



PATIENT

Benji Beuree

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

3 Years

WEIGHT

4.1 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Nigel Gumley

HOSPITAL NAME

Cedarview AH

REFERRING VET

Dr. Nigel Gumley

INVOICE

43078

DATE

11/30/22

PRESENTING CLINICAL SIGNS

Since August has been having frequent episodes of teeth chattering and lip-smacking, possibly worse with palpation of cranial abdomen. No weight loss. Has a history of chronic intermittent vomiting and ingesting foreign bodies.

Abnormal PE/Chem/CBC/UA Results: 1 cm raised oral nodular lesion noted in left side under tongue when sedated. Tense cranial abdomen. Normal CBC, chemistries and cPLi. Chest rads normal, no esophageal changes noted.

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.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

The right kidney is normal in size (3.8 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 (3.5 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 area of the right adrenal gland is examined. The caudal pole measures 0.37 cm and is normal in appearance. The cranial pole is unable to be well visualized.

The left adrenal gland is normal in size (0.45 cm at the cranial pole and 0.42 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.

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.

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.



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Gastrointestinal

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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.

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The visible small intestines are normal to the upper end of normal limit in wall thickness, with the duodenum measuring maximally 0.50 cm and the jejunum measuring maximally 0.4 cm, with normal 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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Yorkshire Terrier

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

SEX

Pancreas

Neutered Male

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.

AGE

Free Abdomen

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

WEIGHT

The 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.

4.1 kg

PRIMARY FINDINGS

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- **Diffusely mildly thick small bowel with normal layering** – Rule out normal patient variant versus possibly infiltrative bowel disease, most likely benign, given the appearance of the bowel and lack of other pathology.

Beth Johnson, DVM
DACVIM

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

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SECONDARY FINDINGS

Dr. Nigel Gumley

- **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.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dr. Nigel Gumley

Given this patient's reported teeth chattering and recent discovery of an oral mass, recommendations are removal/biopsy of the oral mass followed by appropriate pain management, antibiotics, etc., as indicated clinically.

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Given the patient's concurrent chronic vomiting, however, further evaluation of the gastrointestinal tract is recommended, beginning with a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory. Pending results, given the mildly thick bowel, an upper GI gastroscopy/endoscopy could be considered for biopsies.

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In the meantime, antacid therapy is recommended. Empirical deworming with a 5-day course of Panacur is recommended. A transition in diet based on trial-and-error response, beginning with a hydrolyzed protein diet or potentially considering a bland, easy to digest or low-fat diet, could be considered.

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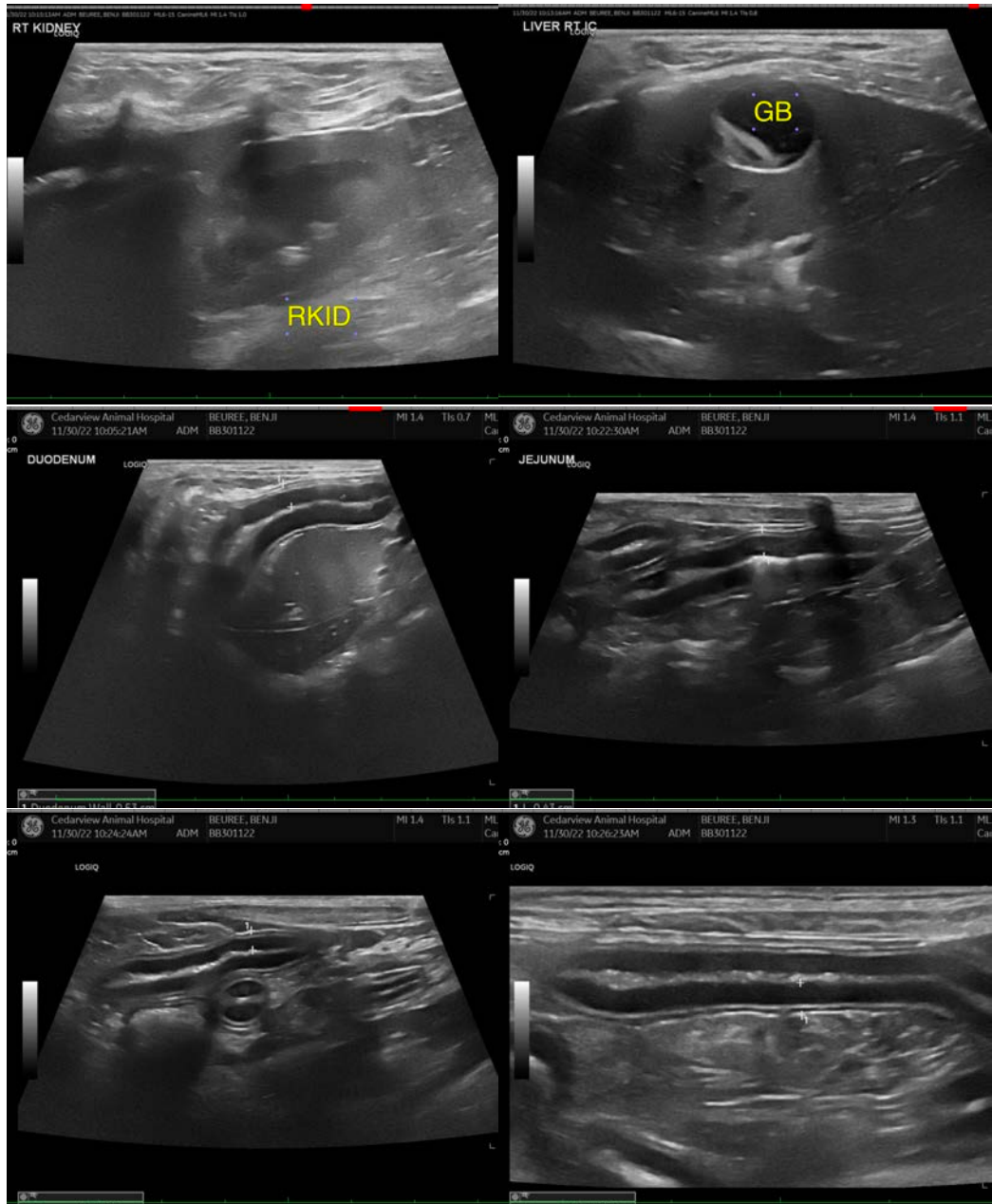
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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