



PATIENT PRESENTING CLINICAL SIGNS

Willow Hambleton 2 month history of periodic lethargy, vomiting Hospitalized in early November due to azotemia, vomiting - electrolytes at that time WNL. Responded to supportive care, has been doing well at home, on GI protectants, but still has days where owner reports is 'off. Suspecting Addisonian, ACTH stimulation pending, r/o other causes of hypoalbuminemia

SPECIES Abnormal PE/Chem/CBC/UA Results: Recent bloodwork showed Na/K ratio of 26 Albumin 2.4
Canine BUN 37 HCT 36% ACTH Stim pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Cockapoo **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.

SEX

Spayed Female Right kidney is normal in size (3.99 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

6 Years Left kidney is normal in size (3.76 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

17.4 Pounds **Adrenal Glands**
The adrenal glands are subjectively small/flat, with the left adrenal gland measuring 0.77 cm long, 0.24 cm at the cranial pole and 0.24 cm at the caudal pole. The right adrenal gland measured 1.1 cm long, 0.35 cm at the cranial pole and 0.30 cm at the caudal pole. Normal shape and contour are maintained. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM DACVIM **Spleen**
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.

HOSPITAL NAME

Willow Run VC **Liver**
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.

REFERRING VET

Dr. Jack Reese GB is moderately distended with anechoic bile and gravity dependent echogenic sediment. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

INVOICE NUMBER

33460 **Gastrointestinal**

DATE

12/15/21



PATIENT Willow Hambleton
PATIENT Gastric fundic mucosal hypertrophy with hyperechoic mucosa and some mucosal remodeling is noted. There is no loss of mural detail. Layering is normal. The lumen is empty. No evidence of masses/nodules or foreign material present.

SPECIES Canine
SPECIES 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.

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

SEX Spayed Female
SEX **Pancreas**
SEX Pancreas is prominent in size and mildly irregular in shape with a diffusely coarse echotexture and heterogenous to hypoechoic echogenicity. Just caudal to the stomach there is a hypoechoic nodule measuring about 1.0 cm in diameter with a slightly hyperechoic center. It is difficult to tell if the nodule is associated with the pancreas or if it is a lymph node.

AGE 6 Years
AGE **Free Abdomen**
AGE There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Subjectively small/flat adrenal glands – consistent with suspected reported hypoadrenocorticism. However, normal variant cannot be ruled out.
- Gallbladder debris - Choleliths - Choleliths is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Choleliths 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.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

- Prominent heterogenous pancreas – This finding is most consistent with chronic pancreatitis.

HOSPITAL NAME

Willow Run VC

- Gastritis – Microulceration cannot be ruled out.

- Round, hypoechoic node/nodule caudal to the stomach – This may represent mild lymphadenopathy around the stomach/pancreas or a nodule on the pancreas.

REFERRING VET

Dr. Jack Reese

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

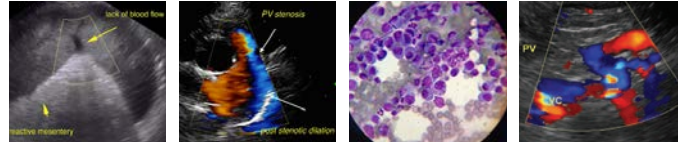
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Given this patient's history, low albumin, and the suspicion for some chronic pancreatitis, recommendations include gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory in addition to the reportedly already submitted ACTH Stim. Due to the evidence of gastritis combined with vomiting, other recommendations include empirical deworming with a 5-day course of Panacur as well as antacids and antiemetics +/- Sucralfate to monitor possible microulcerations contributing to gastritis or caused by gastritis. Urinalysis is recommended to rule out concurrent proteinuria as a reason for the low albumin.

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PATIENT

Willow Hambleton

If the ACTH stimulation test comes back positive as suspected, recommendations are to manage the hypoadrenocorticism. However, if the Stim is not diagnostic for hypoadrenocorticism, recommendations include the previously mentioned management of gastritis/pancreatitis followed by close monitoring of the pancreatic nodule/lymph node for resolution as clinical signs resolve with medical management versus progression. If the nodule progresses, recommendations include a fine needle aspirate of it if patient's coagulation status is appropriate, or more advanced imaging with an abdominal CT scan could be considered.

SPECIES

Canine

BREED

Cockapoo

SEX

Spayed Female

AGE

6 Years

WEIGHT

17.4 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

HOSPITAL NAME

Willow Run VC

REFERRING VET

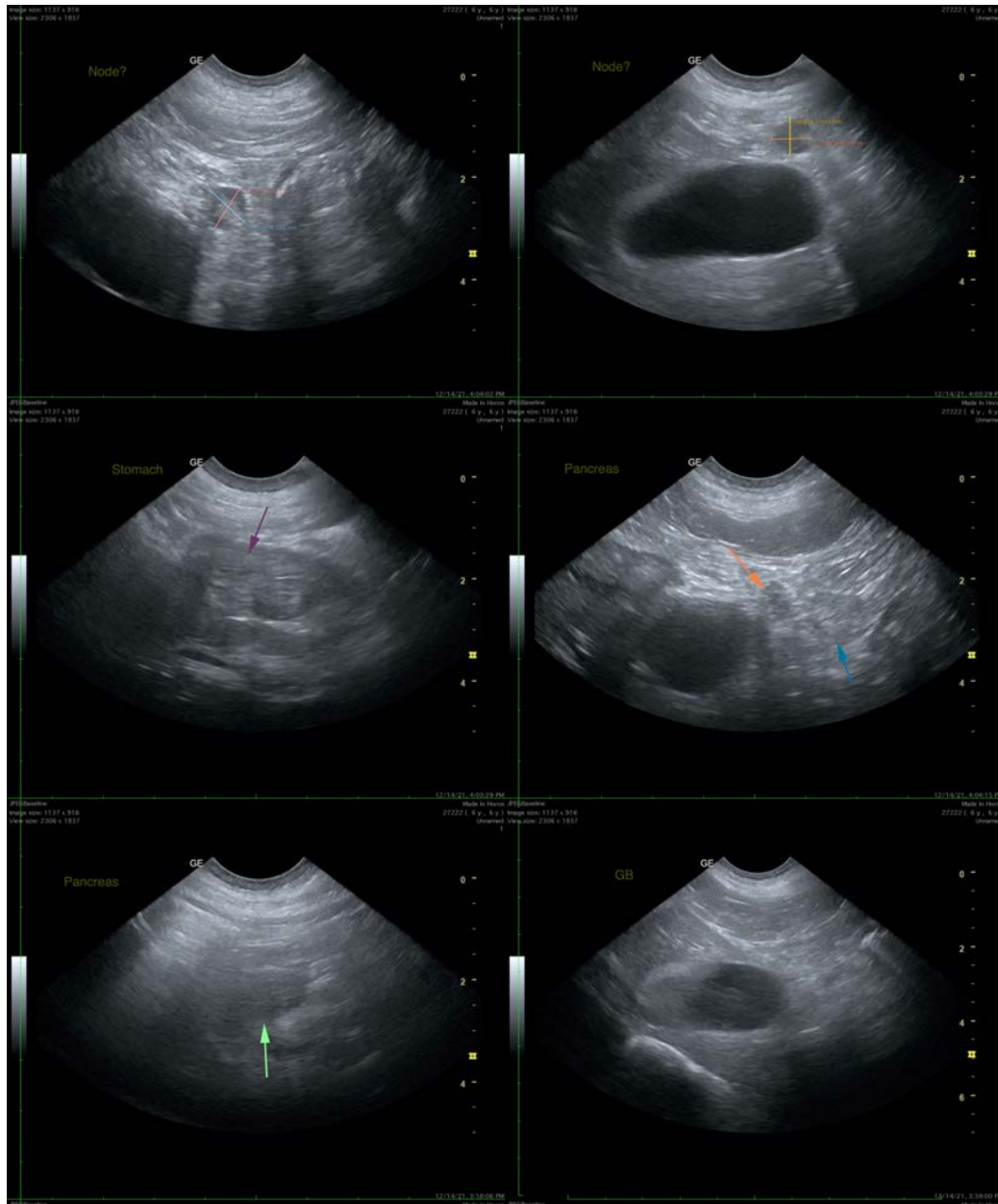
Dr. Jack Reese

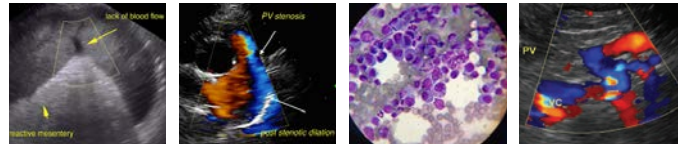
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PATIENT

Willow Hambleton

SPECIES

Canine

BREED

Cockapoo

SEX

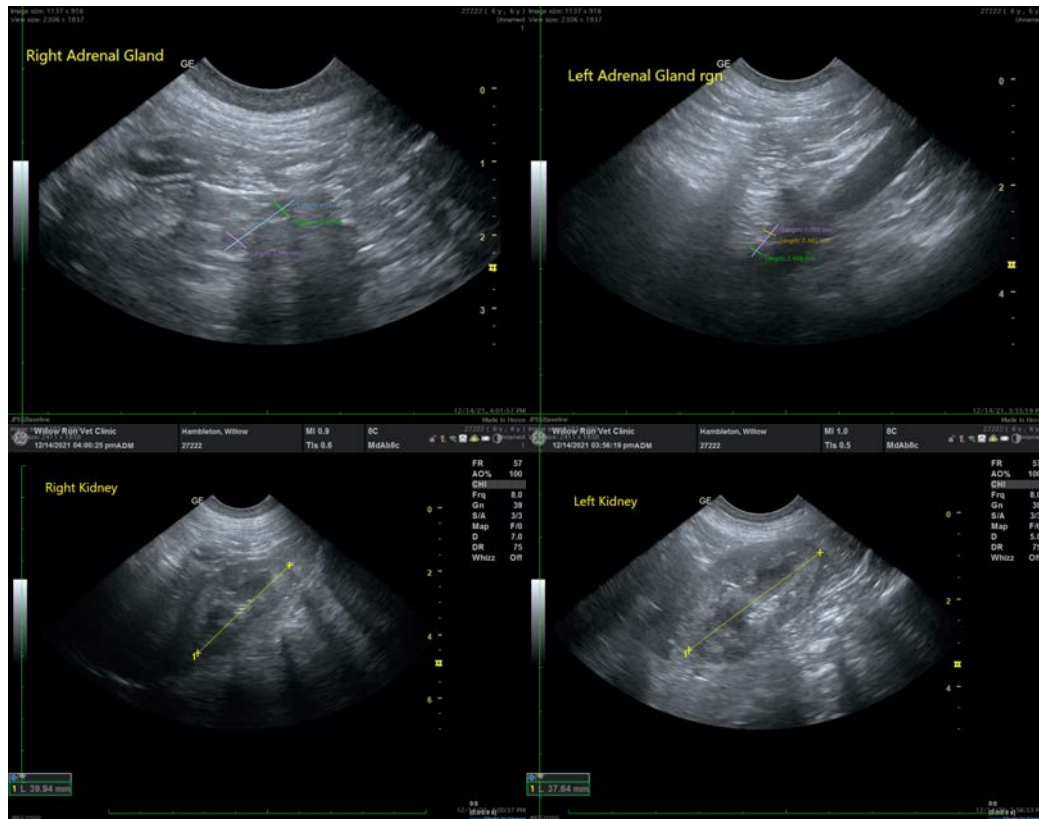
Spayed Female

AGE

6 Years

WEIGHT

17.4 Pounds



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.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

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.

HOSPITAL NAME

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

Willow Run VC

REFERRING VET

Dr. Jack Reese

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