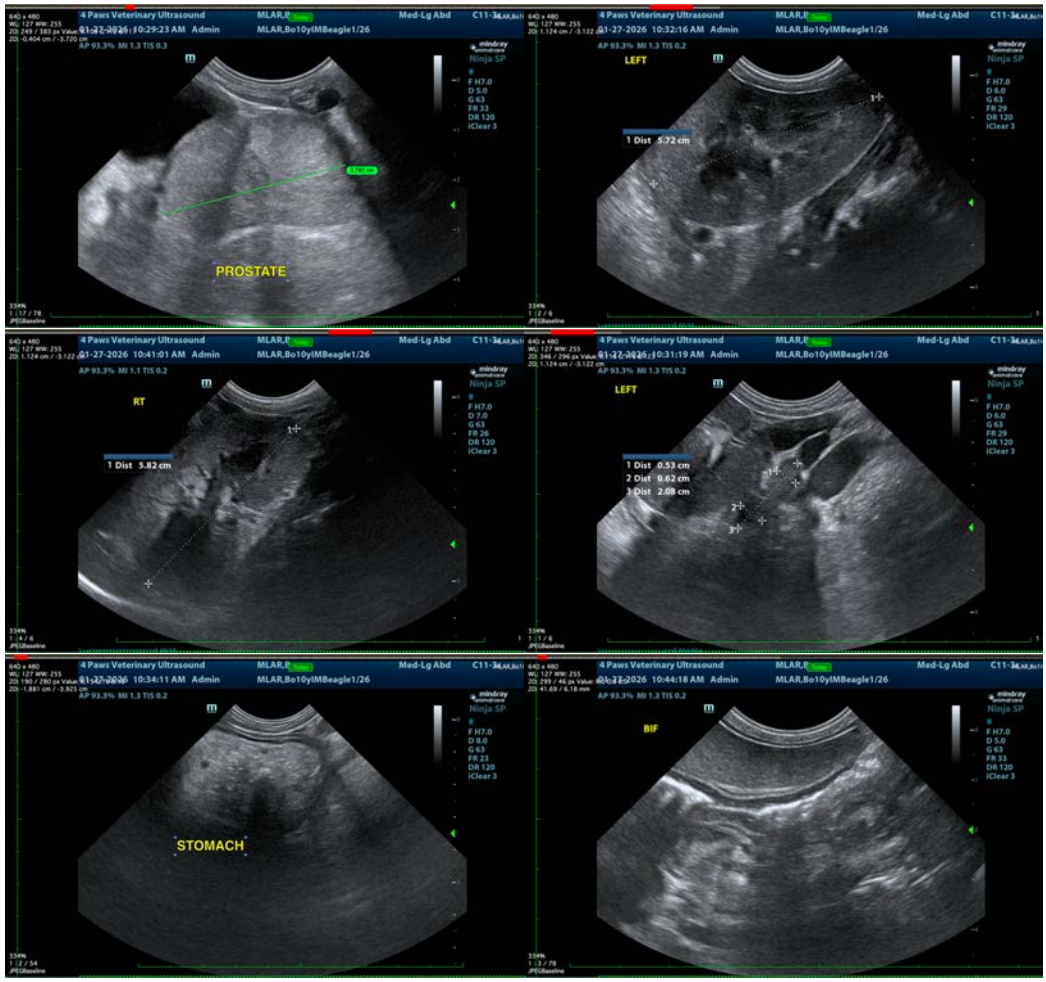
Alicia Royer, DVM

INVOICE

72489

DATE

1/27/26



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
info@sonopath.com