



**PATIENT**

Samantha Porter

**SPECIES**

Canine

**BREED**

Coton de Tulear

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

10 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. A.

**HOSPITAL NAME**

Surfside Pet Hospital

**REFERRING VET**

Dr. Americo Abadia

**INVOICE**

43407

**DATE**

12/13/22

**PRESENTING CLINICAL SIGNS**

Pet presented yesterday for bloody stool, not wanting to eat and acting lethargic. BW performed (see below) with cpl positive. Started hospitalization and treatment for pancreatitis. Pet has a history of IBD and pancreatitis treated by specialist up north in past. Pet also has history of elevated liver enzymes and was on prednisolone treatment in past for chronic IBD but currently owner hasn't been giving. previous abdominal ultrasound performed in february2022 which showed primary findings as enteropathy, hepatopathy and secondary changes age related kidney and urinary bladder sediment. Abnormal PE/Chem/CBC/UA Results: BW performed on 12/12/2022- CBC- normal wbc's, lymph- 0.59, eosinophils- 1.02. chemistry panel in house shows to be wnl including liver enzymes.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, or cystoliths are observed. However, there is a non-shadowing echogenic density present that is consistent with mucus or blood clot versus other debris. However, a polyp cannot be ruled out. The appearance is very similar to an ultrasound one year ago. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The right kidney measures 4.37 cm. The left kidney measures 3.95 cm.

**Adrenal Glands**

The right adrenal gland is normal in size (1.79 cm long x 0.56 cm at the cranial pole and 0.59 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (1.77 cm long x 0.50 cm at the cranial pole and 0.54 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**

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. 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.

**Gastrointestinal**

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.



<b>PATIENT</b>	The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). 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.
Samantha Porter	
<b>SPECIES</b>	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
Canine	
<b>BREED</b>	<b>Pancreas</b>
Coton de Tulear	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.
<b>SEX</b>	<b>Free Abdomen</b>
Spayed Female	There is no evidence of free peritoneal effusion noted in these images.
	There is no apparent lymphadenopathy noted in these images.
<b>AGE</b>	<b>PRIMARY FINDINGS</b>
12 Years	<ul style="list-style-type: none"> <li><b>Heterogenous Liver</b> – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia. **The nodules creating the heterogeneous appearance are mildly subjectively increased from last year’s ultrasound, but still trend in appearance toward benign.</li> </ul>
<b>WEIGHT</b>	<b>SECONDARY FINDINGS</b>
10 Pounds	<ul style="list-style-type: none"> <li>Age related kidney changes</li> <li>Urinary bladder debris or a polypoid nodule cannot be definitively ruled out</li> <li>The previously reported bowel abnormalities are not visualized. However, recent steroid therapy could mask pathology.</li> </ul>
<b>INTERPRETED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Beth Johnson, DVM DACVIM	Given this patient’s reported eosinophilia, differentials for the gastrointestinal signs include hypoadrenocorticism versus potentially parasitic disease or allergic disease, as can be seen with food related gastrointestinal allergies or eosinophilic inflammatory bowel disease. Therefore, recommendations include:
<b>IMAGING PERFORMED BY</b>	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.
Dr. A.	A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.
<b>HOSPITAL NAME</b>	If not recently evaluated, a fecal exam is recommended.
Surfside Pet Hospital	In the meantime, empirical deworming with a 5-day course of Panacur is recommended, as is transition in diet based on trial and error response, potentially beginning with a hydrolyzed protein diet if not already evaluated.
<b>REFERRING VET</b>	Additionally, a probiotic such as Visbiome or Provable is warranted.
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If clinical signs persist and/or a diagnosis is not obtained, additional diagnostic considerations are:

A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.

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Finally, while the liver nodules trend in appearance towards the benign, they have progressed mildly, and a liver aspirate could be considered if patient's coagulation status is appropriate.

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Coton de Tulear

Ultimately, biopsies of the GI tract including colon may be necessary to definitively diagnose and therefore manage this patient's ongoing GI disease.

Incidentally, if this patient's steroids were recently discontinued, and discontinued abruptly, that could be contributing to clinical signs, in which case restarting steroids and then tapering to discontinue would be recommended.

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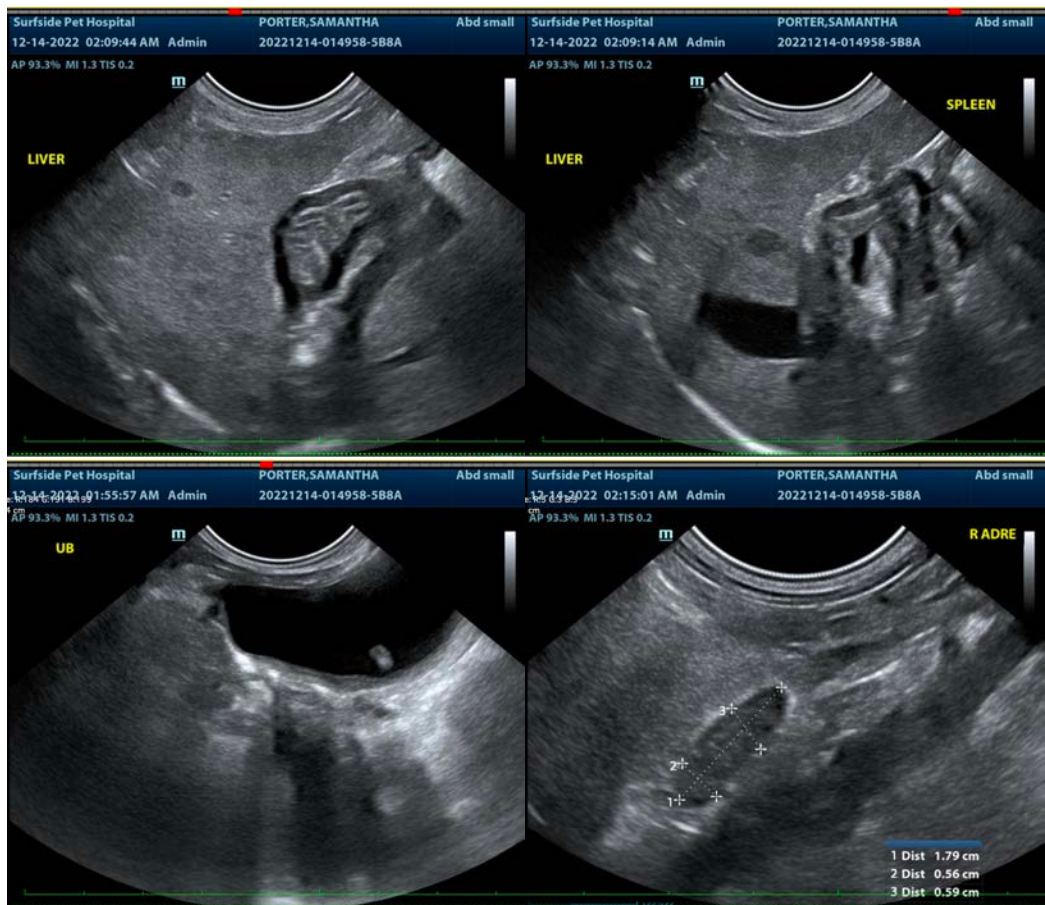
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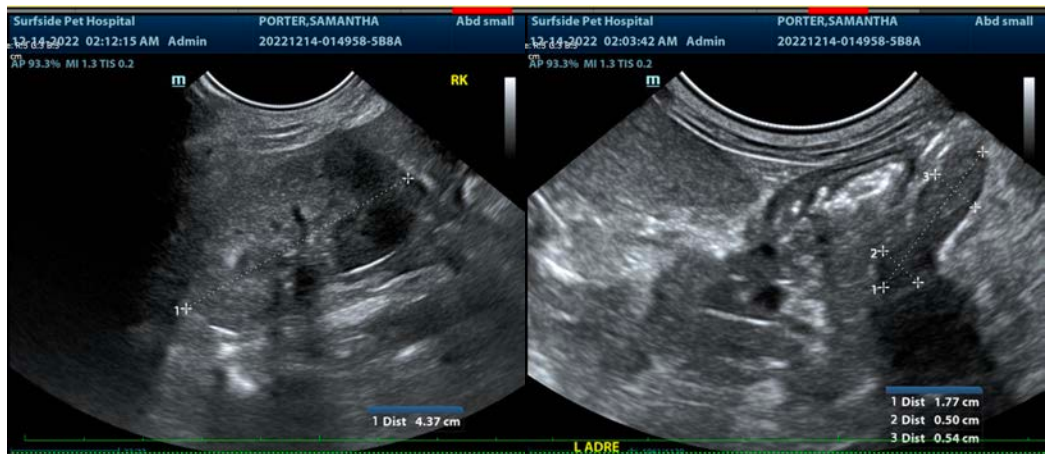
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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