

**PATIENT**

Sunny Detrick

**PRESENTING CLINICAL SIGNS**

**SPECIES**

Canine

**BREED**

Beagle

**SEX**

Spayed Female

**AGE**

9 Years 11 Months

**WEIGHT**

35.2 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING BY**

Loetitia Saint-Jacques,  
LVT

**HOSPITAL NAME**

MountainView AH

**REFERRING VET**

Dr. Bridget Landon

**INVOICE**

42457

**DATE**

10/27/22

~hepatomegaly, additional concern for right lung consolidation~ muffled heart sound R side.  
Weight 37.2 pounds BodyScore 9 - Obese Temp 100.2 Pulse 90 Resp pant CRT <2 sec BP  
181/180/188 6-11cm/sit/rceph

Abnormal PE/Chem/CBC/UA Results: Relevant Radiograph Findings(email radiographs if available): ~CONCLUSIONS: 1. Volume loss and diffuse increased opacity, right middle lung lobe. This is suspicious for atelectasis secondary to recumbency, likely exacerbated by sedation/anesthesia. Potential pathologic etiologies include pneumonia and pulmonary hemorrhage. 2. Moderate bronchial and interstitial pulmonary pattern. This finding is nonspecific. Possible etiologies include chronic airway disease, previous or current heartworm infection, fibrosis/scarring and age-related change. 3. Otherwise unremarkable thorax. 4. Moderate hepatomegaly. This finding most likely represents diffuse nonspecific hepatopathy/hepatocellular disease, with multiple potential etiologies such as chronic endocrinopathy. Less likely potential etiologies include congestion and neoplasia. 5. Otherwise unremarkable abdomen. 6. Suspect degenerative disc disease, multiple sites lumbar spine. 7. Soft tissue swelling of the second, third and fourth digits, left and right front feet. These changes are likely secondary to chronic paronychia. The changes are symmetrical and the current clinical significance is uncertain.~ LABS ~elevated ALP~

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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.

The right kidney is normal in size (6.27 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 in size (6.42 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.

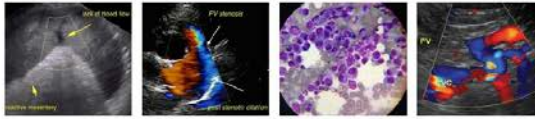
**Adrenal Glands**

The right adrenal gland is normal in size (0.55 cm at the cranial pole and 0.55 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.82 cm at the cranial pole and 0.74 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**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.



## PATIENT

Sunny Detrick

### **Liver**

## SPECIES

Canine

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.

## BREED

Beagle

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**

## SEX

Spayed Female

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.

## AGE

9 Years 11 Months

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

## WEIGHT

35.2 Pounds

### **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.

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

### **Free Abdomen**

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

The left sublumber lymph node is prominent and hypoechoic in appearance, ovoid in shape, and measures 0.73 cm thick x 1.66 cm long. The right sublumber node is slightly hypoechoic and prominent with normal shape, measuring 0.49 cm thick x 2.67 cm long.

## IMAGING BY

Loetitia Saint-Jacques,  
LVT

A small hypoechoic, prominent mesenteric lymph node is noted measuring 0.38 cm thick.

## ULTRASONOGRAPHIC FINDINGS

## HOSPITAL NAME

MountainView AH

- **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.

## REFERRING VET

Dr. Bridget Landon

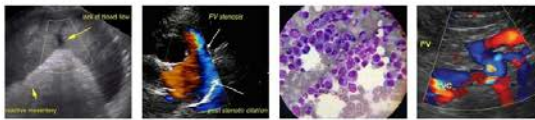
- **Reactive sublumber lymph nodes** – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

## INVOICE

42457

## DATE

10/27/22



**PATIENT**

Sunny Detrick

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SPECIES**

If not already evaluated, a rectal, perineal, and pelvic limb exam is recommended to rule out pathology that may result in sublumbar lymphadenopathy.

Canine

Differentials are ALP elevations are vast and non-specific. Differentials include, but are not limited to, benign nodular hyperplasia which occurs in 70% of older dogs and often does not result in an abnormal ultrasound, reactive or idiopathic/vacuolar hepatopathy, cholestasis and/or hyperadrenocorticism as well as many chronic non-hepatobiliary diseases such as chronic infections/inflammation from dental disease, IBD, neoplasia, hyperlipidemia, hypothyroidism, chronic pancreatitis, chronic stress, etc.

**BREED**

Beagle

**SEX**

Spayed Female

There is no ultrasonographic evidence of cholestasis. Adrenocortical testing such as a low dose dexamethasone suppression test could be considered if clinical signs of hyperadrenocorticism are present. Ursodiol could be considered if gallbladder sludge is noted. A fine needle aspirate of the liver could be considered if patient's coagulation status is appropriate. Otherwise, recommendations include addressing any other concurrent disease and monitoring. If values are progressive, recheck imaging is recommended.

**AGE**

9 Years 11 Months

**WEIGHT**

35.2 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING BY**

Loetitia Saint-Jacques,  
LVT

**HOSPITAL NAME**

MountainView AH

**REFERRING VET**

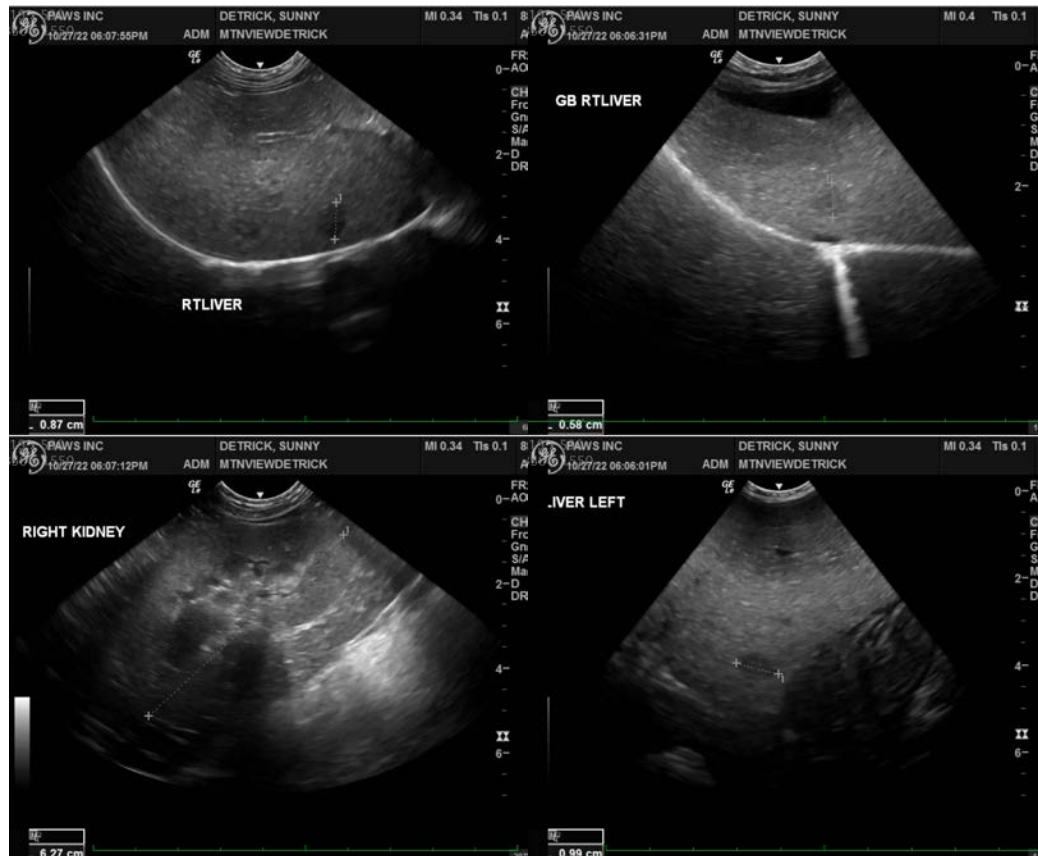
Dr. Bridget Landon

**INVOICE**

42457

**DATE**

10/27/22





**PATIENT**

Sunny Detrick

**SPECIES**

Canine

**BREED**

Beagle

**SEX**

Spayed Female

**AGE**

9 Years 11 Months

**WEIGHT**

35.2 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING BY**

Loetitia Saint-Jacques,  
LVT

**HOSPITAL NAME**

MountainView AH

**REFERRING VET**

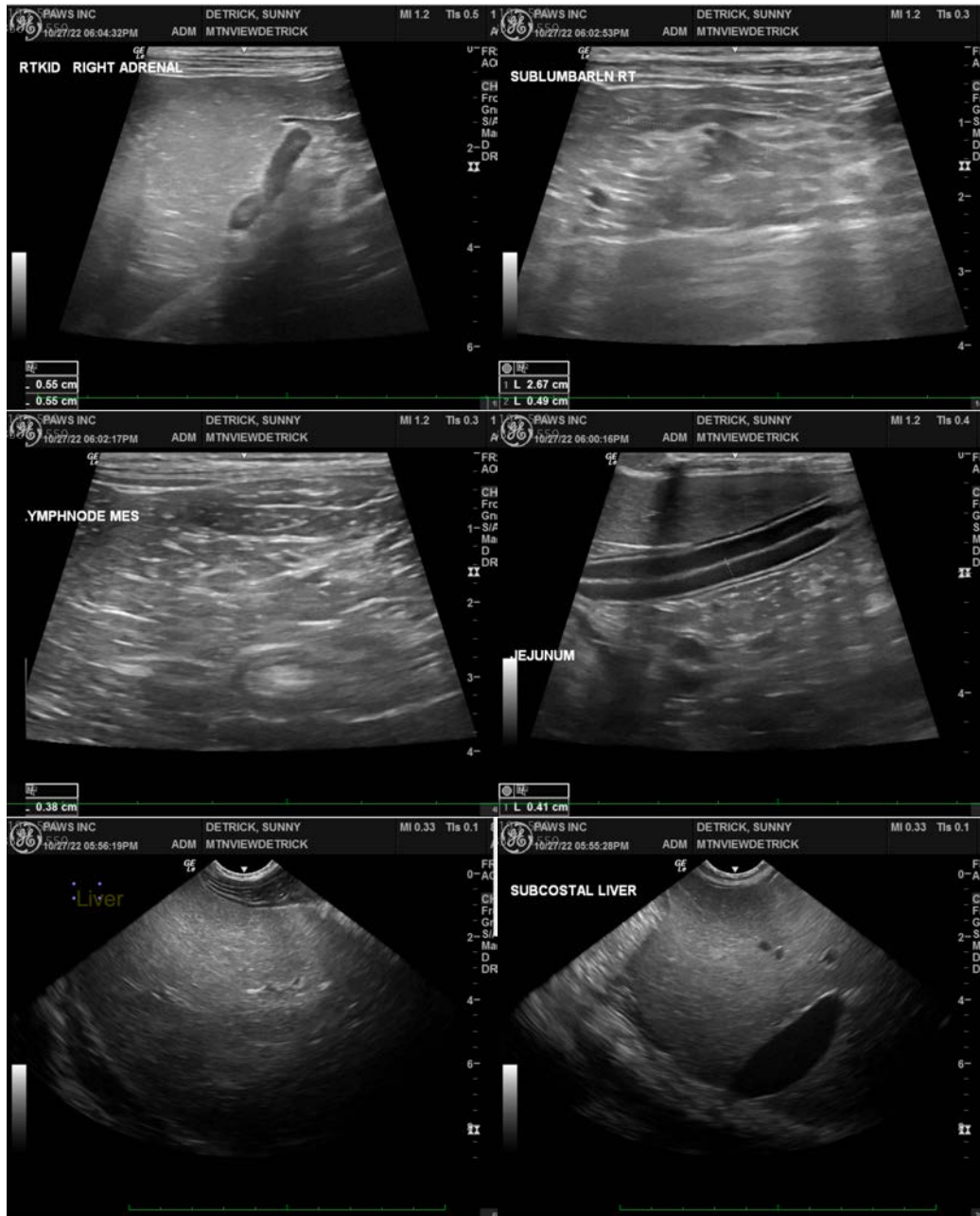
Dr. Bridget Landon

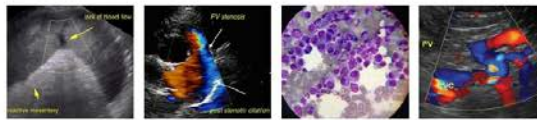
**INVOICE**

42457

**DATE**

10/27/22





**PATIENT**

Sunny Detrick

**SPECIES**

Canine

**BREED**

Beagle

**SEX**

Spayed Female

**AGE**

9 Years 11 Months

**WEIGHT**

35.2 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING BY**

Loetitia Saint-Jacques,  
LVT

**HOSPITAL NAME**

MountainView AH

**REFERRING VET**

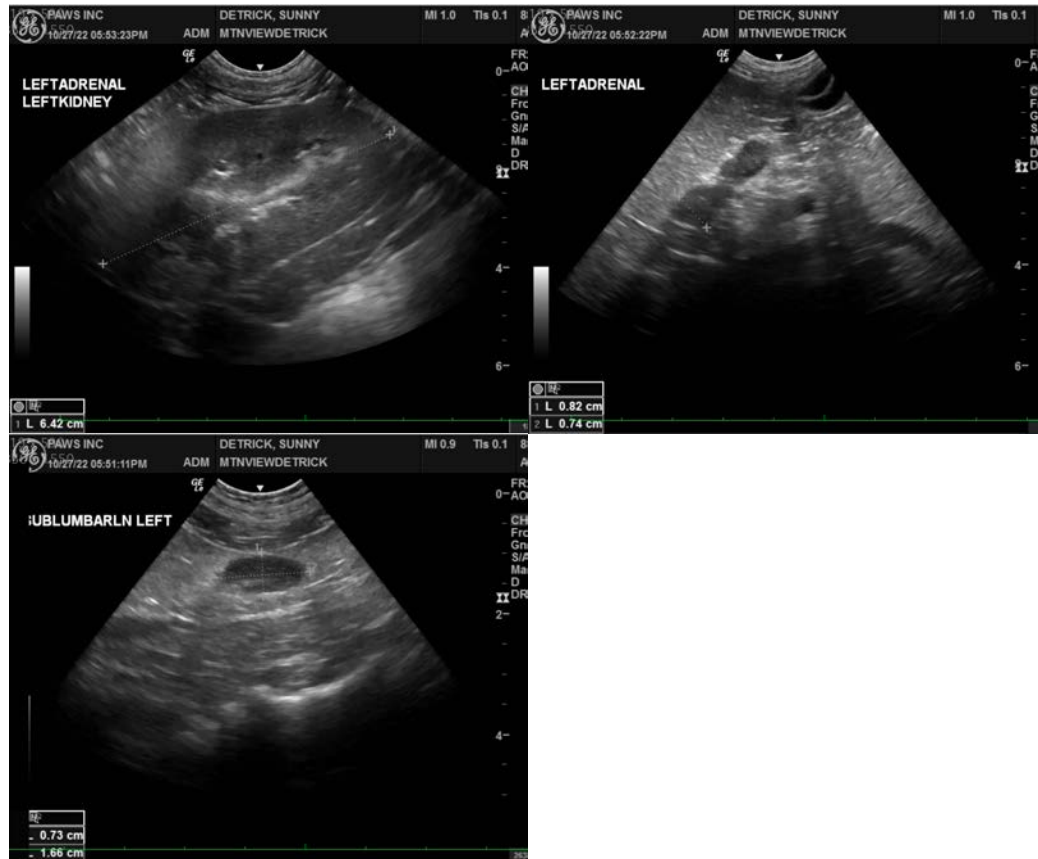
Dr. Bridget Landon

**INVOICE**

42457

**DATE**

10/27/22



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