



PATIENT PRESENTING CLINICAL SIGNS

Lou Weeg
 History: Weight loss, decreased appetite, vomiting on and off. History of orthopedic pain; hips.
 Current meds: Galliprant 60 mgs 1/2 tab PO SID.
 Abnormal PE/Chem/CBC/UA Results: Alk. 514, BUN/creat. 33.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Labrador Retriever

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

SEX

Neutered male

Left kidney is normal in size (5.7 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

AGE

13 years

Right kidney is normal in size (5.9 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

WEIGHT

35.9 lbs

Adrenal Glands

Left adrenal gland is normal in size (2.8 cm long x 0.84 cm at cranial pole and 0.65 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Right adrenal gland is normal in size (1.93 cm long x 0.48 cm at cranial pole and 0.43 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Spleen

IMAGING PERFORMED BY

Kelly Vazquez, CVT

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. Splenic vasculature appears normal. A 2.0 cm round, hypoechoic, slightly heterogenous, but non-capsule disrupting nodule in the head of the spleen.

HOSPITAL NAME

Brenda King VS

Liver

REFERRING VET

Dr. King

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. GB is moderately distended with anechoic bile and gravity dependent echogenic sediment. The gallbladder wall is mildly thick and measured 0.36 cm with a mildly hyperechoic, irregular mucosa. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

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Gastrointestinal

DATE

12/9/21

The fundic wall is diffusely thick and measured approximately 1.0 cm with a mildly irregular, hypoechoic wall and some very early subjective loss of layering. The stomach is mildly distended with very



PATIENT	echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction or foreign material. However, complete visualization of the far wall is partially inhibited by gas.
Lou Weeg	
SPECIES	The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.
Canine	Colon is normal in wall thickness (< 0.2 cm) and layering.
BREED	<i>Pancreas</i>
Labrador Retriever	Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.
SEX	<i>Free Abdomen</i>
Neutered male	Lymph nodes are normal with no observed enlargement.
AGE	
13 years	ULTRASONOGRAPHIC FINDINGS
WEIGHT	PRIMARY FINDINGS:
35.9 lbs	Hypoechoic, non-capsule disrupting splenic nodule, most consistent with a benign lesion such as nodular hyperplasia or extramedullary hematopoiesis.
INTERPRETED BY	Infiltrative neoplasia can mimic benign lesions and cannot be ruled out, but is considered less likely.
Beth Johnson, DVM DACVIM	Canine Gallbladder Debris - Cholecytic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecytic 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. Concurrent hyperechoic, irregular wall thickening is most consistent with cholangitis.
IMAGING PERFORMED BY	Mildly diffusely thick gastric/fundic wall. Inflammatory changes/edema/gastritis secondary to the patient's chronic vomiting. Differentials include both benign inflammatory gastritis/edema secondary to the patient's chronic vomiting as well as possible infiltrative inflammatory or neoplastic disease.
Kelly Vazquez, CVT	
HOSPITAL NAME	
Brenda King VS	
REFERRING VET	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Dr. King	Given the patient's history of chronic, intermittent gastrointestinal signs a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory is recommended as is a baseline cortisol to rule out hypoadrenocorticism. Given the patient's gallbladder changes and small bowel changes include an antacid/antiemetic protocol with Omeprazole +/- Sucralfate as well as Cerenia or another antiemetic to address possible gastritis as well as help manage clinical signs with follow up monitoring of the stomach. If the gastric wall thickness is persistent and/or progressive then a FNA of the gastric wall is recommended. The splenic lesion is most likely benign; however, infiltrative neoplasia can mimic benign lesions and FNA of the spleen is also recommended if the patient's coagulation status is appropriate. Thoracic radiographs to further assess cardiopulmonary status and look for metastatic disease are also recommended. Empirical Ursodiol could be used at the same time as the antacid, antiemetic protocol to address concurrent cholangitis.
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PATIENT

Lou Weeg

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered male

AGE

13 years

WEIGHT

35.9 lbs

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REFERRING VET

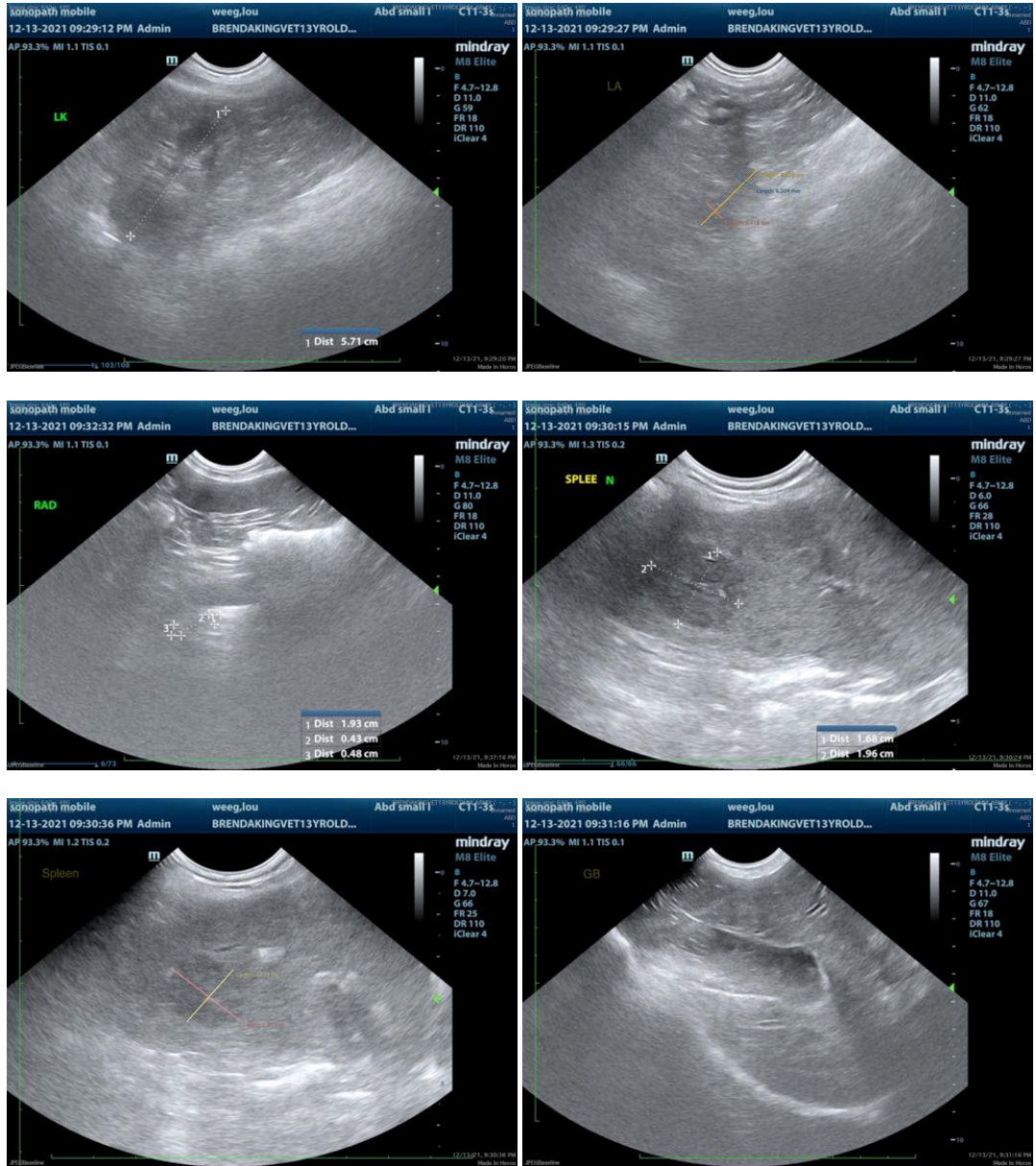
Dr. King

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PATIENT

Lou Weeg

SPECIES

Canine

BREED

Labrador Retriever

SEX

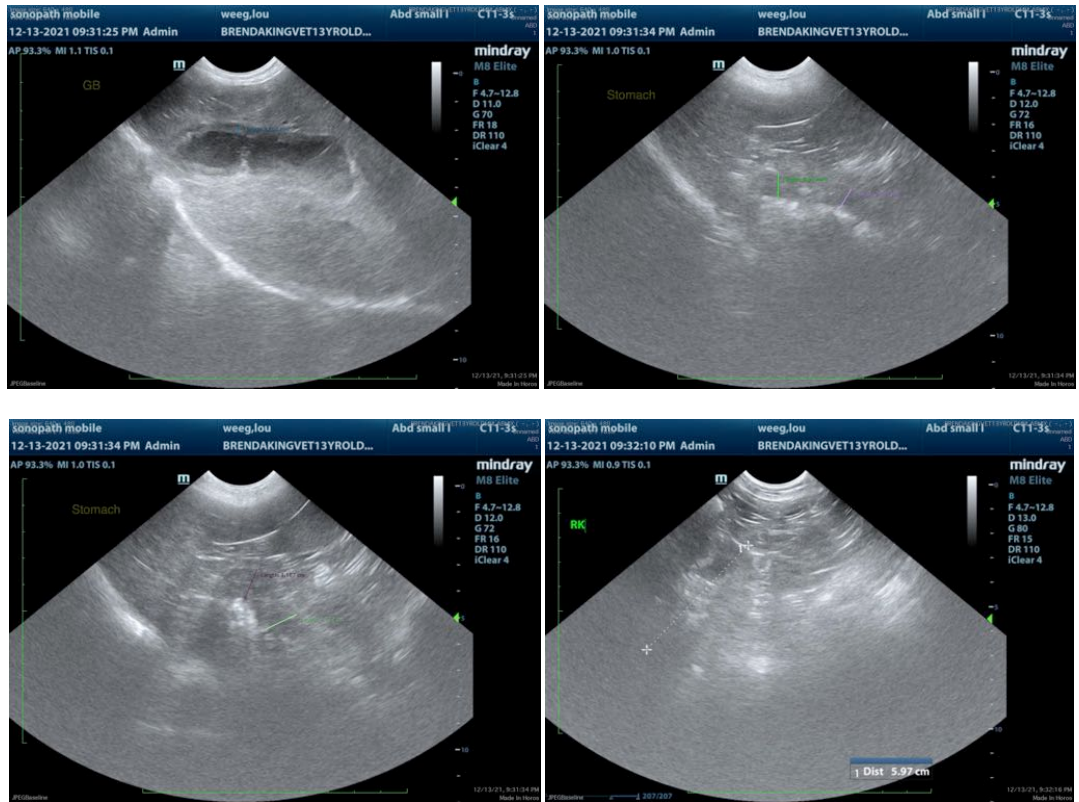
Neutered male

AGE

13 years

WEIGHT

35.9 lbs



INTERPRETED BY

Beth Johnson, DVM
DACVIM

The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

IMAGING PERFORMED BY

Kelly Vazquez, CVT

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com

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Brenda King VS

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Dr. King

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