



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Harley Bowcott	Abdominal pain mild and shaking not quite right Abnormal PE/Chem/CBC/UA Results: Mild elevation of kid and liver enzymes
<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.
Chihuahua X	The right kidney is normal in size (3.26 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.
<b>SEX</b>	The left kidney is normal in size (3.29 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.
Spayed Female	
<b>AGE</b>	<b>Adrenal Glands</b>
14 Years	The right adrenal gland is normal in size (0.35 cm at the cranial pole and 0.25 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
<b>WEIGHT</b>	The left adrenal gland is normal in size (0.37 cm at the cranial pole and 0.44 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
3.1 kg	
<b>INTERPRETED BY</b>	<b>Spleen</b>
Beth Johnson, DVM DACVIM	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>IMAGING PERFORMED BY</b>	<b>Liver</b>
Dr. Belan	Liver is subjectively enlarged with rounded margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature appears normal.
<b>HOSPITAL NAME</b>	<b>Gastrointestinal</b>
Chris Belan VS	The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is a round, non-shadowing, echogenic density noted within the lumen up against the wall. A non-shadowing cholelith as well as a polyp are both considered differentials. There is no evidence of cystic or common bile duct dilation.
<b>REFERRING VET</b>	
Dr. Gruffydd	
<b>INVOICE</b>	
35668	
<b>DATE</b>	
2/16/22	



**PATIENT**

Harley Bowcott

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.

**SPECIES**

Canine

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

**BREED**

Chihuahua X

***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.

**SEX**

Spayed Female

***Free Abdomen***

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

**AGE**

14 Years

**ULTRASONOGRAPHIC FINDINGS**

- Suspected gastric foreign body such as a ball
- Echogenic density in the gallbladder – Rule outs include a non-shadowing choleliths versus a polyp, which are typically benign in dogs.
- Heterogenous liver – Differentials for hepatic changes include both benign steroid (vacuolar) hepatopathy or extramedullary hematopoiesis as well as infiltrative round cell or metastatic neoplasia.
- Age related kidney change – This finding is expected/consistent with age-related mild degenerative disease and should be interpreted clinically in combination with laboratory changes.

**WEIGHT**

3.1 kg

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

Chris Belan VS

**REFERRING VET**

Dr. Gruffydd

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommendations for this patient include a fine needle aspirate of the liver if patient's coagulation status is appropriate, followed by either gastroscopy to further assess the stomach and try to remove the gastric foreign body versus a surgical laparotomy, at which time the stomach and gallbladder can both be assessed. However, it is possible, given the patient's presenting complaint of shaking and pain, that both the suspected gastric foreign body and the gallbladder density are both incidental findings, the removal of which may or may not result in clinical improvement. Close evaluation for either referred cervical and/or back pain should be closely examined prior to further pursuing the aforementioned findings.

**INVOICE**

35668

**DATE**

2/16/22



**PATIENT**

Harley Bowcott

**SPECIES**

Canine

**BREED**

Chihuahua X

**SEX**

Spayed Female

**AGE**

14 Years

**WEIGHT**

3.1 kg

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

Chris Belan VS

**REFERRING VET**

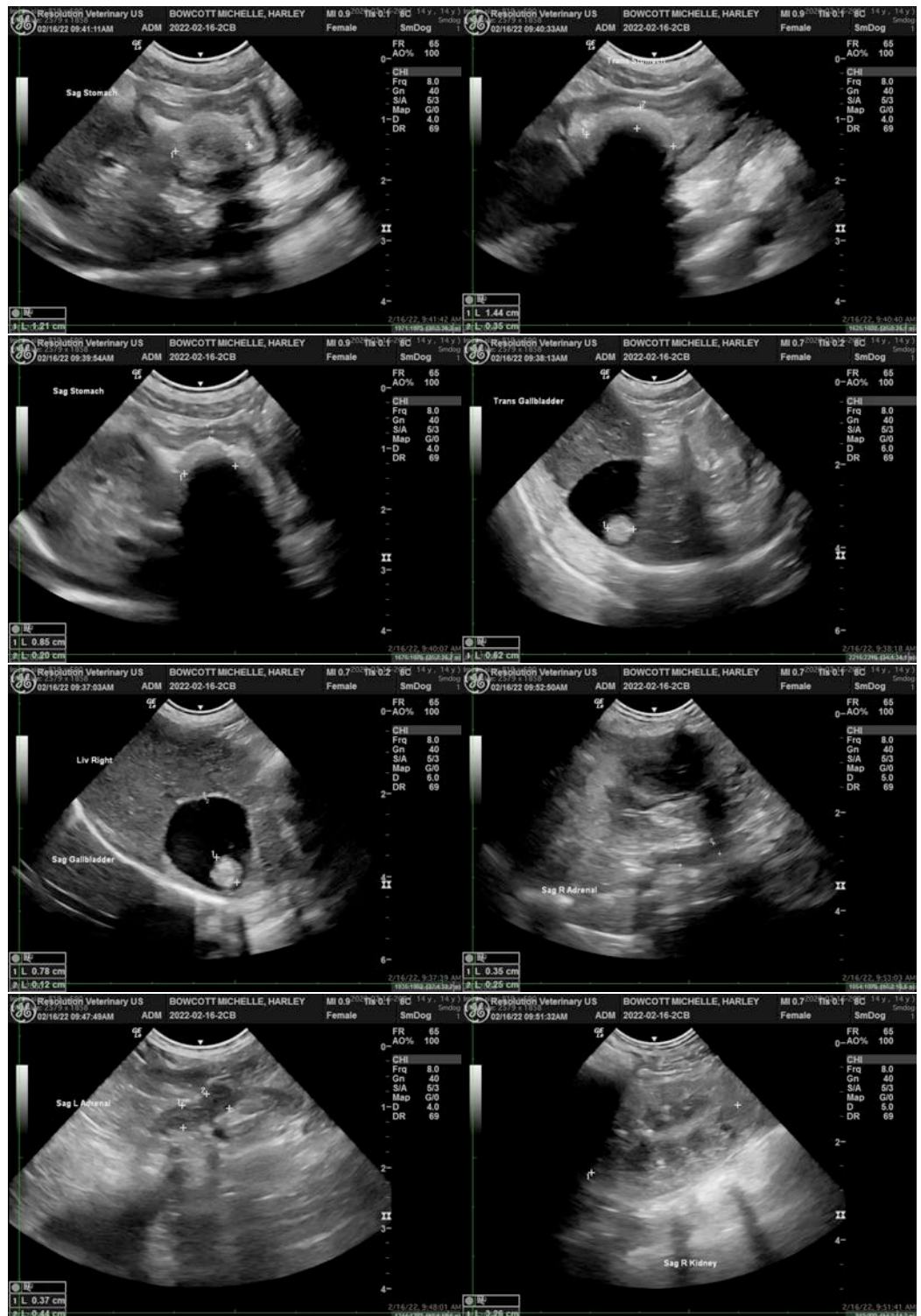
Dr. Gruffydd

**INVOICE**

35668

**DATE**

2/16/22





**PATIENT**

Harley Bowcott

**SPECIES**

Canine

**BREED**

Chihuahua X

**SEX**

Spayed Female

**AGE**

14 Years

**WEIGHT**

3.1 kg

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

Chris Belan VS

**REFERRING VET**

Dr. Gruffydd

**INVOICE**

35668

**DATE**

2/16/22



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