



PATIENT

Bradley Gould

SPECIES

Canine

BREED

Golden Retriever

SEX

Male

AGE

1 Year 6 Months

WEIGHT

70 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Ken Leal

HOSPITAL NAME

VCA Blairstown Animal
Hospital

REFERRING VET

Dr. Clegg

INVOICE

71589

DATE

11/5/25

PRESENTING CLINICAL SIGNS

Febrile, poor appetite Physical exam: unremarkable Medications: clavamox, cerenia

Abnormal PE/Chem/CBC/UA Results: AlkPhos = 167 Neutrophils = 17,000 Urine culture = negative Specific Gravity urine = 1.034

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.

Prostate is normal in size for an intact male, measuring 2.5 cm wide. Parenchyma is diffusely homogenous and relatively hyperechoic. Normal distinct margins and symmetrical bilobed shape are maintained.

The right kidney is normal in size (7.5 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.

The left kidney is normal in size (7.0 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 (1.1 cm at cranial pole and 0.68 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.27 cm at cranial pole and 0.52 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size (1.5 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.

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.



PATIENT

Bradley Gould

SPECIES

Canine

BREED

Golden Retriever

SEX

Male

AGE

1 Year 6 Months

WEIGHT

70 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Ken Leal

HOSPITAL NAME

VCA Blairstown Animal
Hospital

REFERRING VET

Dr. Clegg

INVOICE

71589

DATE

11/5/25

Gastrointestinal

The visible stomach wall is normal in thickness 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. Hyperechoic mucosal fogging or speckling is noted. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

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

Pancreas

Pancreas is prominent (enlarged) in size and mildly irregular in shape with a slightly undulating contour. Parenchyma is coarse in echotexture and heterogenous to hypoechoic in echogenicity.

Free Abdomen

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

Medial iliac 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 testicles are visible without evident testicular pathology.

ULTRASONOGRAPHIC FINDINGS

- The appearance of the prostate is largely normal and as to be expected with an intact dog. Having said that, chronic low-grade smoldering prostatitis can't be ruled out without additional information.
- Very subtle/mild mucosal speckling – Mucosal speckling is often present with inflammatory bowel disease (IBD). It is not specific for type or severity of disease. Mild speckling change can occur as a normal patient variant in the post-prandial state.
- The pancreatic changes are mild/subtle and characterized predominantly by prominent pancreas, with no ultrasonographically visible suggestion of acute or active inflammatory changes. Having said that, chronic low-grade smoldering pancreatitis can't be ruled out.
- Moderately reactive medial iliac lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is not a definitive ultrasonographically visible explanation for patient's reported fever. Given the GI and pancreatic changes:

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.



PATIENT

Bradley Gould

A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease. Contact lab for recommendations on how long to discontinue antibiotics (if indicated) prior to obtaining a stool sample for submission.

SPECIES

Canine

Further evaluation for possible prostatitis could be considered, up to and including a fine needle aspirate of the prostate if patient's coagulation status is appropriate, if urinalysis, urine culture, etc. don't reveal a diagnosis.

BREED

Golden Retriever

In the meantime, further evaluation of sources of fever outside of the abdomen including thoracic/pulmonary changes, orthopedic/joint disease, neurologic disease, etc. is recommended.

SEX

Male

Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.

AGE

1 Year 6 Months

WEIGHT

70 lbs

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

IMAGING PERFORMED BY

Dr. Ken Leal

HOSPITAL NAME

VCA Blairstown Animal Hospital

REFERRING VET

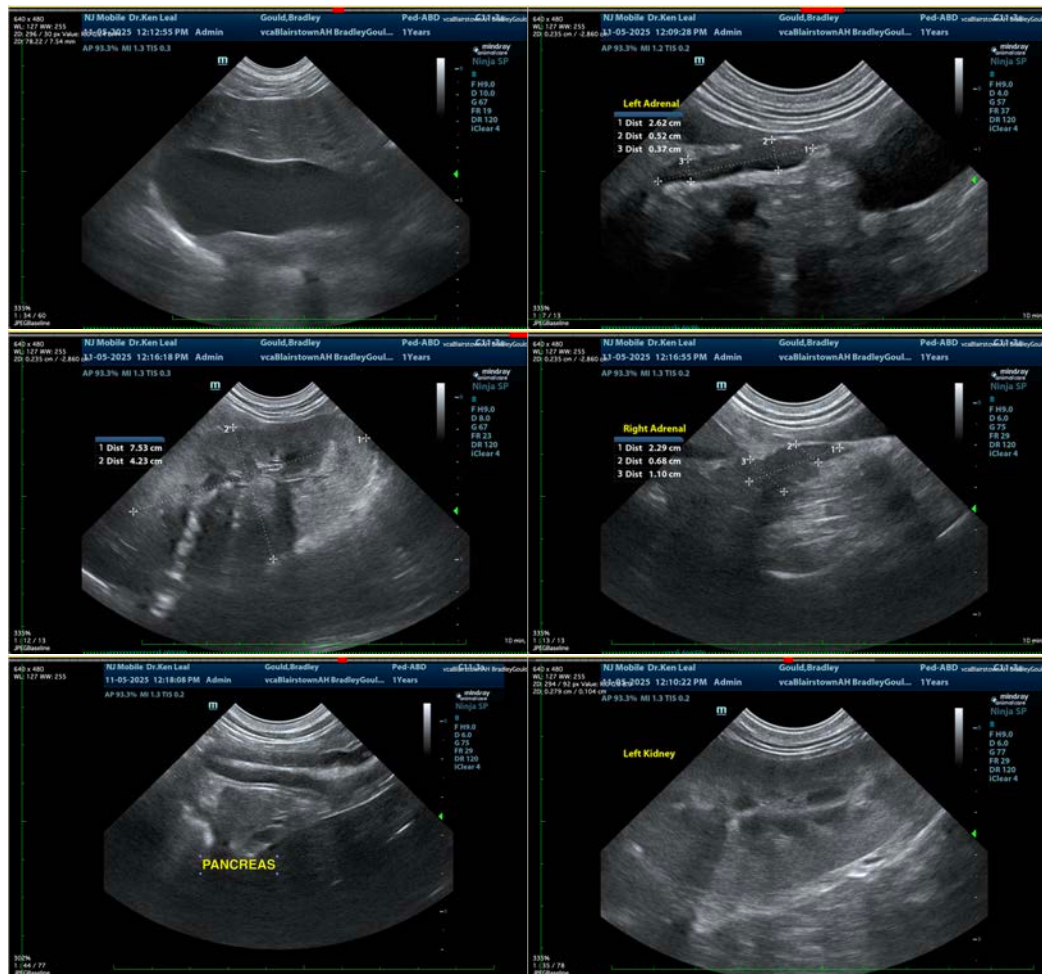
Dr. Clegg

INVOICE

71589

DATE

11/5/25





PATIENT

Bradley Gould

SPECIES

Canine

BREED

Golden Retriever

SEX

Male

AGE

1 Year 6 Months

WEIGHT

70 lbs

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

IMAGING PERFORMED BY

Dr. Ken Leal

HOSPITAL NAME

VCA Blirstown Animal
 Hospital

REFERRING VET

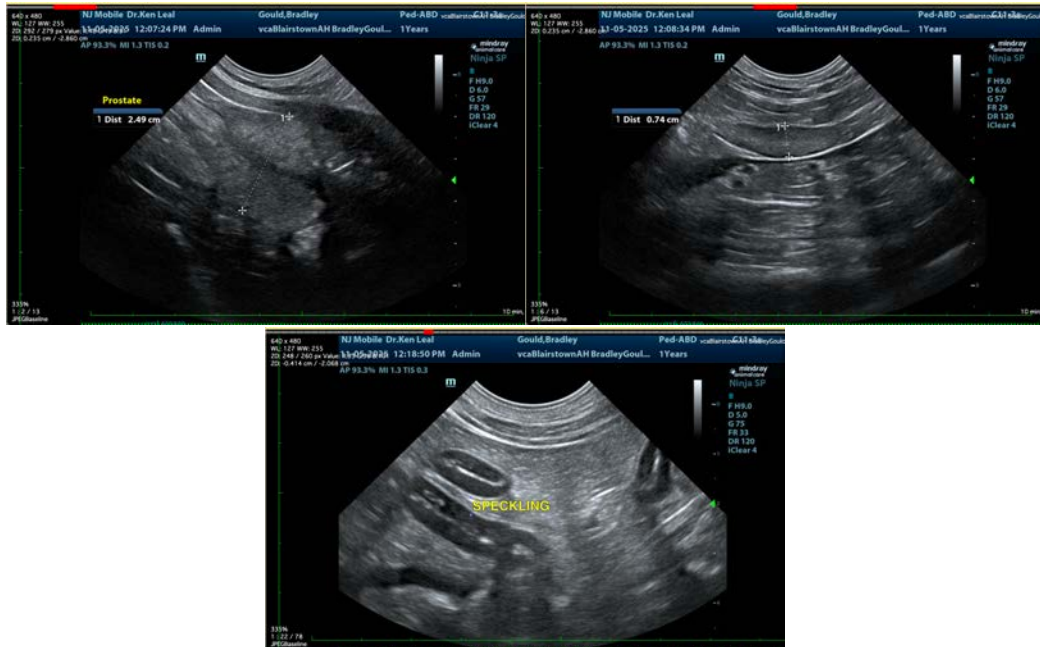
Dr. Clegg

INVOICE

71589

DATE

11/5/25



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
 info@sonopath.com