



PATIENT

Mia Shoemaker

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

14 Years

WEIGHT

5.98

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Jessica Morgan, RVT

HOSPITAL NAME

Oxford County
Veterinary Clinic

REFERRING VET

Dr. Bowcott

INVOICE

72491

DATE

1/27/26

PRESENTING CLINICAL SIGNS

Doing well clinically, but ALP is slowly climbing, and mild anemia, on Denamarin already.

Abnormal PE/Chem/CBC/UA Results: See attached bloodwork

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.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of mineral or infarcts observed. Left measures 3.8 cm. Right measures 4.5 cm. Mild to moderate pyelectasia is present bilaterally.

Adrenal Glands

Adrenal glands are plump/swollen in size. Normal shape and contour are maintained without evidence of capsular invasion. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The left adrenal is significantly larger, measuring 0.93 cm at the caudal pole, but the cranial pole is unable to be visualized. The right adrenal measures 0.96 cm at the cranial pole and 0.59 cm at the caudal pole.

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

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is moderately heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. 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 stomach is difficult to fully evaluate due to moderate distention with a large amount of echogenic non-shadowing contents consistent with normal ingesta and chyme, as well as a large amount of reverberation artifact from gas. Having said that, the wall of the stomach approaching the pylorus appears focally thick in several views, measuring 0.93 cm thick, and in some views there almost appears to be a tissue density extending into the pylorus, measuring approximately 1.5 cm x 1.7 cm in size. Having said that, again the stomach is full, and this is difficult to differentiate from normal ingesta.



PATIENT

Mia Shoemaker

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

14 Years

WEIGHT

5.98

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Jessica Morgan, RVT

HOSPITAL NAME

Oxford County
Veterinary Clinic

REFERRING VET

Dr. Bowcott

INVOICE

72491

DATE

1/27/26

The visible small intestines are normal in wall thickness and layering. 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

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.

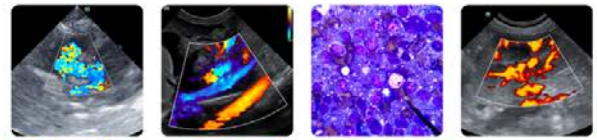
There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Possible gastric wall thickening and/or even potentially an intraluminal tissue density, with both benign differentials including gastritis +/- micro ulceration and/or emerging infiltrative neoplasia being possible and unable to be differentiated without tissue sampling.
- Bilateral adrenomegaly – In a patient diagnosed with hyperadrenocorticism, this finding is most consistent with adrenal hyperplasia secondary to pituitary dependent hyperadrenocorticism. This finding can also be seen with stress and/or normal patient variant. Interpret in combination with clinical signs of hyperadrenocorticism and/or other adrenal disease.
- Moderately heterogenous liver – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.
- Mild 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 abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given patient's reported laboratory changes i.e., primarily the ALP, the changes described above affecting the adrenal glands +/-the liver and gallbladder could all indicate some early or emerging adrenal disease such as hyperadrenocorticism. Having said that, however, these changes are most likely not contributing to what I consider a likely more significant issue, which is the regenerative anemia. The adrenal changes should be interpreted in combination with appropriate clinical signs and any concurrent, potentially more serious illness. Given the regenerative anemia and the suspected gastric wall changes, reassessment of the GI tract following an additional 12-24 hours of fasting could be



PATIENT

Mia Shoemaker

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

14 Years

WEIGHT

5.98

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Jessica Morgan, RVT

HOSPITAL NAME

Oxford County
Veterinary Clinic

REFERRING VET

Dr. Bowcott

INVOICE

72491

DATE

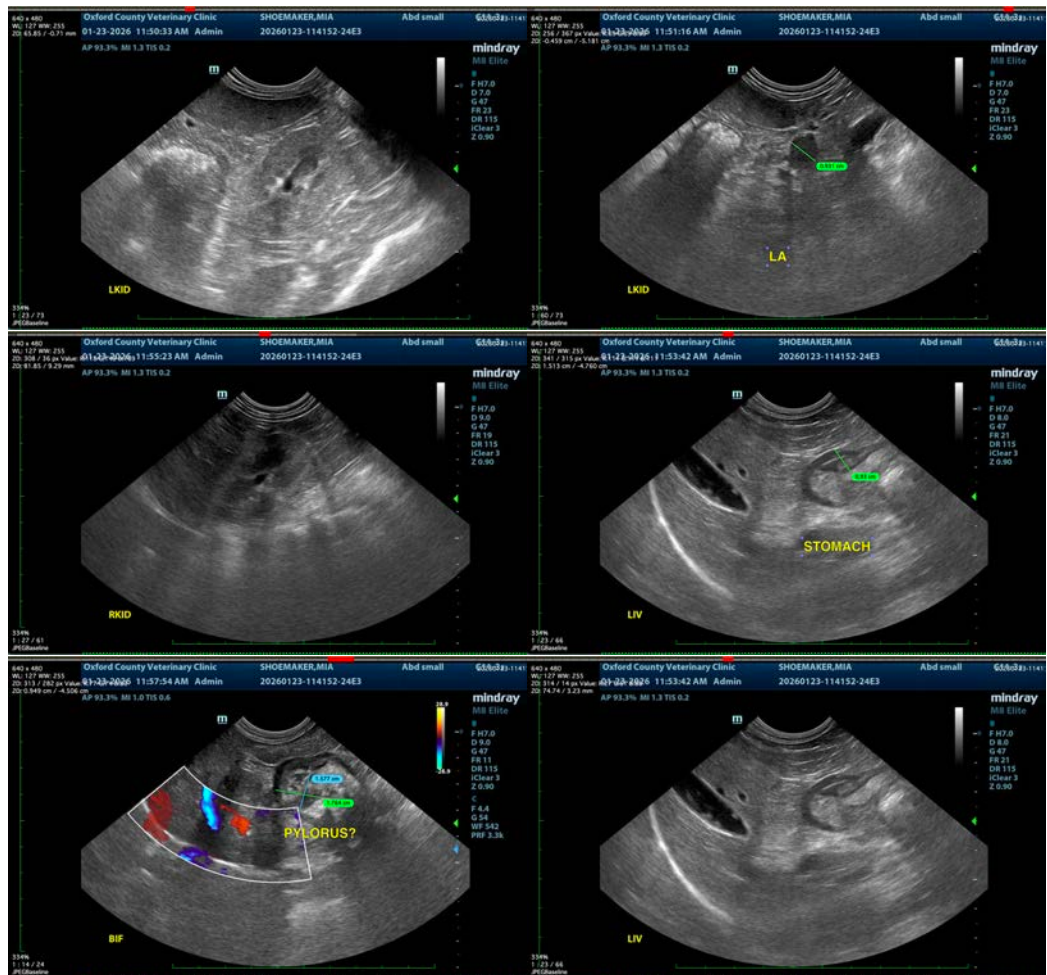
1/27/26

considered.

Alternatively, upper GI gastroscopy could be considered for further visual evaluation and biopsies of the stomach and proximal small bowel.

In the meantime, in addition to any supportive/symptomatic medical management of clinical signs, empirical antacids could be considered, as could empirical deworming with a 5-day course of Panacur.

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.





PATIENT

Mia Shoemaker

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

14 Years

WEIGHT

5.98

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Jessica Morgan, RVT

HOSPITAL NAME

Oxford County
Veterinary Clinic

REFERRING VET

Dr. Bowcott

INVOICE

72491

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