



PATIENT

Ozie Crowe'Elville

SPECIES

Canine

BREED

Pomeranian Mix

SEX

Spayed Female

AGE

11 Years 3 Months

WEIGHT

13.74 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Brittney Beigel, DVM

HOSPITAL NAME

Bayside AMC

REFERRING VET

Allyson Dellozier, VMD

INVOICE

35678

DATE

2/2/26

PRESENTING CLINICAL SIGNS

HGE ~2 weeks ago, seemed to improve on Metro then stopped eating/vomited, responded well initially to reglan/proviable but now HGE back and worse than before and stopped eating all together again, more lethargy this time; seemed to start after a new formulation of HP food ; P was fasted for US scan, no sedation needed; O opts for US to screen for any sign of neoplasia or other concerns/causes for HGE symptoms?

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 (3.82 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 or infarcts observed. Pinpoint nonobstructive mineral densities were noted.

Right kidney is normal in size (4.09 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 or infarcts observed. Pinpoint nonobstructive mineral densities were noted.

Adrenal Glands

Left adrenal gland is normal in size (0.46 cm at cranial pole and 0.63 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.65 cm at cranial pole and 0.57 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). Except for, an approximately 1.0 cm x 0.6 cm non-capsule-disrupting hypo- to anechoic density near the caudal aspect of the spleen. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged (swollen contour) with a diffusely mildly coarse architecture and subtly increased portal markings. Mildly mixed echogenic changes are noted diffusely. 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

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.



PATIENT

Ozie Crowe'Elville

SPECIES

Canine

BREED

Pomeranian Mix

SEX

Spayed Female

AGE

11 Years 3 Months

WEIGHT

13.74 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Brittney Beigel, DVM

HOSPITAL NAME

Bayside AMC

REFERRING VET

Allyson Dellozier, VMD

INVOICE

35678

DATE

2/2/26

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

Pancreas is prominent in size and mildly irregular in shape with a slightly undulating contour. Parenchyma is coarse in echotexture and heterogenous to hypoechoic in echogenicity.

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

Primary Findings

- An obvious cause for the subtle liver changes is not identified in these images. Microscopic disease such as Leptospirosis, bacterial cholangiohepatitis, chronic active hepatitis, copper-associated hepatotoxicity, other hepatotoxicity, other reactive hepatopathy, infiltrative neoplasia, etc. cannot be definitively ruled out.
- Chronic low grade smoldering pancreatitis can't be ruled out and should be suspected in the face of appropriate congoing clinical signs.
- Hypo- to anechoic splenic nodule- likely represents a benign lesion such as a cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc., however while considered less likely, infiltrative neoplasia can mimic benign lesions and cannot be ruled out.

Secondary Findings

- Pinpoint nonobstructive mineral densities noted bilaterally in the kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further gastrointestinal work up recommendations include:

A routine fecal/Giardia exam 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 fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease. Contact lab for recommendations on how long to discontinue antibiotics (if indicated) prior to obtaining a stool sample for submission.

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



PATIENT

Ozie Crowe'Elville

SPECIES

Canine

BREED

Pomeranian Mix

SEX

Spayed Female

AGE

11 Years 3 Months

WEIGHT

13.74 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Brittney Beigel, DVM

HOSPITAL NAME

Bayside AMC

REFERRING VET

Allyson Dellozier, VMD

INVOICE

35678

DATE

2/2/26

Additionally, fine needle aspirates of the liver +/- the splenic nodule could be considered if patient's coagulation status is appropriate.

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.

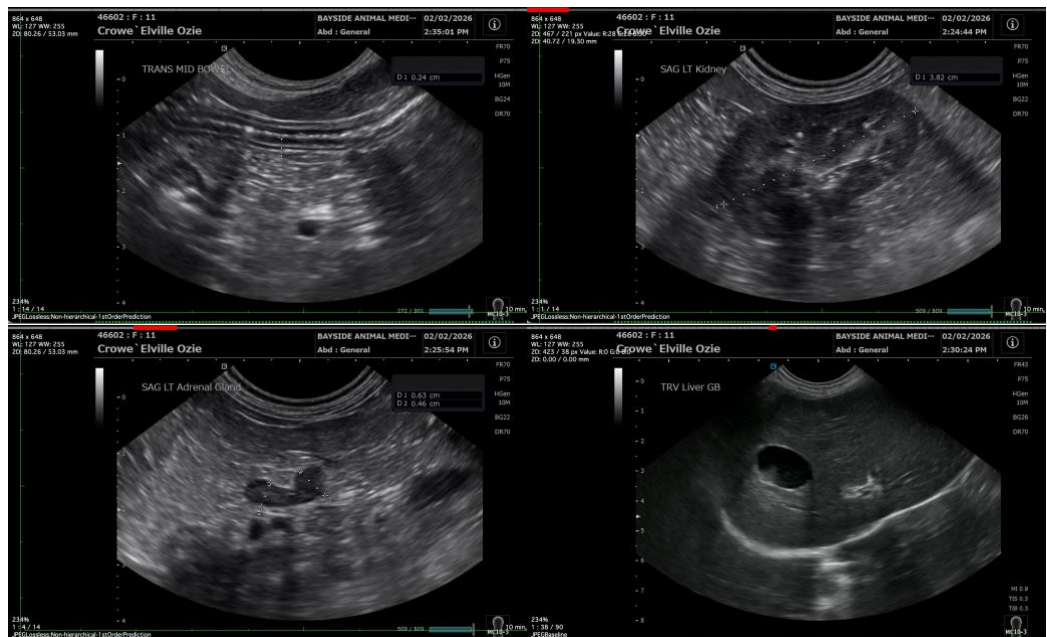
Supportive/symptomatic medical management of clinical signs is recommended, including anti-emetics, gastroprotectants (+/- sucralfate, especially with any history of hematemesis), an appetite stimulant and fluid therapy if indicated, etc.

Additionally, empirical deworming with a 5-day course of Panacur is recommended.

A full course of empirical Helicobacter triple therapy could be considered.

A probiotic, such as visbiome or proviable, may be helpful.

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.





PATIENT

Ozie Crowe'Elville

SPECIES

Canine

BREED

Pomeranian Mix

SEX

Spayed Female

AGE

11 Years 3 Months

WEIGHT

13.74 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Brittney Beigel, DVM

HOSPITAL NAME

Bayside AMC

REFERRING VET

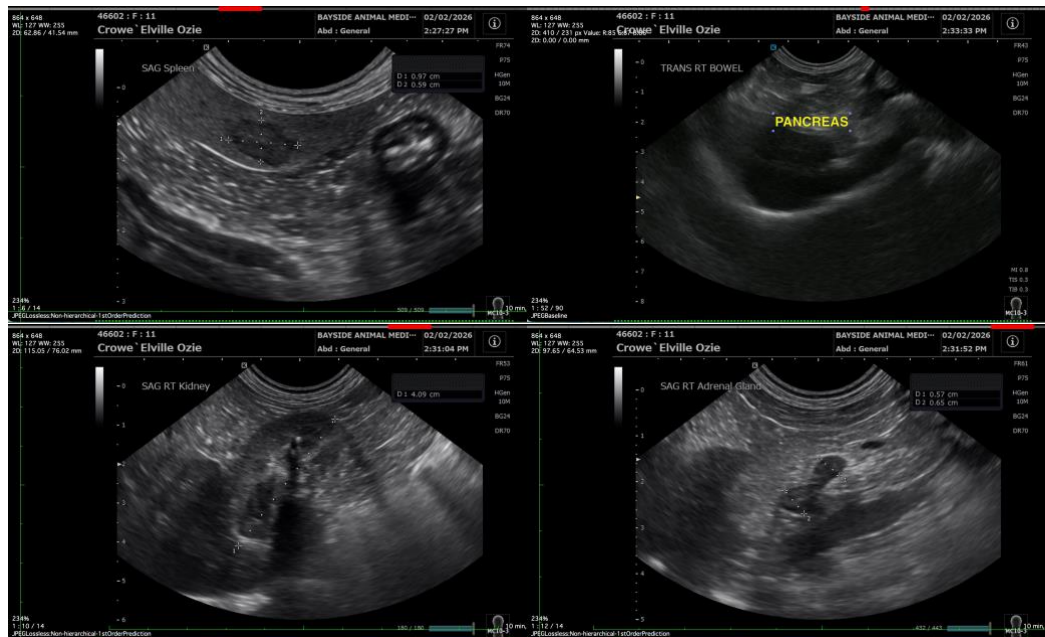
Allyson Dellozier, VMD

INVOICE

35678

DATE

2/2/26



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