



## PATIENT

Jojo Levine

## SPECIES

Canine

## BREED

Goldendoodle

## SEX

Spayed Female

## AGE

5.8

## WEIGHT

25.5

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Dr. Cassels-Conways

## HOSPITAL NAME

Central Broward  
Animal Hospital

## REFERRING VET

Dr. Lara Oms

## INVOICE

13726

## DATE

02/13/26

## PRESENTING CLINICAL SIGNS

- HX lethargy 48 hours, febrile 104.8, eating grass, not eating well. discomfort when scanning around pancreas. Severe Neutropenia. treated w/ sq fluids and Cerenia last night. Rx gabapentin for discomfort.

Abnormal PE/Chem/CBC/UA Results: CBC/chem/cpL: WBC 1.14 (4-16.53) Neutropenia 0.29 (2.88-11.72) Lymphopenia 0.6 (0.83-4.91) HCT 32.4% (36.9-60); when sample re-ran 51%, manual was 46% Hgb 11.4 (13.2-22) RBC 4.81 (5.82-8.9) PCT 0.11 (0.14-0.55) Chest Xray- WNL Urine + c/s pending Cpl- neg

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

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.

Left kidney is normal in size (5.18 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.

Right kidney is normal in size (5.62 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

Left adrenal gland is normal in size (0.48 cm at cranial pole and 0.62 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.44 cm at cranial pole and 0.39 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

### 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.

### 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.

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



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The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. 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 mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material, or infiltrative disease; however, visualization is partially inhibited by gas.

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**

- This is a largely unremarkable/normal structural abdomen without a definitive ultrasonographically visible intra-abdominal explanation for patient's reported neutropenia and consequent fever, lethargy, etc.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- As is reportedly already pending, urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.
- Differentials for the neutropenia include infectious disease, peri-neoplastic disease, autoimmune disease, bone marrow disease, other. Therefore, additional recommendations to begin with include a comprehensive infectious disease evaluation and if a diagnosis is not made, potentially bone marrow cytology.
- Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.



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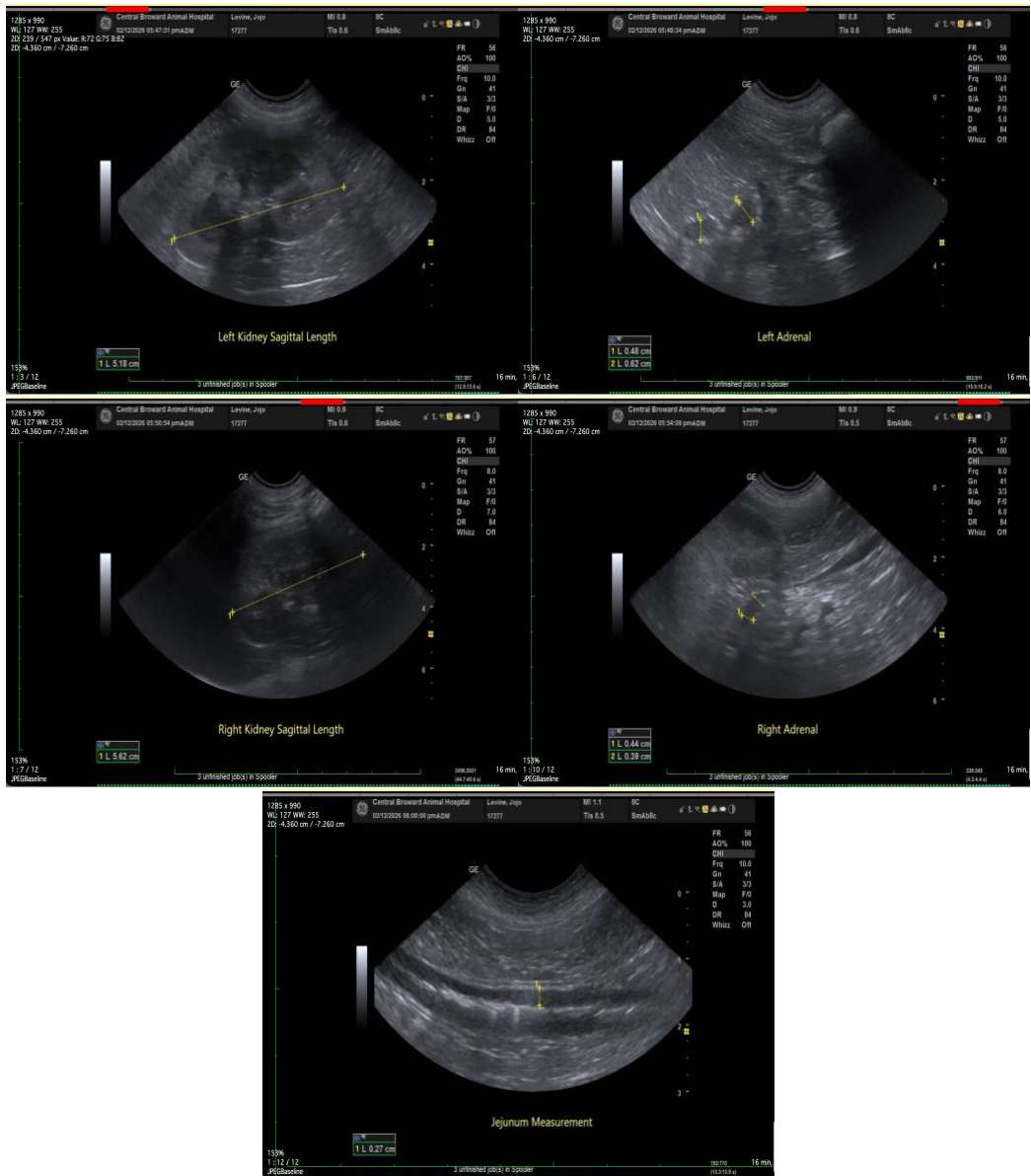
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**

info@sonopath.com