



PATIENT	PRESENTING CLINICAL SIGNS
Jolie Blantz	13yo F/S Bichon Mix weakness, lethargy Abnormal PE/Chem/CBC/UA Results: Mildly elevated ALT, HCT: 31%
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	Urinary bladder is adequately distended with primarily anechoic contents and occasional echogenic non-shadowing debris. Apical urinary bladder wall is diffusely thick (0.44 cm 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.
Bichon X	
SEX	The right kidney is normal in size (5.25 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 or infarcts observed. Non-obstructive areas of mineralization/nephroliths are noted.
Spayed Female	
AGE	The left kidney is normal in size (4.79 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 or infarcts observed. Non-obstructive areas of mineralization/nephroliths are noted.
13 Years	
WEIGHT	Adrenal Glands
23.8 Pounds	The area of the right adrenal gland is examined without evident pathology.
INTERPRETED BY	The left adrenal gland is normal in size (0.45 cm at the cranial pole and 0.50 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Beth Johnson, DVM DACVIM	
IMAGING PERFORMED BY	Spleen
Dr. Elaina Petrone	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.
HOSPITAL NAME	Liver
Long Branch AH	The liver is subjectively enlarged with mildly irregular margins. Parenchyma is markedly heterogeneous, characterized by multiple poorly defined nodules/masses of varying size and varying appearance. The majority of the masses are heterogeneous in appearance, hypoechoic, and partially cavitated. The caudate lobe appears the most affected, however the changes are diffuse.
REFERRING VET	Gallbladder is moderately distended with anechoic bile as well as 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.
Dr. Elaina Petrone	
INVOICE	Gastrointestinal
43228	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	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
12/6/22	



PATIENT

Jolie Blantz

per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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

SPECIES

Canine

Pancreas

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.

BREED

Bichon X

Free Abdomen

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

SEX

Spayed Female

There is no apparent lymphadenopathy noted in these images.

PRIMARY FINDINGS

AGE

13 Years

- **Nodular Liver** - This finding is concerning for infiltrative disease such as round cell neoplasia or metastatic neoplasia. Benign disease (nodular hyperplasia) cannot be ruled out but is considered less likely.

SECONDARY FINDINGS

WEIGHT

23.8 Pounds

- **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.
- Non-obstructive nephrolithiasis bilaterally
- **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.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Elaina Petrone

HOSPITAL NAME

Long Branch AH

REFERRING VET

Dr. Elaina Petrone

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

Pending coag results, sampling of the liver masses is recommended. A fine needle aspirate could be considered if the coagulation status is appropriate. However, given the risk for hemorrhage, etc., exploratory laparotomy for planned excisional biopsies may be elected alternatively.

Having said that, full resectability of the abnormal tissue is likely not possible, given the diffuse nature of the disease.

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SPECIES

Canine

BREED

Bichon X

SEX

Spayed Female

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REFERRING VET

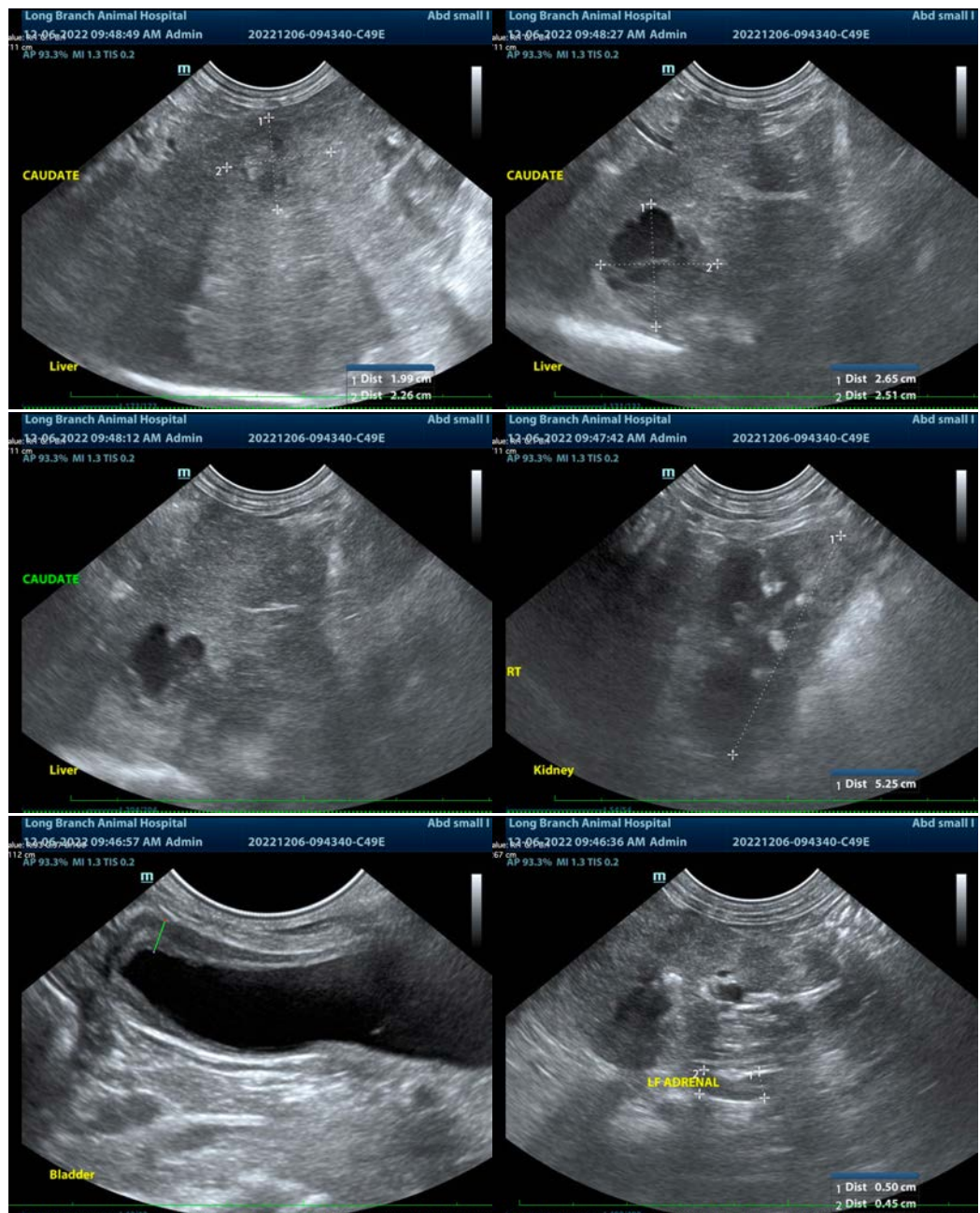
Dr. Elaina Petrone

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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