



PATIENT

Gretta Gritzer

SPECIES

Canine

BREED

Great Pyreneese/Mastiff Mix

SEX

Spayed Female

AGE

6 years

WEIGHT

87

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Reyes

HOSPITAL NAME

Graceful Paws Pet
Clinic

REFERRING VET

Dr. Benavent

INVOICE

10675

DATE

11/03/2025

PRESENTING CLINICAL SIGNS

Pet presented for ultrasound due to ascites and weight gained. Pet is also having liquid diarrhea and gas.

Abnormal PE/Chem/CBC/UA Results: CBC: NSF Chem Ca: 7.6 TP: 3.3 Alb: 1.4 Glob: 2.0 ALT: 163 Alp: < 10 Chol: 76

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 unable to be visualized in these images.

The left kidney is normal in size (9.3 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 adrenal glands are unable to be visualized in these images.

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.

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.

The gallbladder is non-distended in size. The gallbladder wall is thick and edematous characterized by an intramural hypo to anechoic rim or "double rim effect or halo sign". Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The stomach is unable to be visualized in these images.

Small intestine is diffusely mildly thick with a relatively thick mucosa compared to other layers. Normal wall layering is preserved; however, the mucosa is more echogenic than normal and contains hyperechoic striations perpendicular to the lumen. 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 or foreign material noted.



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

Pancreas

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.

Free Abdomen

There is a moderate amount of anechoic free fluid.

There is no visible pathologic lymphadenopathy noted in these images.

PRIMARY FINDINGS

- Lymphangiectasia – Small bowel findings are most consistent with lacteal dilation. These findings can be observed with protein-losing enteropathies caused by either primary lymphangiectasia or primary infiltrative inflammatory disease with secondary lymphangiectasia. Infiltrative neoplasia is possible but considered less likely. Histopathology is necessary to definitively determine underlying cause.
- The free fluid is likely secondary to reported hyperalbuminemia, although other pathologic causes can't be ruled out.

SECONDARY FINDINGS

- Gallbladder “halo sign” – GB wall edema is a non-specific change and can be seen with any underlying etiology (ie vasculitis, hypoalbuminemia, CHF, other) that results in edema, as well as immune-mediated disease, anaphylactic shock, other. Cholecystitis cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

Ideally, biopsies of the GI tract are recommended to definitively diagnose and therefore manage the infiltrative bowel process.

If biopsies cannot be obtained safely due to low albumin or patient stability, etc., empirical therapies could include diet change to an ultra-low-fat diet, empirical deworming with a 5-day course of Panacur, cobalamin supplementation (unless cobalamin level is evaluated and supplementation is not warranted) a probiotic and prednisolone (if not contraindicated based on patient contraindications, comorbidities, etc.).

Calcium monitoring, and supplementation, if necessary, is also recommended.



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Additionally, if patient's coagulation status is otherwise appropriate, anti-thrombotics such as clopidogrel or low dose aspirin may also be warranted.

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Additionally, if not recently evaluated, ruling out proteinuria is recommended via urinalysis and, if indicated based on urinalysis results, urine culture is 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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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.

HOSPITAL NAME

Graceful Paws Pet Clinic

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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info@sonopath.com

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