



**PATIENT PRESENTING CLINICAL SIGNS**

Ziva Antignano IVDD patient - on carprofen and gabapentin daily. Vomited twice in the past 5 days. Hyporexia and anorexia for the past few days. Not eaten since last night when vomited the entire meal. Abnormal PE/Chem/CBC/UA Results: Normal CBC, lytes, chem17. Waiting for cPL results.

**SPECIES BREED** **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine

**Urinary System**

Urinary bladder is mildly to moderately distended with anechoic contents. Apical urinary bladder wall is diffusely thick. Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

Beagle

Beagle

Right kidney is normal in size (4.5 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.

SEX

Spayed Female

Left kidney is normal in size (4.6 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

**Adrenal Glands**

Right adrenal gland is normal in size (2.1 cm long x 1.2 cm at cranial pole and 0.75 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

WEIGHT

8.5 kg

Left adrenal gland is normal in size (1.6 cm long x 0.59 cm at cranial pole and 0.47 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 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**

Back Bay 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. Sorbo

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**

**INVOICE NUMBER**

33465

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.

**DATE**

12/15/21



**PATIENT** Ziva Antignano  
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.

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

**Pancreas**

The left limb of the pancreas is prominent and hypoechoic with normal shape and contour and echotexture observed. No inflammatory changes are observed around the pancreas.

**BREED**

Beagle

**Free Abdomen**

There is no evidence of peritoneal effusion.

**SEX**

Spayed Female

In the cranial left abdomen near the pancreas, there is a round, hypoechoic lymph node measuring 0.8 cm in diameter.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

10 Years

- Chronic Cystitis – Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely give the location and diffuse nature of the changes.

**WEIGHT**

8.5 kg

- Prominent hypoechoic pancreas – Rule out resolving acute pancreatitis versus chronic pancreatitis versus normal variant.
- Enlarged cranial abdominal lymph node – Most likely reactive, possibly secondary to gastroenteritis/pancreatitis. Infiltrative neoplasia cannot be ruled, but is considered much less likely.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommendations for this patient's top differentials of gastroenteritis/mild or resolving pancreatitis include antacids and sucralfate to manage possible microulcerations not visible, but secondary to Carprofen as well as antiemetics, appetite stimulants, and pain management as needed for possible pancreatitis.

**HOSPITAL NAME**

Back Bay VC

Urinalysis followed by urine culture if indicated based on urinalysis results are also recommended due to the bladder wall change. Following resolution of clinical signs with medical management, monitoring of the enlarged lymph node in the cranial left abdomen is recommended to visualize resolution versus progression. If the lymph node does not resolve and/or progresses, a fine needle aspirate would be recommended if patient's coagulation status is appropriate.

**REFERRING VET**

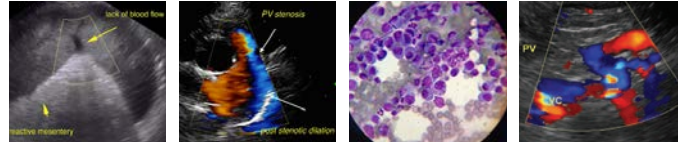
Dr. Sorbo

**INVOICE NUMBER**

33465

**DATE**

12/15/21



**PATIENT**

Ziva Antignano

**SPECIES**

Canine

**BREED**

Beagle

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

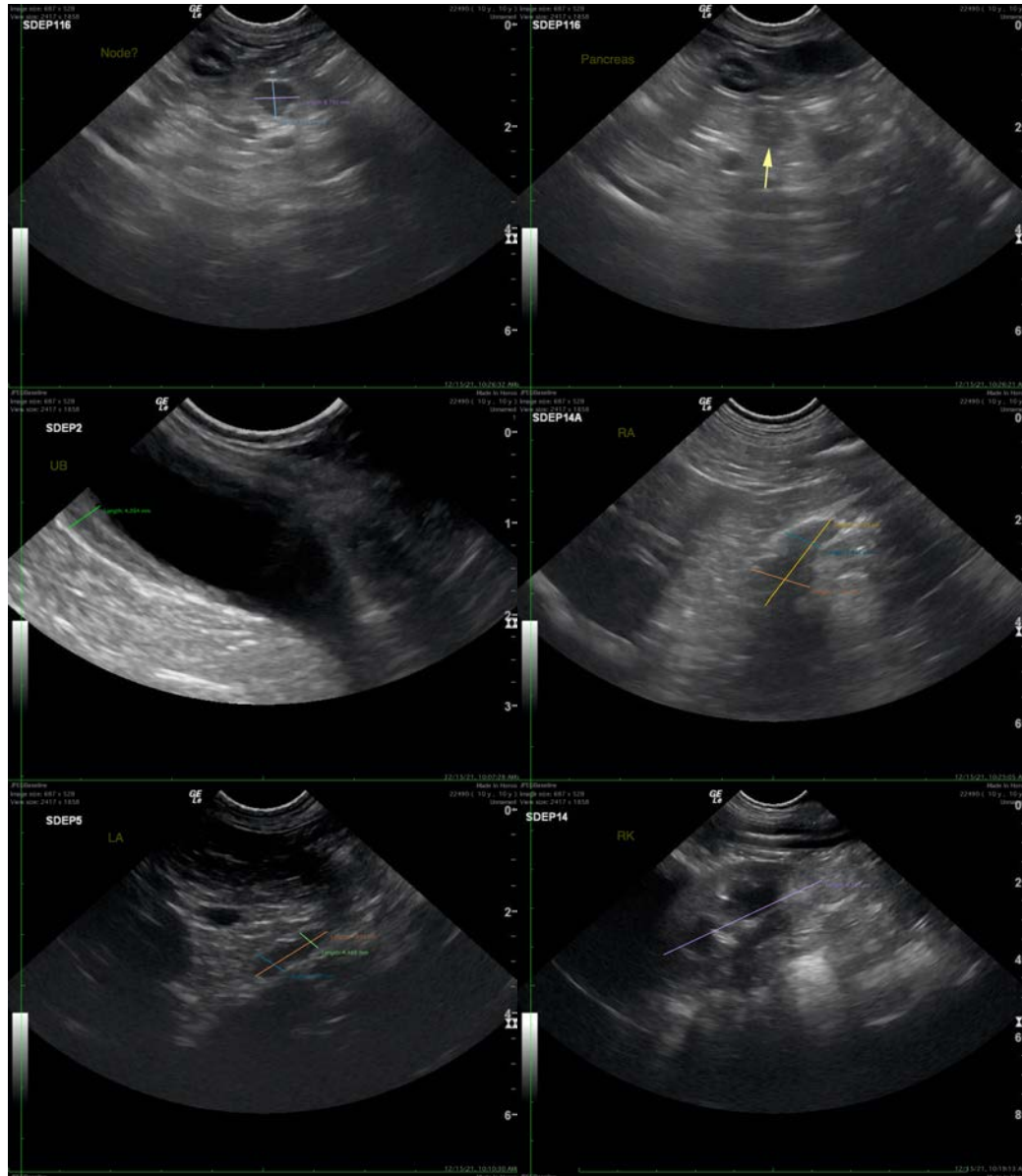
8.5 kg

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**HOSPITAL NAME**

Back Bay VC



**REFERRING VET**

Dr. Sorbo

**INVOICE NUMBER**

33465

**DATE**

12/15/21



**PATIENT**

Ziva Antignano

**SPECIES**

Canine

**BREED**

Beagle



**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

8.5 kg

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

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**HOSPITAL NAME**

Back Bay VC

**REFERRING VET**

Dr. Sorbo

**INVOICE NUMBER**

33465

**DATE**

12/15/21