



PATIENT

Nicky Behling

SPECIES

Canine

BREED

Shetland Sheepdog

SEX

Unknown

AGE

5 ½ years

WEIGHT

52.5 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Bartus

HOSPITAL NAME

Valley VS

REFERRING VET

Dr. Bartus

INVOICE

94544

DATE

12/13/21

PRESENTING CLINICAL SIGNS

History: Obese dog with chronic pyoderma. Also recent lameness RF.
Abnormal PE/Chem/CBC/UA Results: Urine cortisol:creatinine ratio 42, ALKP 232, rest of bloodwork WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

Left kidney is normal in size (6.0 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Right kidney is normal in size (7.21 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Adrenal Glands

Left adrenal gland is normal in size (2.09 x 0.48 cm at cranial pole and 0.63 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (0.59 cm at cranial pole and 0.48 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Spleen

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

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. Gallbladder contains a moderate amount of non-dependent, mildly aggregated/inspissated sludge. Hypo to anechoic cystic areas are noted between the gallbladder sludge and luminal wall. The wall is otherwise smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion.

Gastrointestinal

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.



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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.

Colon is normal in wall thickness (< 0.2 cm) and layering.

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Pancreas

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

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Free Abdomen

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Lymph nodes are normal with no observed enlargement.

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Other

The gender of this patient is unknown; however, there was no visualization of a prostate in these images.

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52.5 lbs

ULTRASONOGRAPHIC FINDINGS

Primary Findings

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Canine early mucocele – 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. The non-dependent nature of this sludge combined with the cystic areas are suggestive, however, of possible emerging cystic mucosal hyperplasia or early gallbladder mucocele.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Recommendations for this patient given its history of chronic pyoderma can include further evaluation of possible underlying allergies such as ectoparasites/fleas, food and/or atopy as well as further work-up for a possible (although less likely in a young patient of this age) endocrinopathy such as hypothyroidism with a T4/TSH and/or hypoadrenocorticism with a low-dose Dexamethasone suppression test. Given the patient's mildly increased ALKP, breed and ultrasound findings and gallbladder ultrasound findings, recommendations also include beginning an empirical course of Ursodiol with routine monitoring of both ultrasound and lab work including ALP and total bilirubin to monitor possible progression of an early mucocele. If clinical signs of a mucocele develop such as decreased appetite, vomiting, cranial abdominal pain, etc. then cholecystectomy may be warranted in the future.

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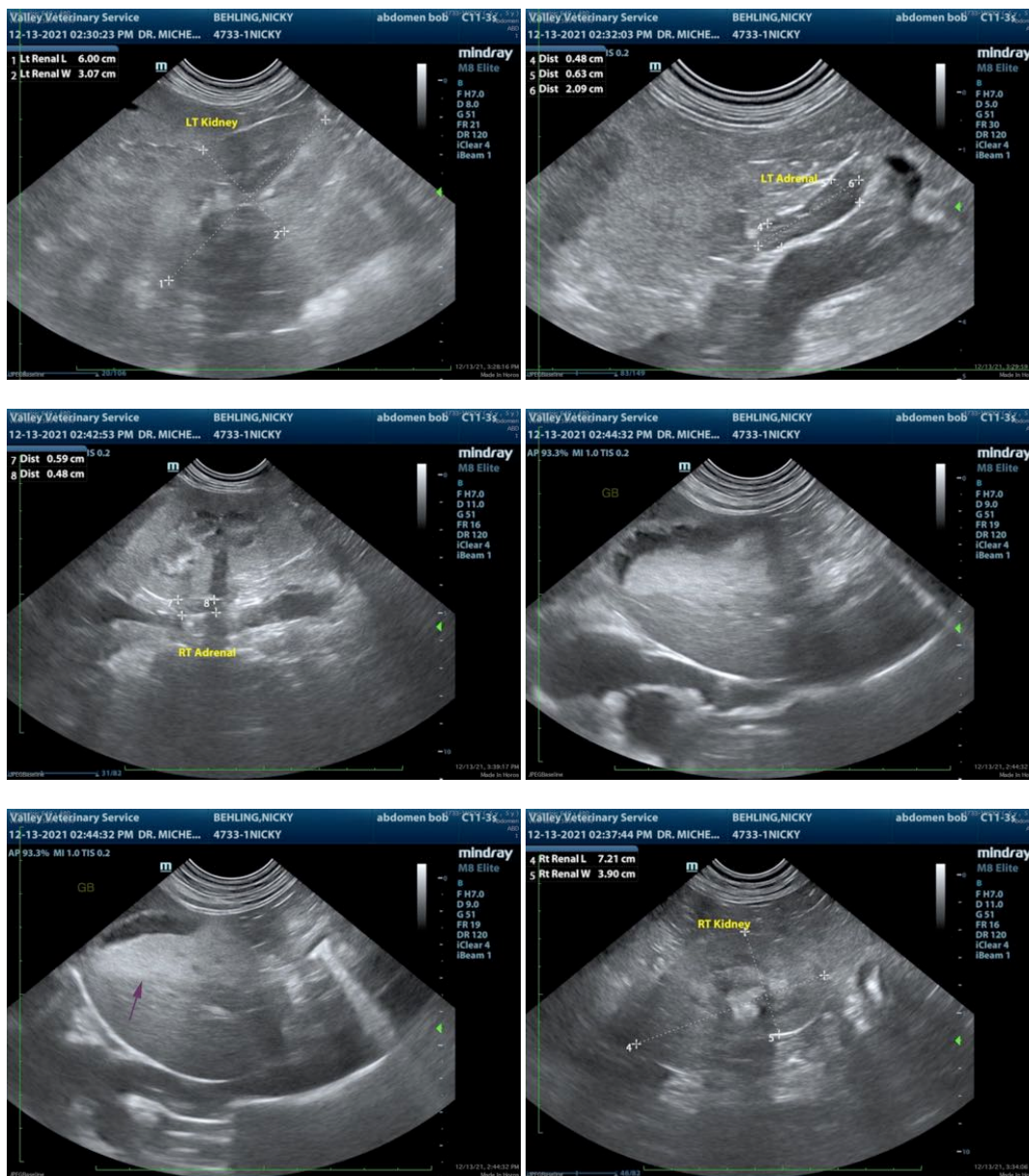
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com



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