



PATIENT PRESENTING CLINICAL SIGNS

Parker Slade Acute anorexia, abdominal pain. Vomited bile once, then brought in and started on cerenia and no vomit since. Diarrhea started today. Does eat rawhide chews Is on deramaxx, has marked arthritis
Abnormal PE/Chem/CBC/UA Results: AlkP 838, remainder of bloodwork normal.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

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.

BREED

Shepherd X

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

SEX

Neutered Male

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.

AGE

10 Years

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.

WEIGHT

41 kg

Adrenal Glands

Right adrenal gland is normal in size (2.5 long x 0.98 cm at cranial pole and 0.70 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Left adrenal gland is normal in size (2.5 cm long x 0.69 cm at cranial pole and 0.80 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Spleen

Spleen is subjectively enlarged in size with rounded margins but intact capsule. Parenchyma is homogeneously coarse/mottled in echotexture and normal to hypoechoic in echogenicity. There are multifocal hypoechoic nodules of varying sizes and one mid body hyperechoic nodule with a hypoechoic rim measuring about 1.0 cm in diameter, concerning for a possible target lesion. Splenic vasculature appears normal.

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Liver

Liver is subjectively enlarged. Margins are smooth but round. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

REFERRING VET

Dr. Hayley
Biederbeck

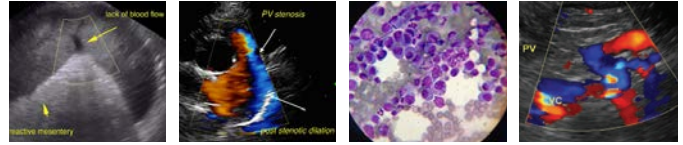
GB contains a moderate amount of non-dependent, mildly aggregated/inspissated sludge. Hypo to anechoic cystic areas are noted between the gallbladder sludge and luminal wall. The wall is otherwise smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence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

INVOICE NUMBER

33476

DATE

12/15/21



PATIENT

Parker Slade

Gastrointestinal

The stomach presented normal wall thickness and normal wall layering, but was markedly distended with fluid and kibble/gastric stasis. This focal proximal bowel dilation with normal empty bowel distally is consistent with an obstructive pattern.

SPECIES

Canine

The small bowel is diffusely normal. However, in the distal duodenum/possible proximal jejunum, there is an echogenic structure with markedly fluid dilated bowel oral to the structure.

BREED

Shepherd X

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

SEX

Neutered Male

Pancreas

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.

Free Abdomen

There is no evidence of peritoneal effusion. Mesenteric lymph nodes are prominent.

AGE

10 Years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

41 kg

- Coarse splenomegaly with multifocal nodules including a target lesion – Coarse splenomegaly can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. While target lesions have been associated with benign disease, they are often indicative of malignancy. Differentials include infiltrative round cell neoplasia versus malignant neoplasia versus less likely but possible benign extramedullary hematopoiesis, nodular regeneration, etc.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

- Hyperechoic hepatomegaly – most consistent with benign steroid (endocrine) hepatopathy or reactive or idiopathic hepatopathy. Infiltrative neoplasia such as round cell neoplasia is also possible, but considered less likely.

HOSPITAL NAME

Lomsnes Vet Hospital

- 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.

REFERRING VET

Dr. Hayley
Biederbeck

- Mesenteric lymphadenopathy – most consistent with reactive disease. However, infiltrative neoplasia cannot be ruled out.

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- Gastric stasis and proximal small bowel dilation – consistent with an obstructive pattern caused by a focal hyperechoic structure/mural mass in the distal duodenum/proximal jejunum. Foreign body and/or infiltrative disease such as neoplasia are both differentials for the obstruction.

DATE

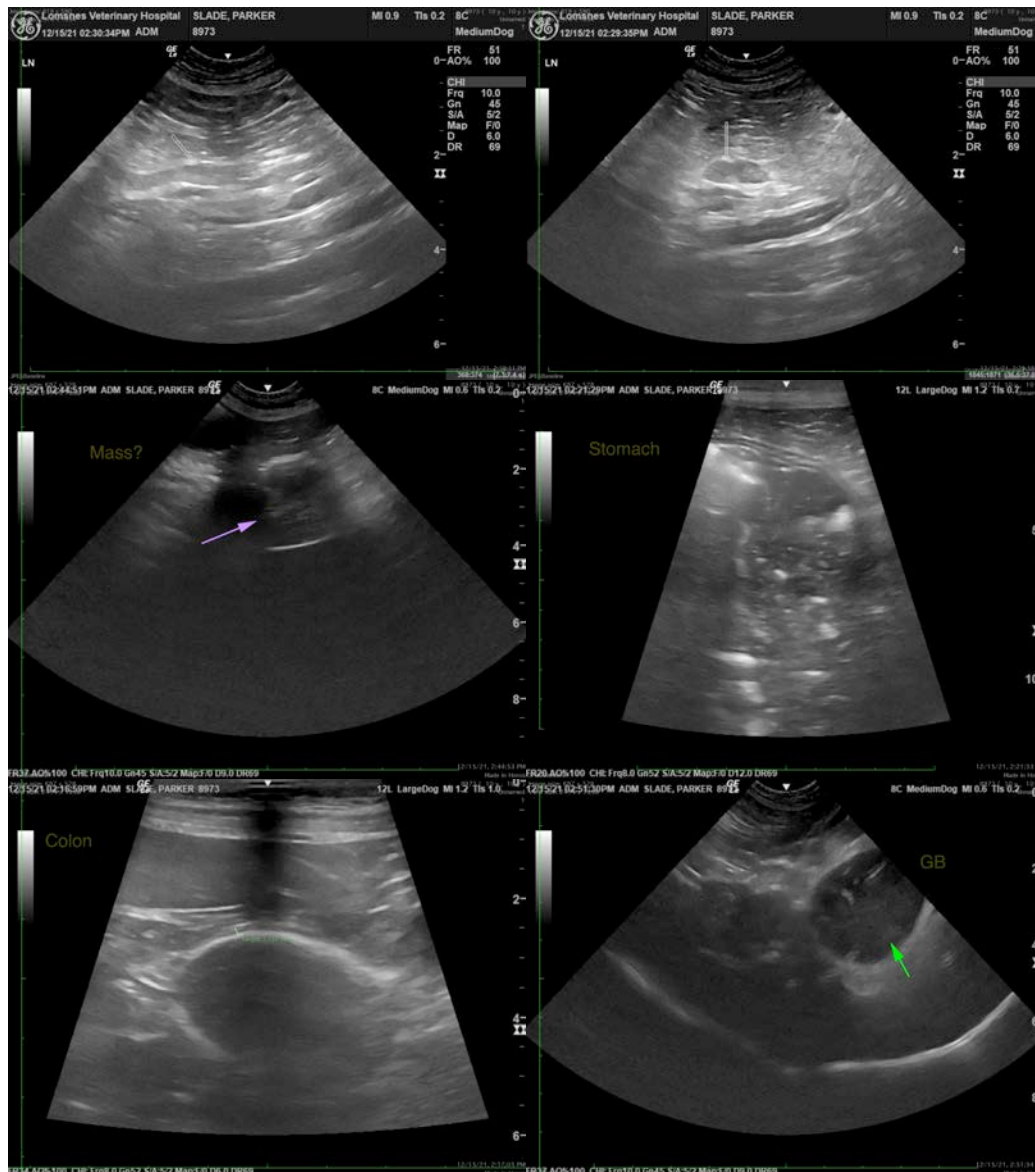
12/15/21



PATIENT INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

PATIENT Parker Slade
SPECIES Canine
BREED Shepherd X
SEX Neutered Male
AGE 10 Years
WEIGHT 41 kg
INTERPRETED BY Beth Johnson, DVM DACVIM
HOSPITAL NAME Lomsnes Vet Hospital
REFERRING VET Dr. Hayley Biederbeck
INVOICE NUMBER 33476
DATE 12/15/21

Recommendations include thoracic radiographs to further assess cardiopulmonary status as well as to further look for metastatic disease followed by surgery to explore and remove the obstruction as well as to further assess the gallbladder +/- biopsy the spleen and/or liver. If further information regarding foreign body versus mass is desired before surgery, other diagnostics could include reevaluation of the GI tract using color flow doppler on the obstructing lesion as well as fine needle aspirate of the liver and/or spleen, and/or more advanced imaging such as an abdominal CT scan. However, ultimately the obstructive pattern warrants surgery for definitive resolution of gastrointestinal signs.





PATIENT

Parker Slade

SPECIES

Canine

BREED

Shepherd X

SEX

Neutered Male

AGE

10 Years

WEIGHT

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HOSPITAL NAME

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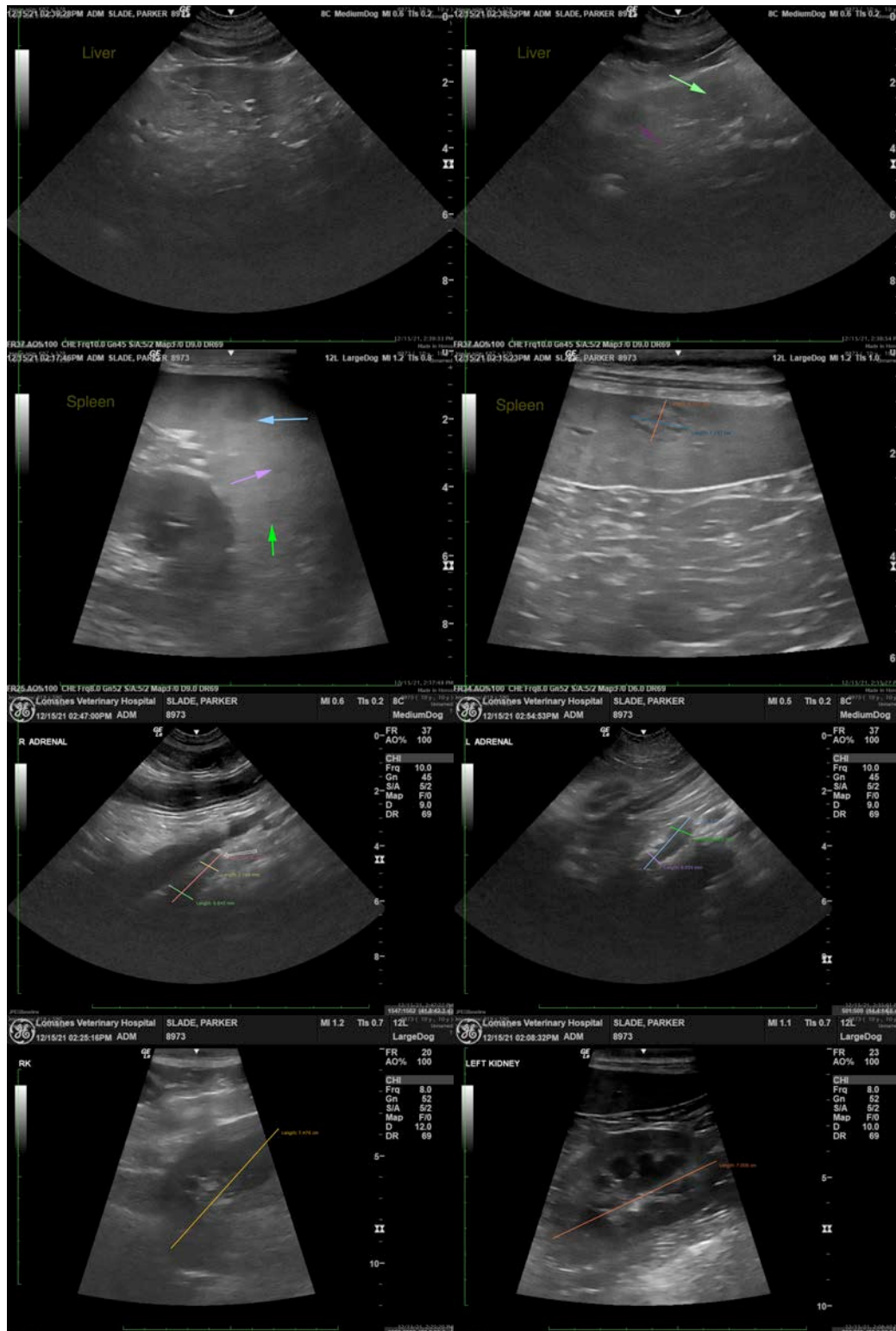
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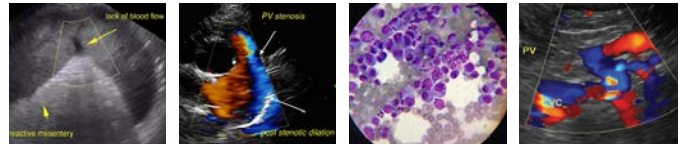
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PATIENT

Parker Slade

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.

SPECIES

Canine

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.

BREED

Shepherd X

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com

SEX

Neutered Male

AGE

10 Years

WEIGHT

41 kg

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