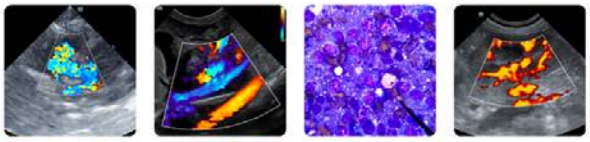


PATIENT

Gomez Bohrer

SPECIES

Canine

BREED

Pit Bull x

SEX

Castrated Male

AGE

11 Years 9 Months

WEIGHT

66 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Kristen Carpenter

HOSPITAL NAME

Pennridge Animal Hospital

REFERRING VET

Dr. Alexandra Peters

INVOICE

72907

DATE

2/11/26

PRESENTING CLINICAL SIGNS

Hx: Patient was not sedated. Chronic hx of intermittent vomiting twice weekly but more recently became daily to every other day. Patient presented for acute vomiting on 2/2 (10+ times). Patient had active abdominal contractions/ no regurgitation. NSF on PE and bloodwork performed. Patient was treated supportively with cerenia, fortiflora, omeprazole, GI biome. Vomiting originally improved with meds but O reports patient is still vomiting several times daily despite cerenia. Re-presented 2/10/26 for ongoing outpatient supportive care due to sudden acute vomiting again. Patient was given SQF and Ondansetron as well as a cerenia injection.

Current Medications: Omeprazole in AM, Pepcid in PM, Fluoxetine. Cerenia 80 mg PO SID

Patient has lost 5 lbs in 6 months. Current Diet: Purina Pro Plan SSS diet (chicken and rice) and GI biome. Sending patient home with carafate empirically today to r/o stomach ulcer.

Diagnostics: 2/3/26 Bloodwork: CBC WNL Chem: ALP 244 (5-160), Lipase 429 (0-250). 4dx neg x4. Fecal NOS. 2/10/26 AFAST, no free fluid seen. 2/11/26 Thoracic and Abd rads: NSF on thoracic rads. No megaesophagus. Abd rads - some mild gas dilation of SI but no obstructive pattern. Stomach empty. Mild subjective splenomegaly.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately 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.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

The right kidney is normal is size (7.13 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 is size (7.35 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.

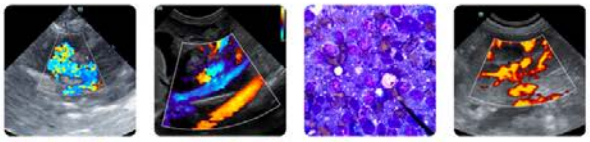
Adrenal Glands

The right adrenal gland is normal in size (1.2 cm at cranial pole and 0.56 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.52 cm at cranial pole and 0.63 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size (2.6 cm thick at the hilus) with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. There is at least one discrete homogeneous, hyperechoic, non-capsule disrupting nodule, consistent most likely with a myelolipoma present at the hilus. Splenic vasculature appears normal.



PATIENT

Gomez Bohrer

SPECIES

Canine

BREED

Pit Bull x

SEX

Castrated Male

AGE

11 Years 9 Months

WEIGHT

66 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Kristen Carpenter

HOSPITAL NAME

Pennridge Animal Hospital

REFERRING VET

Dr. Alexandra Peters

INVOICE

72907

DATE

2/11/26

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 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

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. 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.

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

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Splenomegaly– can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

- Hyperechoic splenic nodule(s) – most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are considered less likely

- Otherwise, this is a largely unremarkable/structurally normal abdomen without a definitive ultrasonographically visible explanation for patient's reported vomiting.

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.

PATIENT

Gomez Bohrer

SPECIES

Canine

BREED

Pit Bull x

SEX

Castrated Male

AGE

11 Years 9 Months

WEIGHT

66 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Kristen Carpenter

HOSPITAL NAME

Pennridge Animal Hospital

REFERRING VET

Dr. Alexandra Peters

INVOICE

72907

DATE

2/11/26

Fine needle aspirates of the spleen are recommended if patient's coagulation status is appropriate.

Beyond that, a routine fecal/giardia exam is recommended if not recently evaluated.

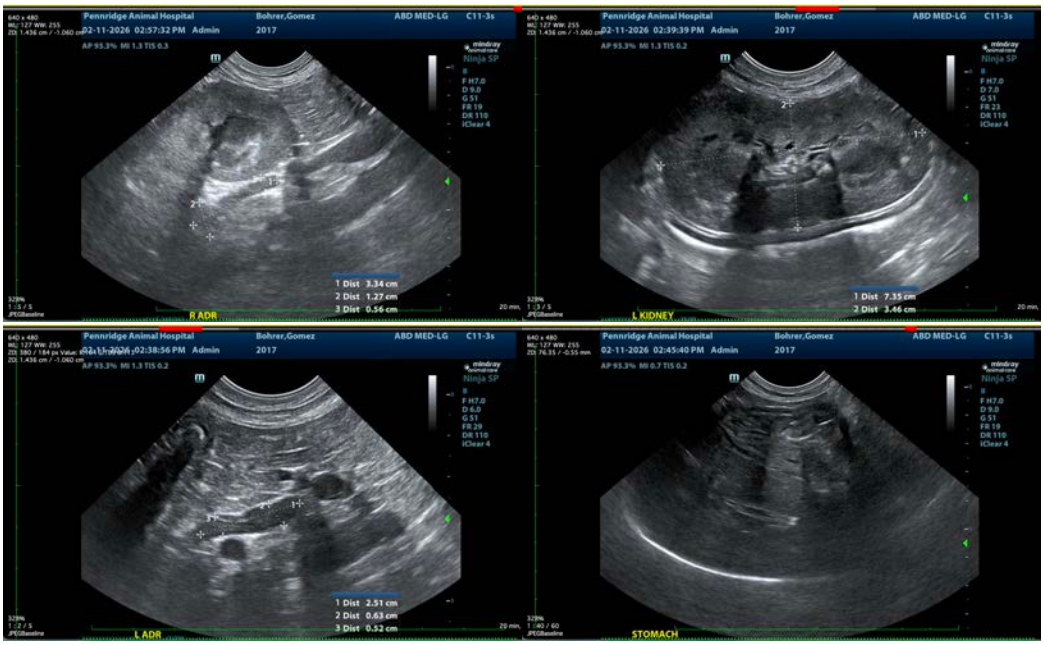
A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

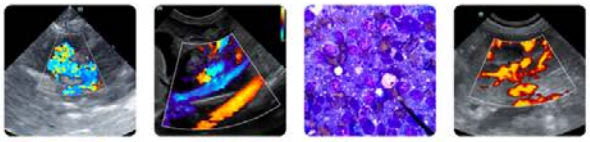
In the meantime, supportive/symptomatic medical management of clinical signs is recommended, including anti-emetics, gastroprotectants (+/- sucralfate, especially with any history of hematemesis), an appetite stimulant and fluid therapy if indicated, etc.

Additionally, empirical deworming with a 5-day course of Panacur is recommended as is a full course of empirical Helicobacter triple therapy.

Finally, if tolerated, a transition in diet could be considered, based on trial-and-error response with some options to consider including a gastrointestinal biome diet vs a hydrolyzed protein diet (sometimes several trials with different brands are necessary) vs an easy to digest, bland or low-fat diet vs other.



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Gomez Bohrer

SPECIES

Canine

BREED

Pit Bull x

SEX

Castrated Male

AGE

11 Years 9 Months

WEIGHT

66 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Kristen Carpenter

HOSPITAL NAME

Pennridge Animal Hospital

REFERRING VET

Dr. Alexandra Peters

INVOICE

72907

DATE

2/11/26

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
info@sonopath.com