



## PATIENT

Yogi Llevat

## SPECIES

Canine

## BREED

Labradoodle

## SEX

Neutered Male

## AGE

11 Years

## WEIGHT

39 lbs

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Julia Bakker, DVM

## HOSPITAL NAME

Orange Blossom  
Veterinary Imaging

## REFERRING VET

Shane Culp, DVM

## INVOICE

73280

## DATE

2/25/26

## PRESENTING CLINICAL SIGNS

Presented with having diarrhea with blood for 2 days on Feb 18. STC: 02-20-26 at 12:43p: LVM with bloodwork results: Electrolytes were normal, so I am not suspecting Addison's at this time. Liver values were elevated. Recommend abdominal ultrasound as next diagnostic step

Abnormal PE/Chem/CBC/UA Results: ALT 313 ALP 641 GGT 15 Trig 379 Amylase 456

## 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.

Kidneys are overall normal in size 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 cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia or infarcts observed. Left kidney measured 5.9 cm. Right kidney measured 5.9 cm. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted bilaterally in the kidneys.

### Adrenal Glands

The area of the right adrenal gland is examined without evident adrenal gland pathology.

The left adrenal gland is normal in size (0.77 cm at cranial pole and 0.10 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). A well-demarcated hyperechoic homogenous nodule is noted. Splenic vasculature appears normal.

### Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is mildly heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. An approximately 1.3 cm in diameter, minimally shadowing, non-visibly obstructive cholecystolith is suspected. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

### Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is moderately distended with echogenic contents that demonstrate a dark acoustic shadow.



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The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta/chyme. There is 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.

## **PRIMARY FINDINGS**

- The gastric contents should be interpreted in combination with when patient last ate, as ingesta and gas could cause the appearance, but non-obstructive foreign material can't be definitively ruled out. Reassessment following an additional 12-24 hours of fasting could be considered.
- Mildly heterogenous liver – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.
- Moderate gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili. A non-obstructive cholelith is suspected.

## **SECONDARY FINDINGS**

- Hyperechoic splenic nodule – 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.
- Age related kidney changes with non-obstructive dystrophic mineralization bilaterally.

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

The changes described are largely mild/subtle other than the potential gastric foreign material, without a definitive ultrasonographically visible intraabdominal explanation for patient's reported hematochezia. Therefore, further gastrointestinal workup recommendations include:



**PATIENT**

A routine fecal/giardia exam if not recently evaluated.

Yogi Llevat

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.

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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.

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While lower on the list of differentials, ruling out atypical hypoadrenocorticism is also recommended in the form of a baseline cortisol. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

**SEX**

Neutered Male

In the meantime, supportive/symptomatic medical management of clinical signs is recommended, including a probiotic (such as visbiome or proviable), empirical deworming with a 5-day course of Panacur and, if tolerated, a transition in diet, based on trial-and-error response, beginning possibly with a gastrointestinal biome diet vs a hydrolyzed protein diet vs other. Some patients respond to one brand/version of a hydrolyzed protein diet better than another brand, so several brand attempts may be required.

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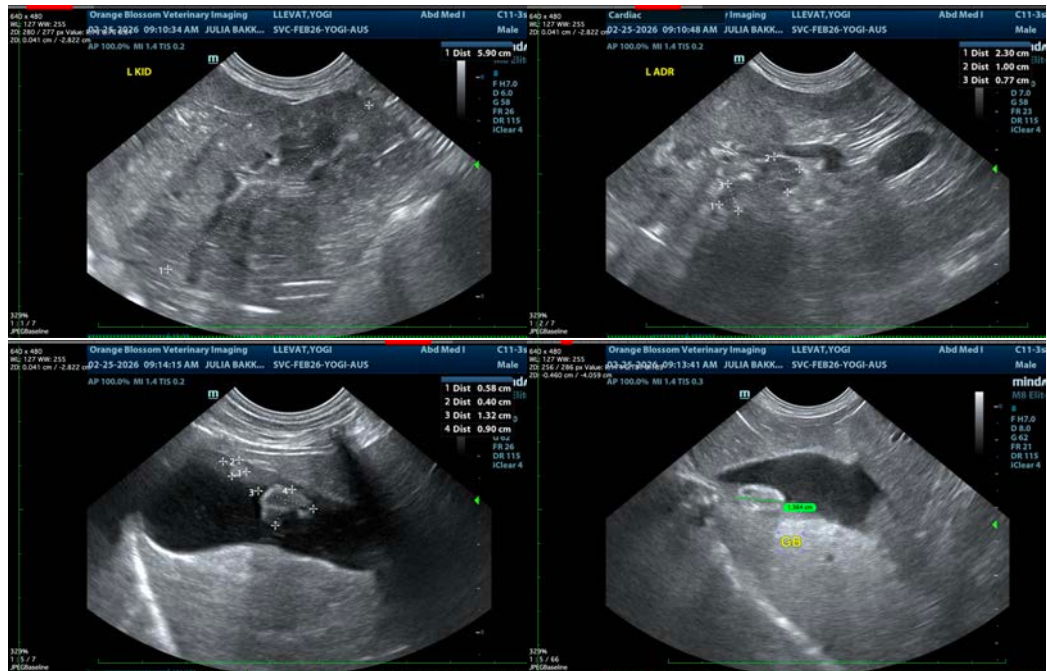
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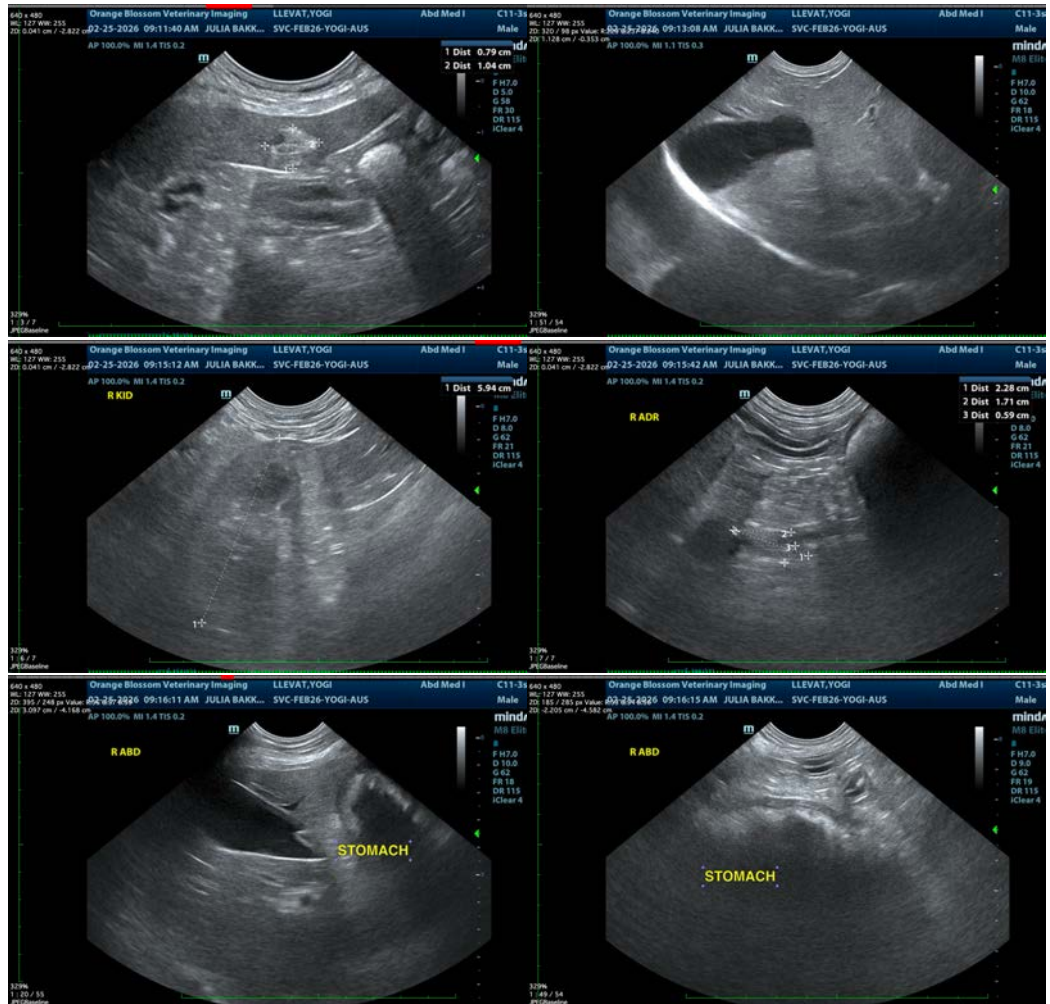
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
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