



## PATIENT

Charley Justen

## SPECIES

Canine

## BREED

Golden Doodle

## SEX

Female

## AGE

7 Months

## WEIGHT

33.4 lbs

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Dr. Lucas Budden

## HOSPITAL NAME

Frontier Veterinary  
Hospital

## REFERRING VET

Dr. Lucas Budden

## INVOICE

72023

## DATE

11/20/25

## PRESENTING CLINICAL SIGNS

Clinical signs: Regurgitation History: Daily regurgitation over the past 5 weeks. Appears to be after eating and drinking too much water. No vomiting or diarrhea otherwise. Normal appetite. Maintaining weight. Per owner during last conversation doing slow feeder, slowing down water consumption, and diet change have not changed this behavior. Today owners said they were slowing down water intake and signs had improved (no regurge in past couple days). Medications Trazodone, gabapentin, butorphanol, dexdomitor to facilitate ultrasound Pepcid Simparica Trio

Abnormal PE/Chem/CBC/UA Results: Exam: Well hydrated, BCS 5/9, right ear mild redness with confirmed yeast infection, abdomen comfortable on palpation, no vulvar swelling or discharge of note  
Diagnostics: cbc/chem/pt/ptt 11/6/25: normal fecal 7/26/25: negative chest and abdominal rads 11/5/25 Radiographic Conclusions/Recommendations: Normal thorax and abdomen.

## 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.

The right kidney is normal is size (6.75 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 is size (5.97 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 (0.47 cm at cranial pole and 0.31 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.30 cm at cranial pole and 0.40 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

### Spleen

The spleen is subjectively normal in size (1.3 cm thick at the hilus) 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

The 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.



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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

## SPECIES

Canine

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with a small to moderate amount of 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.

## BREED

Golden Doodle

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.

## SEX

Female

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

## AGE

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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.

## WEIGHT

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## Free Abdomen

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There is no visible free peritoneal effusion noted in these images.

Mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

Both ovaries are well visualized, with no reproductive tract pathology noted in these images at this time.

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## ULTRASONOGRAPHIC FINDINGS

- Moderately reactive mesenteric lymph nodes – This finding is likely in part if not largely normal patient variant/juvenile lymphadenopathy, given patient's young age. Infiltrative neoplastic disease cannot be ruled out but is considered less likely.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is not a definitive ultrasonographically visible intraabdominal explanation for patient's reported regurgitation. If not already evaluated, contrast radiography/esophagram versus swallow study and/or even esophagostomy could be considered.

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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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A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

In the meantime, empirical medical management of possible esophagitis/GERD could be considered.

If tolerated, a transition in diet is recommended, based on trial-and-error response.



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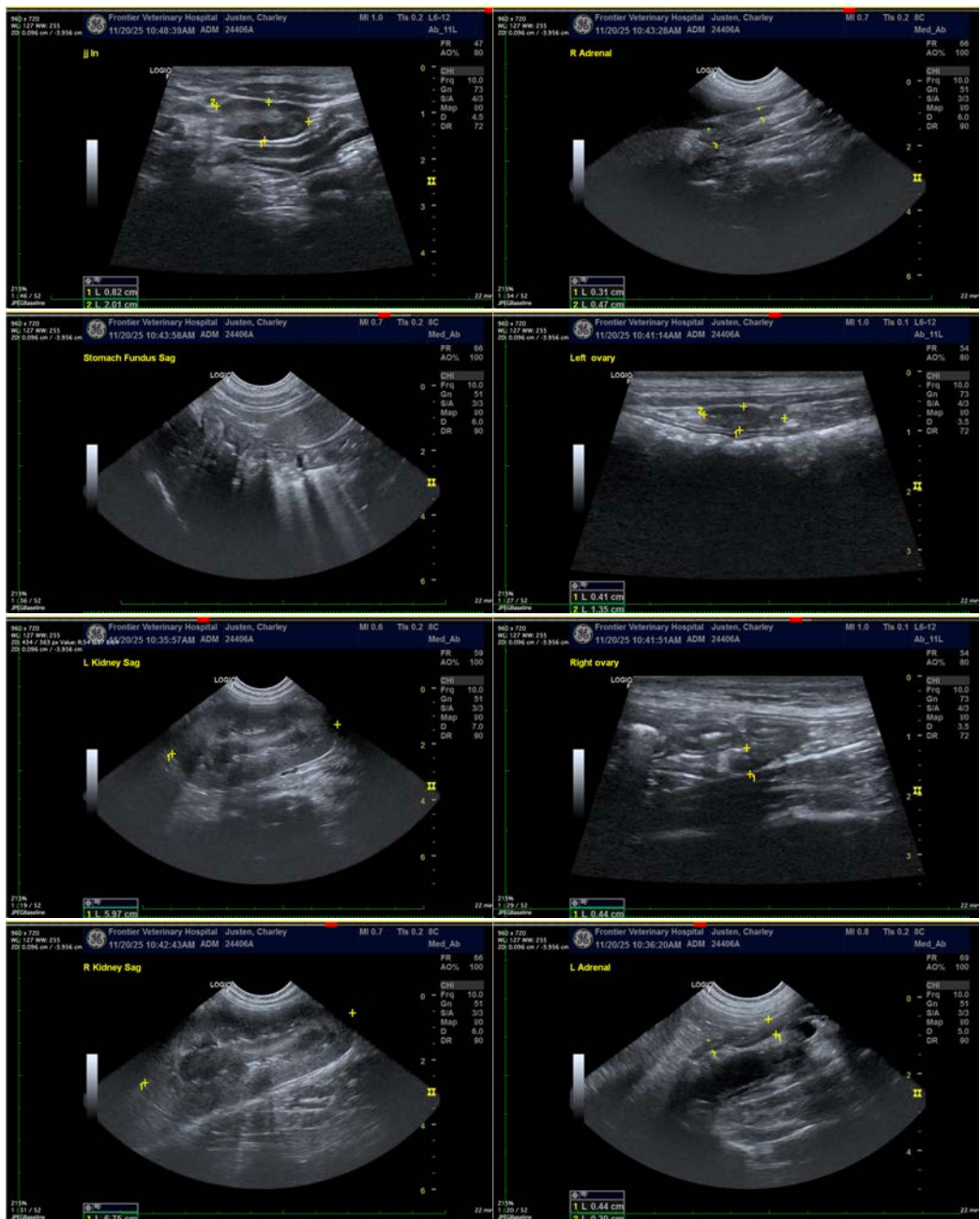
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Some options to consider include a gastrointestinal biome diet vs a hydrolyzed protein diet (sometimes several trials with different brands are necessary) vs a fiber response/colitis diet vs a bland, easy to digest or low-fat diet vs other.





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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**  
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