



**PATIENT**

Hayden L'Hommedieu

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Male

**AGE**

11 Years 4 Months

**WEIGHT**

100 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Leal

**HOSPITAL NAME**

Blairstown AH

**REFERRING VET**

Dr. Leal

**INVOICE**

35354

**DATE**

2/1/22

**PRESENTING CLINICAL SIGNS**

Dog presented ADR, seems to have significant borborygmus and gas. Soft stool, NSF on radiographs. Bloodwork essentially WNL, dog pants a lot. Appears to be deaf and is whining a lot. Ultrasound done to evaluate GI and pancreatic problem

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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.

The neutered status of this dog is not reported, but the prostate appears normal for a neutered dog.

The right kidney is normal in size (8.0 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.

The left kidney is normal in size (9.2 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.

**Adrenal Glands**

The right adrenal gland is normal in size (3.0 cm long x 0.93 cm at the cranial pole and 0.85 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (2.99 cm long x 0.51 cm at the cranial pole and 0.61 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**Spleen**

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.

**Liver**

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.

The gallbladder is moderately distended with anechoic bile and gravity dependent echogenic sediment. Some of the debris/sand appears mineral. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

**Gastrointestinal**

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.



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The visible small intestines are mildly increased in wall thickness with normal intact layering maintained. The duodenum measures 0.64 cm thick. Motility appears adequate. The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is 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.

**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.

**Free Abdomen**

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

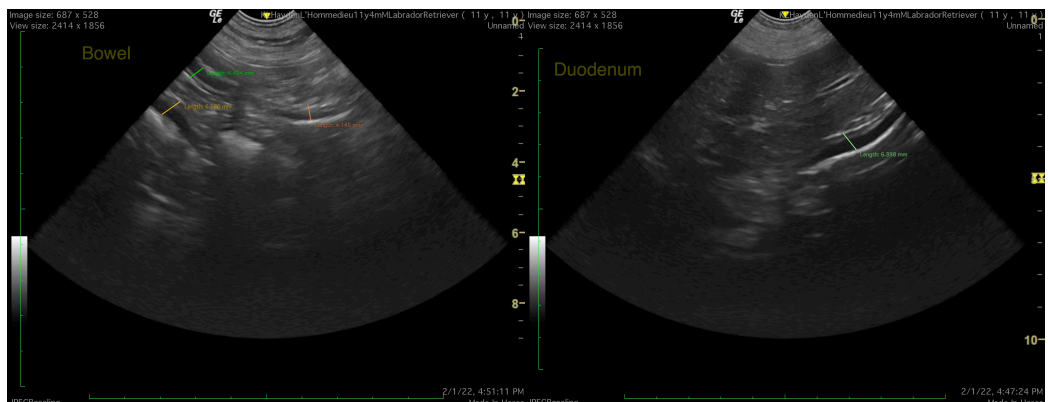
**ULTRASONOGRAPHIC FINDINGS**

- Gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Some of the debris is mineral. 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.
- Mildly thick small bowel with normal layering - Consistent with possible infiltrative inflammatory disease.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommendations include a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory for further assessment of the GI tract and pancreas. In the meantime, a diet change to a novel or hydrolyzed protein diet may be helpful as well as empirical probiotic given the soft stool. Empirical deworming with a 5 day course of Panacur is also warranted. Ultimately, biopsies of the gastrointestinal tract may be necessary to definitively determine the diagnosis and resolve the clinical signs.

Given the excess panting, which may be contributing to the gas within the gastrointestinal tract due to aerophagia, this patient could potentially be evaluated for laryngeal paralysis and/or hyperadrenocorticism, especially if other clinical such as polyuria, polydipsia or polyphagia are present.





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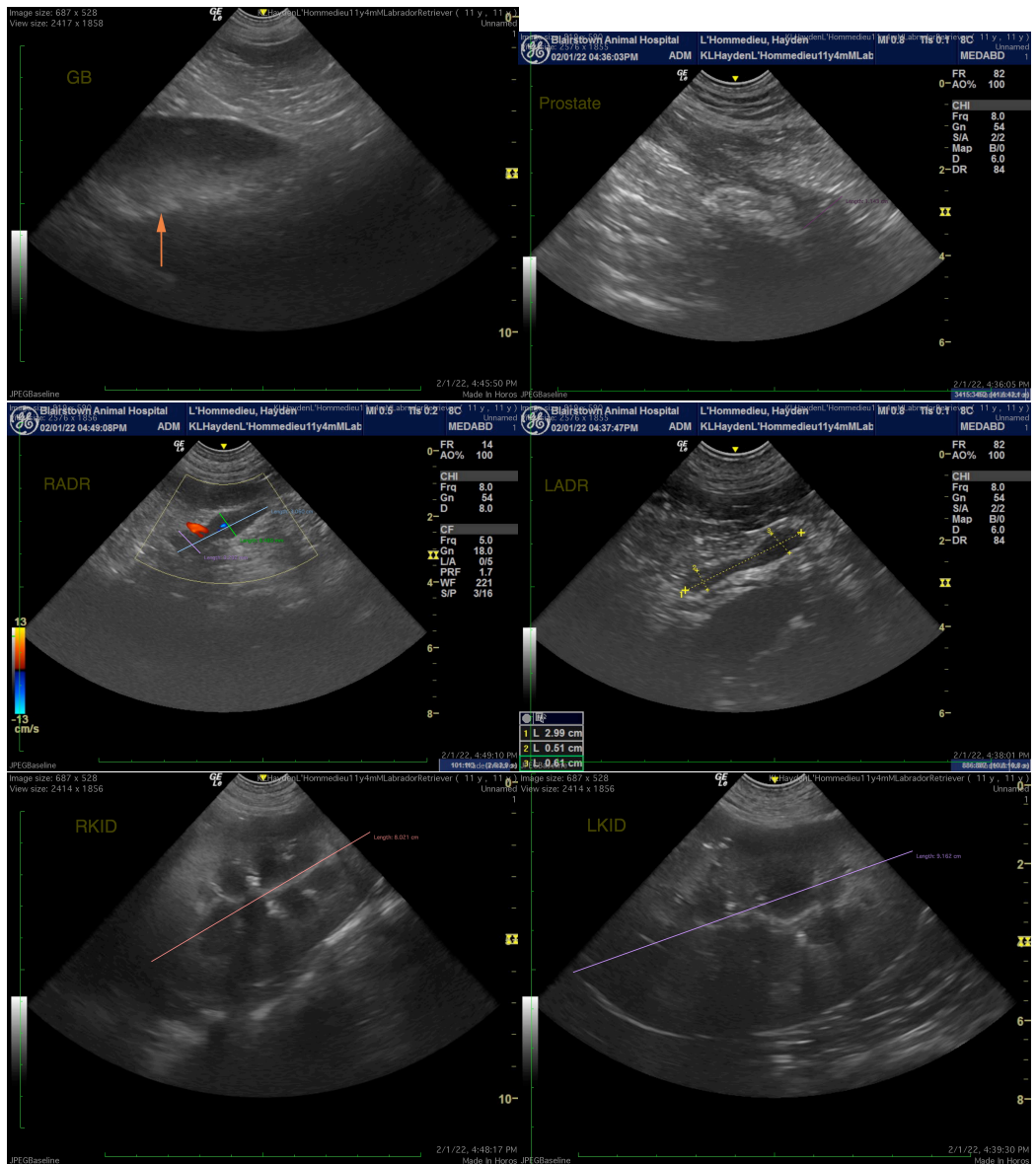
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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