



**PATIENT**

Georgia Peach Reilly

**SPECIES**

Canine

**BREED**

Rottweiler

**SEX**

Spayed Female

**AGE**

7 Years

**WEIGHT**

43.8 kg

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

Dr. Nelson

**INVOICE**

17780

**DATE**

10/17/22

**PRESENTING CLINICAL SIGNS**

History: Presented at our hospital for AUS. Started two weeks ago with off and on eating, vomiting medications, would only eat chicken. Took to rdvm, was put on Cerenia, Metro, Appetite stim. Pet continued to vomit medications, now NE this weekend. Took to rdvm, on rads possible splenic mass, rec AUS. Previous Health Concerns: Pancreatitis, Kidney issues, Allergy injections, both ACL repaired Current Medications/Supplements/OTC: keeps vomiting them, so no Appetite/When did they eat last: NE

Abnormal PE/Chem/CBC/UA Results: Rdvm Bloodwork: wnl Rdvm Rads: Possible mass in area of spleen

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Urinary bladder is adequately distended with primarily anechoic contents and occasional echogenic non-shadowing debris. Apical urinary bladder wall is diffusely thick (0.75 cm). Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

Left kidney is normal is size (6.39 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. A hyperechoic band parallel to the corticomedullary border is present.

Right kidney is normal is size (6.28 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. A hyperechoic band parallel to the corticomedullary border is present.

**Adrenal Glands**

Adrenal glands are small (flattened contour). Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The left adrenal gland measures 0.47 cm at the cranial pole and 0.49 cm at the caudal pole. The right adrenal gland measures 0.54 cm at the cranial pole and 0.5 cm at the caudal pole.

**Spleen**

Spleen is subjectively large 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. The spleen is folded upon itself, which is a positional non-pathologic variant.

**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.



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***Gastrointestinal***

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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. 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 empty with 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***

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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.

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**ULTRASONOGRAPHIC FINDINGS**

- Flat adrenal glands bilaterally – 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.
- Medullary rim sign - This finding is of unknown clinical significance and can be a normal variant, often idiopathic. Medullary rim sign can be present with renal disease including FIP, lymphoma, hypercalcemic nephropathy, Leptospirosis, tubular disease, other and should be interpreted in combination with other more specific indications of kidney disease such as isosthenuria, proteinuria, azotemia, etc. This is a common incidental finding in patients with diabetes mellitus.
- Chronic Cystitis - Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely give the location and diffuse nature of the changes.
- A folded spleen as described above. No evidence of a splenic mass is visible in these images at this time.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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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Urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

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If a diagnosis of hypoadrenocorticism is not obtained, next diagnostic recommendations include a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI



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Laboratory is recommended for further evaluation of GI and pancreatic function.

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In the meantime, in addition to symptomatic supportive medical management in the form of antiemetics, gastroprotectants, appetite stimulants, etc., empirical deworming with a 5-day course of Panacur is recommended, as is transition to either a bland, easy to digest diet or potentially a hydrolyzed protein diet based on trial-and-error response.

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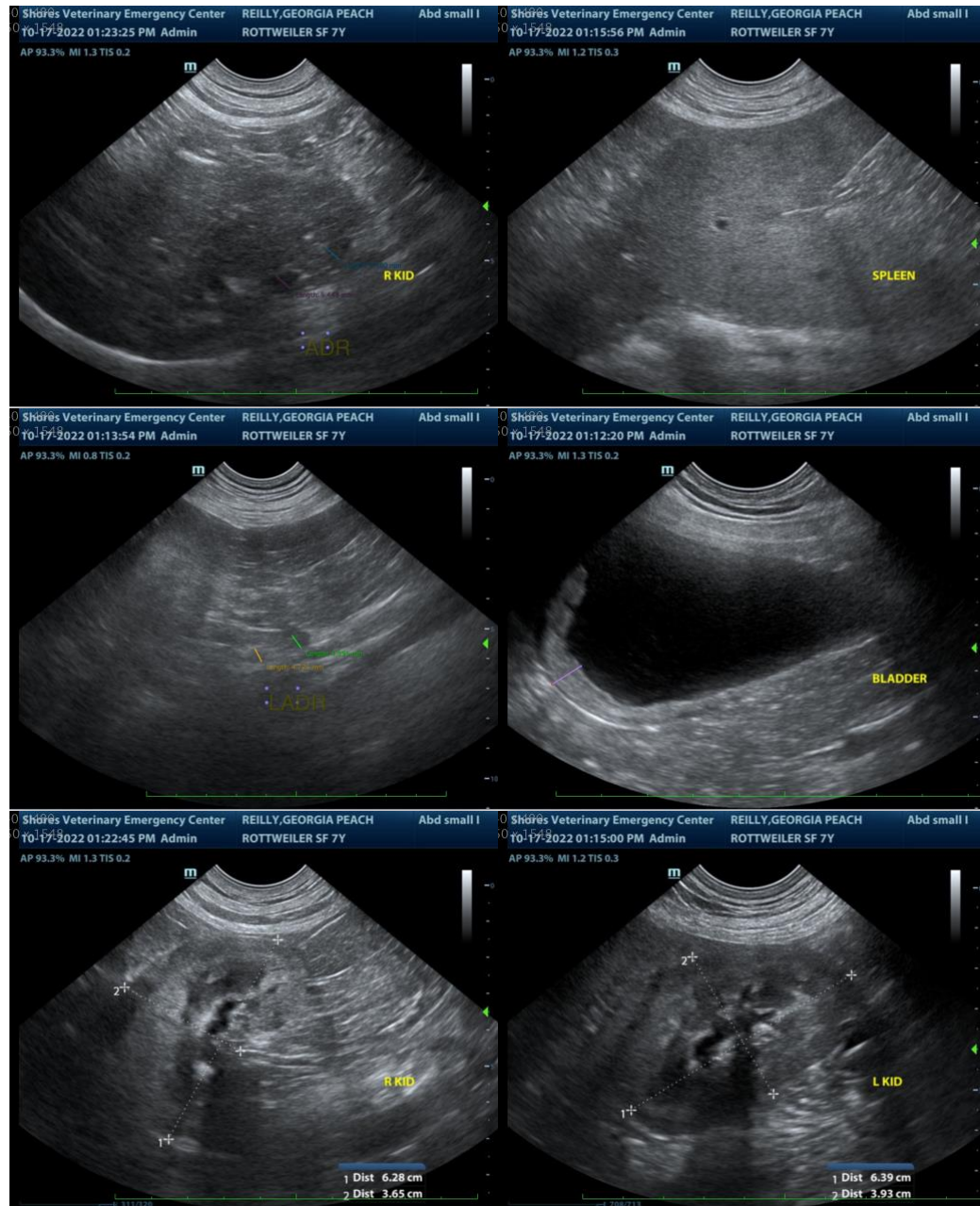
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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Beth.Johnson@SonoPath.com

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