

<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Ella Schiavo	seems painful, clenches when touched, not herself meds: gabapentin
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b>
<b>BREED</b>	The 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.
Morkie	Kidneys are bilaterally small, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. The right kidney measures 3.41 cm. The left kidney measures 3.2 cm.
<b>SEX</b>	<b>Adrenal Glands</b>
Spayed Female	The right adrenal gland is normal in size (1.59 cm long x 1.3 cm at the cranial pole and 0.56 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
<b>AGE</b>	The left adrenal gland is normal in size (2.47 cm long x 0.50 cm at the cranial pole and 0.51 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
5 Years	
<b>WEIGHT</b>	<b>Spleen</b>
5.5 kg	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.
<b>INTERPRETED BY</b>	<b>Liver</b>
Beth Johnson, DVM DACVIM	The 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.
<b>IMAGING PERFORMED BY</b>	Gallbladder is moderately distended with anechoic bile as well as mild to moderate suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.
Kelly Reschny	
<b>HOSPITAL NAME</b>	<b>Gastrointestinal</b>
BPH Ancaster	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>REFERRING VET</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.
Dr. Pandya	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
<b>INVOICE</b>	<b>Pancreas</b>
43479	
<b>DATE</b>	
12/15/22	



**PATIENT**

Ella Schiavo

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.

**SPECIES**

Canine

**Free Abdomen**

There is no evidence of free peritoneal effusion noted in these images.

**BREED**

Morkie

There is no apparent lymphadenopathy noted in these images.

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Spayed Female

- **Chronic Kidney Disease** – This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.
- **Mild to moderate gallbladder debris** - 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. 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.

**AGE**

5 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

5.5 kg

Given the appearance of this patient's kidneys, if not recently evaluated, a CBC/Chem panel and electrolytes are recommended, as is a urinalysis and, if indicated based on urinalysis results, urine culture. protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

Kidney disease without obvious peri-renal inflammatory changes is not typically associated with pain. If the pain is cranial abdominal, and especially if clinical signs and/or laboratory changes support cholangitis or gallbladder disease, the gallbladder debris could potentially be contributing to the pain. However, the appearance is mild and it's likely incidental.

If the pain is not believed to be related to the gallbladder, recommendations are further evaluation of possible cervical/spinal and/or orthopedic pain.

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

BPH Ancaster

**REFERRING VET**

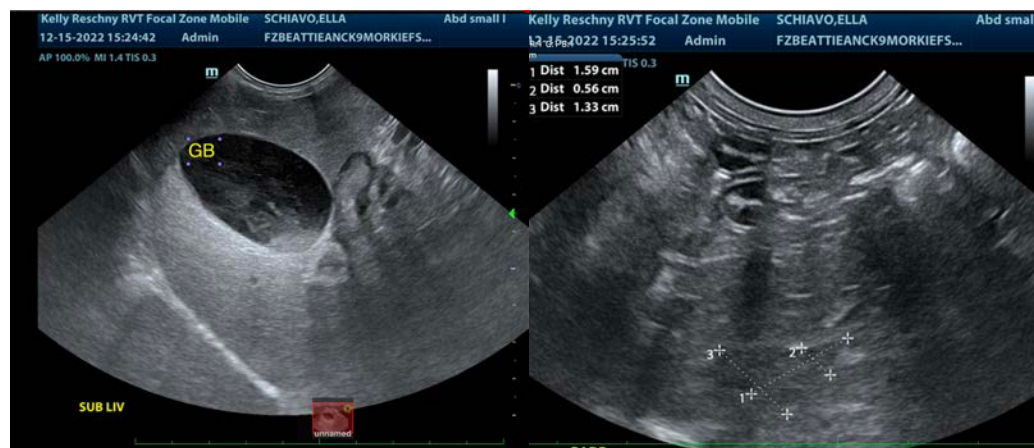
Dr. Pandya

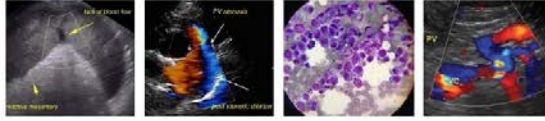
**INVOICE**

43479

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**PATIENT**

Ella Schiavo

**SPECIES**

Canine

**BREED**

Morkie

**SEX**

Spayed Female

**AGE**

5 Years

**WEIGHT**

5.5 kg

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

BPH Ancaster

**REFERRING VET**

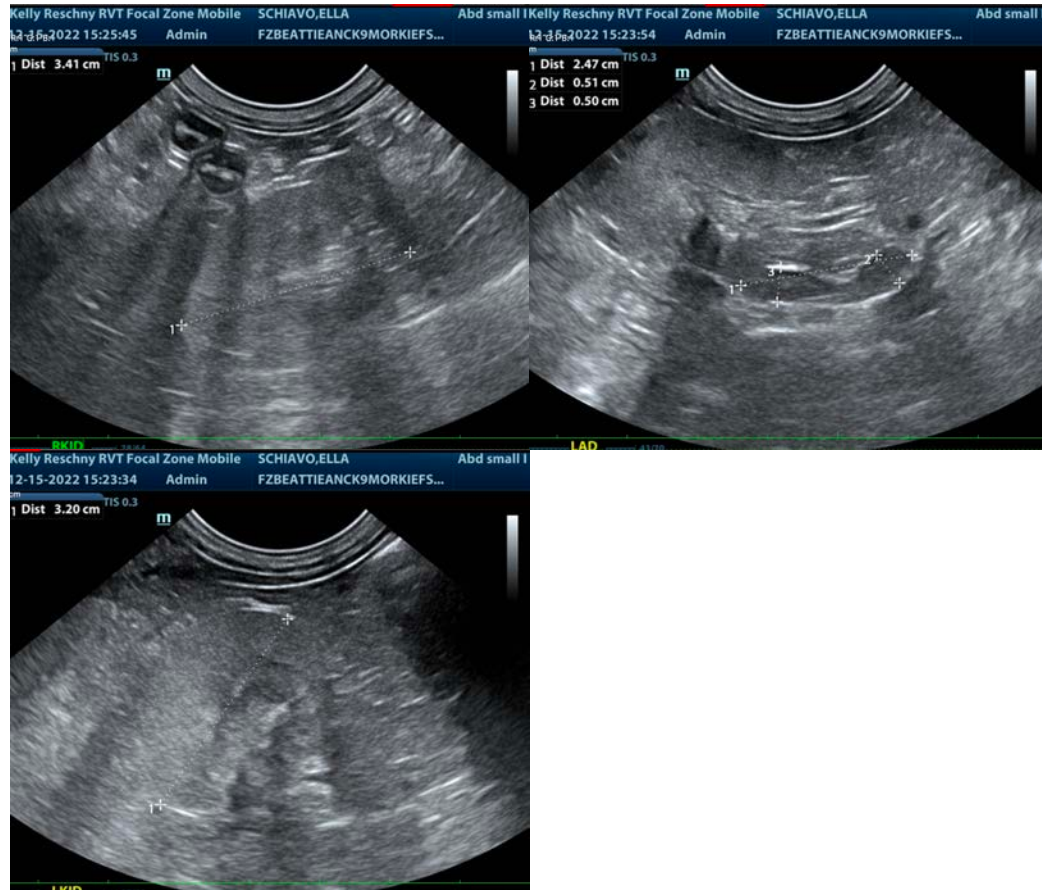
Dr. Pandya

**INVOICE**

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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