



**PATIENT**

Mocha Bella Vota

**SPECIES**

Canine

**BREED**

Australian Shepherd

**SEX**

Female

**AGE**

2 Years

**WEIGHT**

22.5

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Matthew Olcha

**HOSPITAL NAME**

East Meadow VC

**REFERRING VET**

Matthew Olcha

**INVOICE**

20370

**DATE**

1/5/23

**PRESENTING CLINICAL SIGNS**

History: NAR for about 5 days. Was vomiting and having diarrhea, GI signs responded to cerenia and flagyl given on 1/3. Appetite remains reduced but no v/d. Main concern is ongoing lethargy. P is currently in estrus. No known dietary indiscretion or changes. Slide review of CBC and single cortisol sample tests pending.

Abnormal PE/Chem/CBC/UA Results: Thrombocytopenia (52k), otherwise CBC/chem WNL. Abdominal x-rays taken on 1/3 unremarkable.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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.

Left kidney is normal is size (4.47 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.

Right kidney is normal is size (6.5 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 left adrenal gland is small (flattened contour). Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The left adrenal gland measures 0.32 cm at cranial pole and 0.35 cm at caudal pole.

The right adrenal gland is unable to be well visualized in these images.

**Spleen**

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 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.

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 lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta.



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There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.

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The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

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***Pancreas***

The observed pancreas 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.

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***Free Abdomen***

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

***Other***

The ovaries are not well visualized in these images. The uterine body is mildly fluid distended.

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**ULTRASONOGRAPHIC FINDINGS**

- Flat left adrenal gland – 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.
- Mildly distended uterine body- Likely normal patient variant for an intact dog in estrous, however, an early or open pyometra cannot be definitively ruled out.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

As is reportedly already pending, a baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

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Pending results, additional diagnostic considerations, since this patient originally presented with vomiting and diarrhea, could include a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory.

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In the meantime, given the gradual reported clinical improvement, continued supportive/symptomatic medical management of acute gastroenteritis, etc. with antiemetics, gastroprotectants, appetite stimulants (if necessary), a probiotic such as Visbiome or Provable, in addition to empirical deworming with a 5-day course of Panacur is recommended.

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Additionally, close evaluation of vaginal discharge for any indication of an open pyometra is also recommended, especially if this patients clinical presentation and/or laboratory changes begin to support that.

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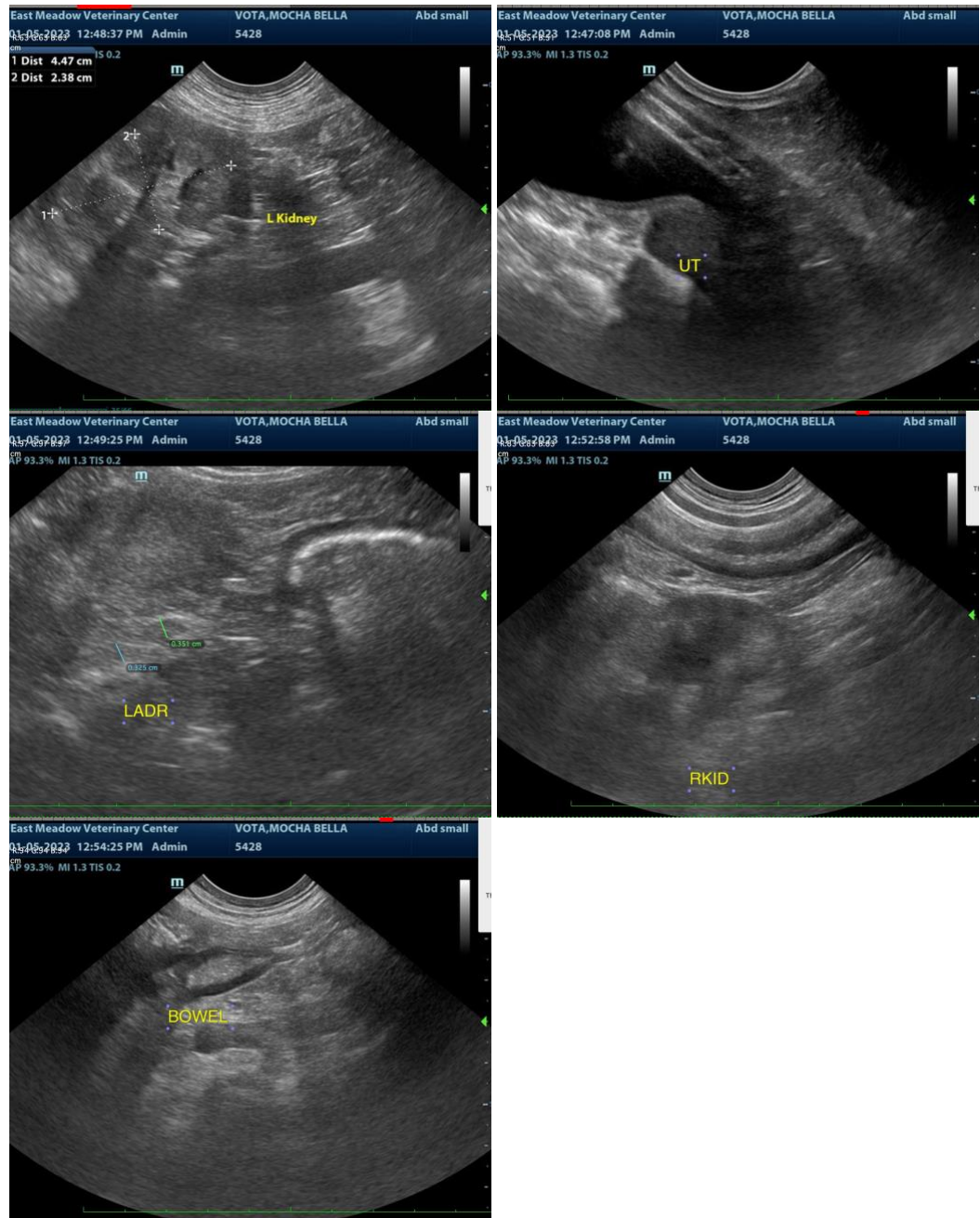
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**



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Beth.Johnson@SonoPath.com

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