

**DATE PRESENTING CLINICAL SIGNS**

10/28/22

Had sonogram on 10/26 and was recommended repeat after 24 hour fast. Clinical presentation of patient is just whining consistently. No specific area of reported pain just consistent whining. Still eating normally and able to keep food down, stools normal. Did vomit bile 2x on Wednesday but that was after 12 hour fast for previous sonogram. No other noted nausea. Owner adopted pet ~ 1.5 yrs ago, doesn't know much history but we did note that Boo Boo has a scar from past surgery on his abdomen.

**PATIENT**

Boo Boo Salemi

**SPECIES**

Canine

Current Medications: None listed.  
Date of Previous IntraPet Ultrasound: 10/26/22. See attached.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Requested by DVM.

**BREED**

Mixed

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Neutered Male

**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.

**AGE**

11/19/10

The area of the prostate is examined without evident pathology.

**WEIGHT**

82.6 Pounds

Kidneys are bilaterally small, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. The right kidney measured 6.57 cm. The left kidney measured 6.53 cm.

**INTERPRETED BY**Beth Johnson, DVM  
DACVIM**Adrenal Glands**

Adrenal glands are largely normal in size, shape and contour. Some parenchymal heterogeneity is present without concerning capsular distortion. These changes are likely normal for this age but should be monitored if there is any suspicion of adrenal disease. The right adrenal gland measures 3.29 cm long x 0.83 cm at the cranial pole and 0.96 cm at the caudal pole. The left adrenal gland measures 3.48 cm long x 1.0 cm at the cranial pole and 0.90 cm at the caudal pole.

**IMAGING PERFORMED BY**

Rachel Brillhart RDMS

**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.

**HOSPITAL NAME**

Parkville AH

**Liver**

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.

**REFERRING VET**

Dr. Mangini

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.

**INVOICE**

42428

**Gastrointestinal**

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.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). 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.

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

### ***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.

### ***Free Abdomen***

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

There is no apparent lymphadenopathy noted in these images.

## **PRIMARY FINDINGS**

- **Chronic Kidney Disease** – This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.
- **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.
- **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.

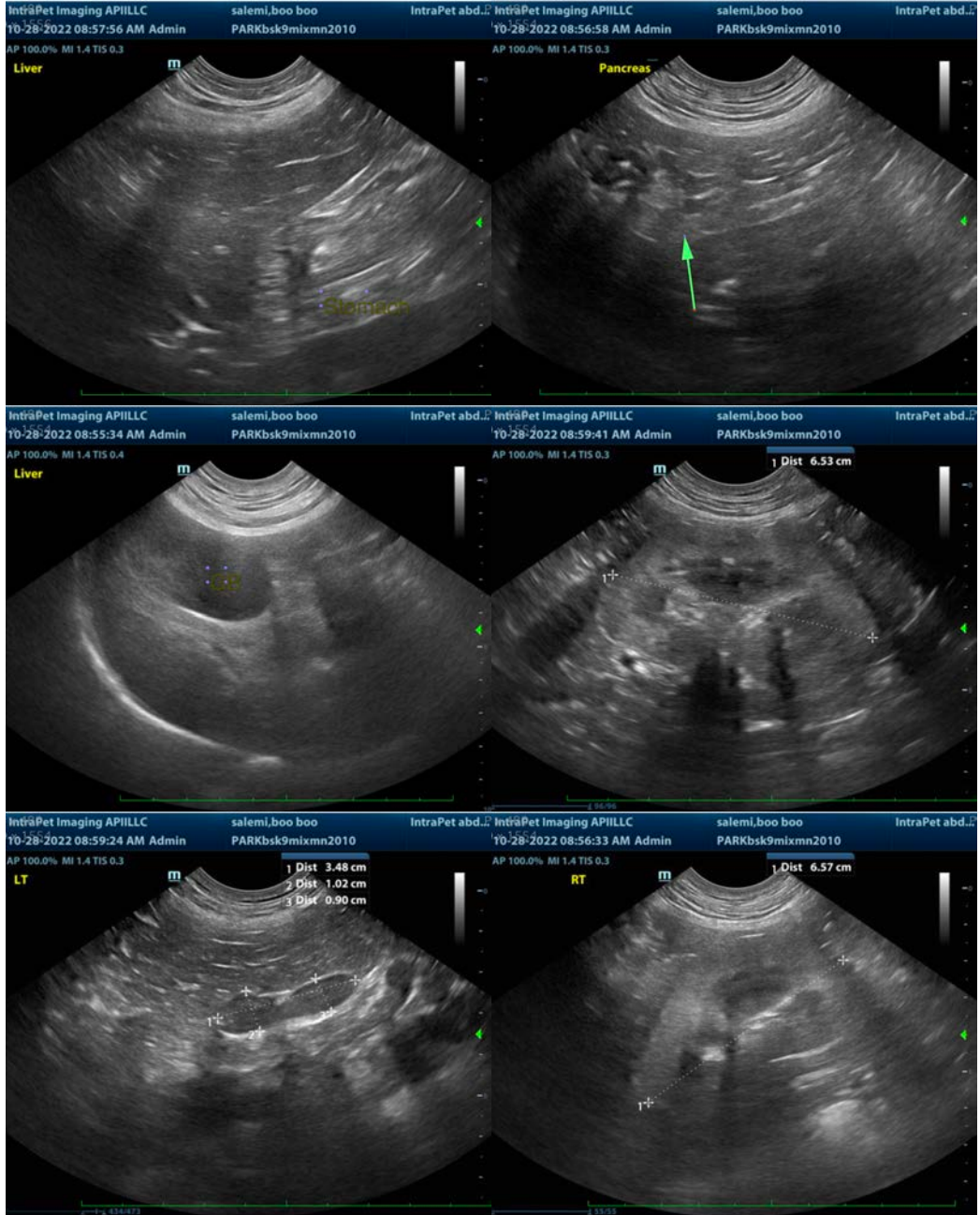
## **SECONDARY FINDINGS**

- Age related adrenal gland changes

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is no evidence of a gastric or intestinal foreign body noted today, and no evidence of the ascoustic shadowing present on the last ultrasound. Given this patient's possible ingestion of sand and some darker stool passage reported, it is likely that the patient abdominal signs are secondary to some dietary indiscretion and resolving gastroenteritis.

Recommendations include management of this with antiemetics if necessary, gastroprotectants +/- Sucralfate, and a bland, easy to digest diet. If pain persists beyond that, then further evaluation for orthopedic and/or neurologic causes would be recommended. If gastrointestinal signs return, then recheck imaging would be warranted at that time.





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.

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