



**PATIENT**

Bear Ekman

**SPECIES**

Canine

**BREED**

Corgi

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

15 kg

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Woodside

**HOSPITAL NAME**

Sherwood Family PC

**REFERRING VET**

Dr. Woodside

**INVOICE**

45182

**DATE**

2/16/23

**PRESENTING CLINICAL SIGNS**

Presented 2/14/23 with lethargy, anorexia, single episode of diarrhea. Signs started 2/12 after bathing and intensive grooming with furminator. Usually Bear requires a muzzle and is very resistant to handling. On 2/14, he was very lethargic and did not resist care. Tx with carprofen 25mg PO BID and Convenia injection (for dermal lesions). Follow up technician visit on 2/15 - Temp 101.4, received SQ fluids, he ate a small amount of canned HP overnight. Started doxycycline for possible Leptospirosis on 2/15. By 2/16, appetite was ~50% of normal. Activity level had improved. Dorsal lesions were now associated with bruising. Hx of pancreatitis several years prior. Not vaccinated for Leptospirosis. Lives in area with deer, raccoons, coyotes and various other wildlife.

Abnormal PE/Chem/CBC/UA Results: 2/14: Temp 104.1, very tense on abdominal palpation; excoriations along dorsum (from furminator). Giardia/Fecal cytology negative; cPL snap negative. Abnormal blood test results: Ca 8.2 mg/dL 8.4 - 11.8, Sodium 139 mmol/L 142 - 152, Potassium 3.1 mmol/L 4.0 - 5.4, ALB 2.5 g/dL 2.7 - 3.9 (TP normal, 6.1), ALKP 162 U/L 5 - 160, ABS LYMPHS 545 /uL 1060 - 4950, ABS EOS 67 /uL 70 - 1490, USG 1.047, 4+ protein, 2+ bili confirmed, RBC 6-10, WBC 0-2, T4 0.8

**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.

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

The right kidney is normal in size (5.94 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 (5.34 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 unable to be well visualized in these images.

The left adrenal gland is normal in size (0.58 cm at the cranial pole and 0.46 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). A 3.0 cm x 3.5 cm mass is noted in the mid spleen, which results in a mild capsular bulge, characterized by a thick echogenic rim and a hypo- to anechoic appearing center. 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



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homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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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**

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The visible stomach wall is normal in thickness and layering. The lumen of the stomach 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. Pyloric outflow tract appears patent.

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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.

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

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**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.

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**Free Abdomen**

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

There is no apparent lymphadenopathy noted in these images.

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**ULTRASONOGRAPHIC FINDINGS**

- **Splenic mass with a hypo- to anechoic center** – This can be seen with benign lesions such as cysts, hematomas, abscess, nodular hyperplasia, extramedullary hematopoiesis, etc. However, infiltrative neoplasia can mimic benign lesions and cannot be ruled out without tissue sampling.

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**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.

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A fine needle aspirate of the spleen is recommended if patient's coagulation status is appropriate for both cytology as well as potentially culture and sensitivity, especially if a fluid that does not appear to be hemorrhage is obtained.

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Additionally, given the proteinuria and reported hypoalbuminemia, a urine protein to creatinine ratio is recommended to better quantify an potentially direct therapy of proteinuria.

Additionally, if not recently evaluated, a blood pressure is recommended.

Testing for Leptospirosis is warranted.

Finally, given hypocalcemia, hypoalbuminemia, etc., especially with the history of diarrhea, further evaluation for possible protein losing enteropathy is recommended as well, beginning with a



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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.

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In the meantime, in addition to symptomatic supportive management of clinical signs, broad-spectrum antibiotic therapy is recommended for the reported dermatologic wounds, and/or if they're not resolving, biopsy and culture and sensitivity of those wounds may also be helpful to guide treatment.

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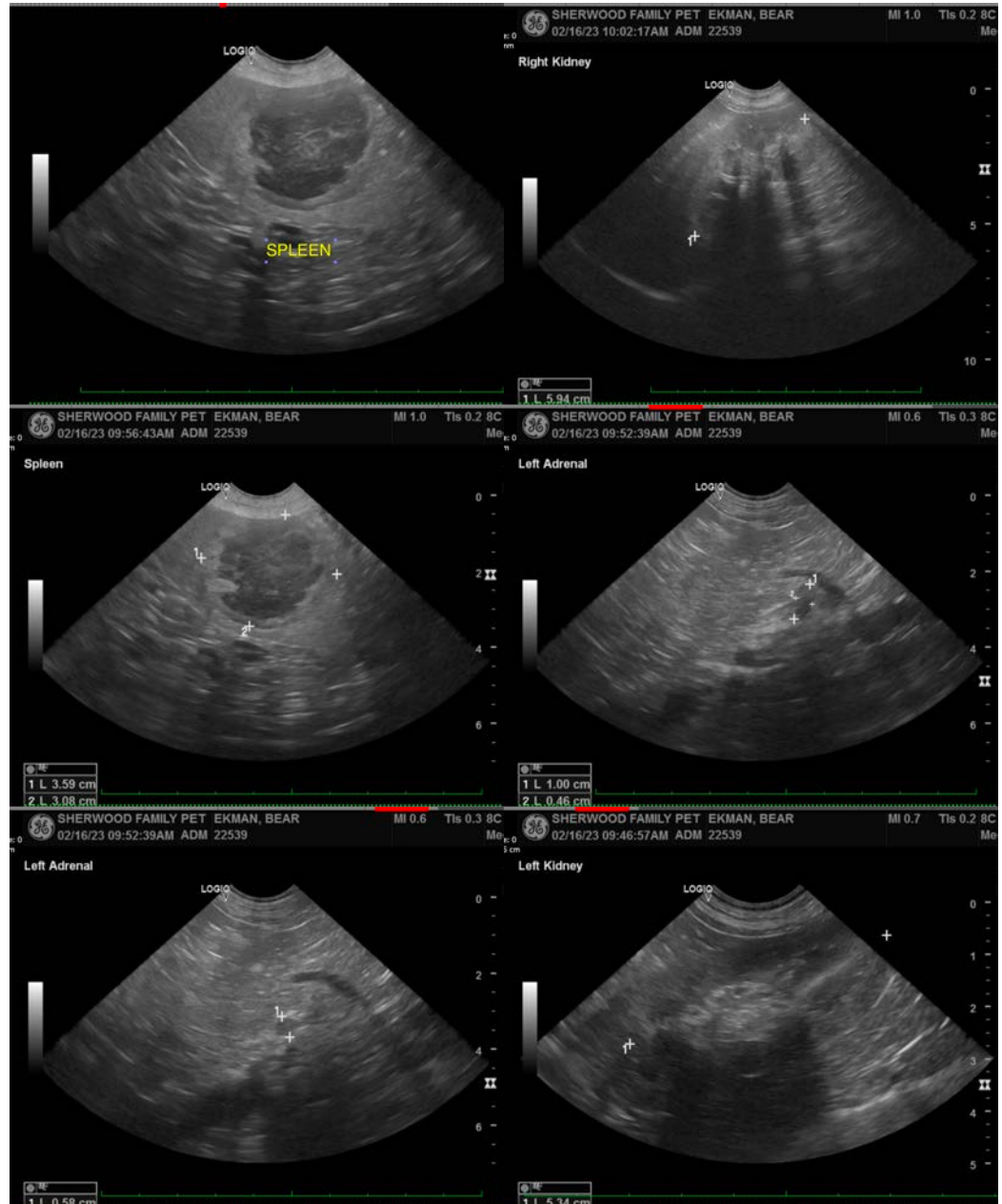
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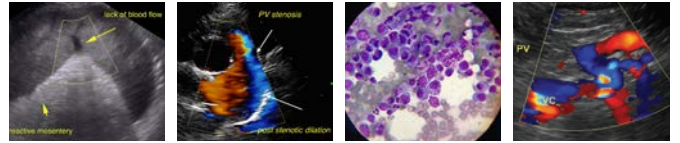
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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