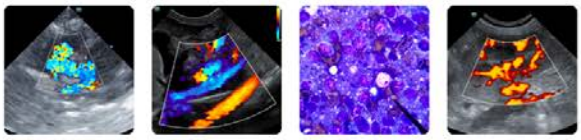


DATE

2/5/26

PATIENT

Rae Hershfield

SPECIES

Canine

BREED

Lab

SEX

Spayed Female

AGE

4/16/18

WEIGHT

89 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Timonium Animal Hospital

REFERRING VET

Dr. McMichael

INVOICE

72758

PRESENTING CLINICAL SIGNS

Patient History: Recheck abdomen. h/o chronic skin allergies -- interdigital cysts, pyoderma (yeast) h/o sensitive stomach- diarrhea/soft stools common h/o hypothyroidism. Concern for ALKP elevation and anemia.

Current Medications: Carprofen 75mg PO q 12 hrs. Apoquel 16mg tab PO q 12 hrs. Adequan twice weekly for 4 wks (this is the last week). Ketoconazole for yeast pyoderma. Chlorhexidine foot soaks. Mupriocin/Animax on feet. Ketorolac for allergic conjunctivitis.
Labwork Results: Labwork not submitted. Reported as Alkp 999 (has been elevated 837 back to 2021). No clincial signs of Cushings per owner. Hct 36% concern for GI bleed vs open. Cytology report submitted and attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Andi Parkinson, BD, RDMS.

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.

The right kidney is normal is size (7.92 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 is size (7.15 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 normal in size (0.58 cm at cranial pole and 0.49 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.50 cm at cranial pole and 0.60 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen is unable to be visualized in these images.

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. 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 empty with no evidence of obstruction, foreign material or infiltrative disease. 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 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 (enlarged) in size and mildly irregular in shape with a slightly undulating contour. Parenchyma is coarse in echotexture and heterogenous to hypoechoic in echogenicity. The previously noted cyst or lymph node is not visible in these images.

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

- 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.

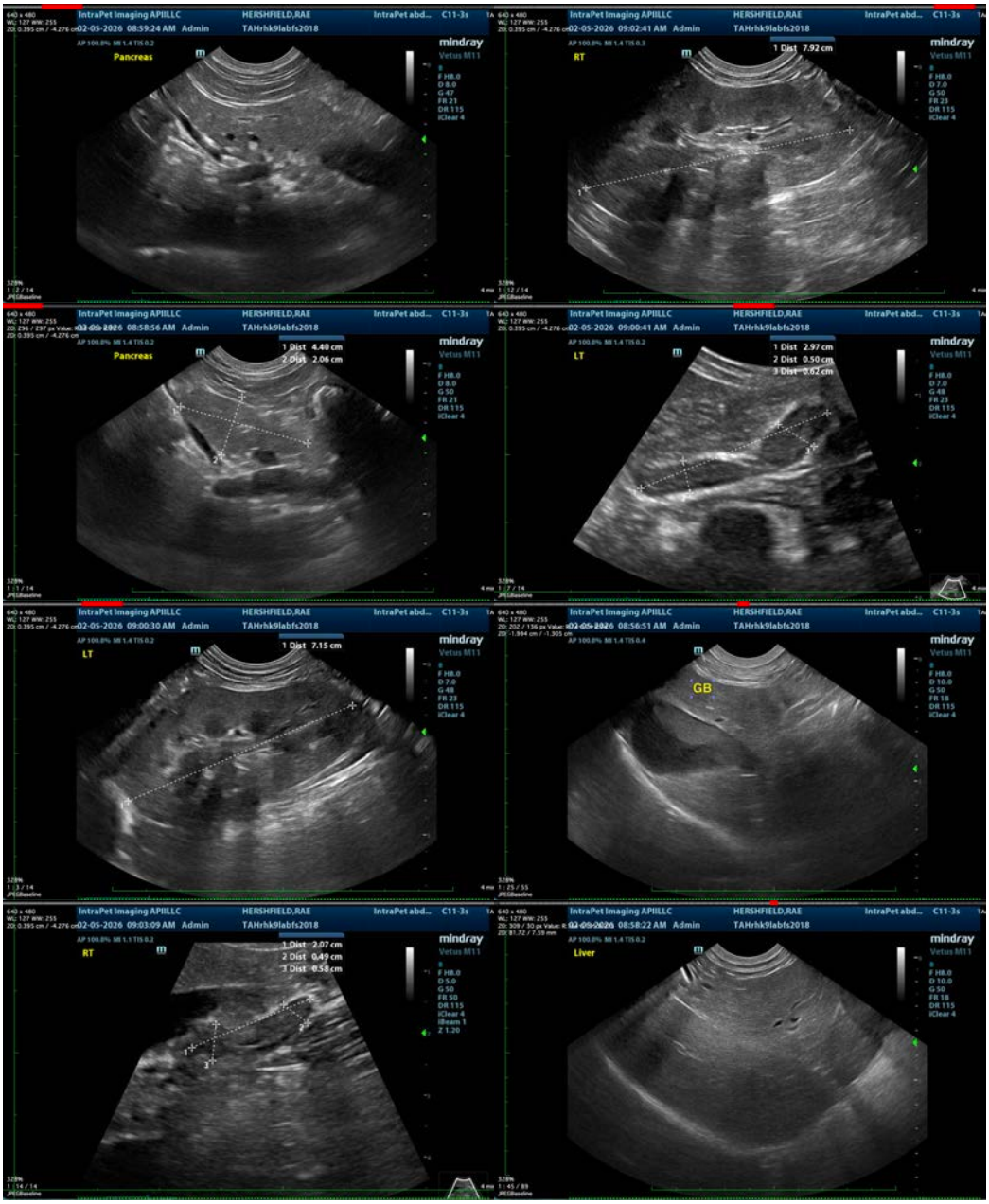
- Chronic low-grade smoldering pancreatitis can't be ruled out and should be suspected in the face of appropriate clinical signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is a largely unchanged/static study compared to the previous exam, with the exception of no visible pancreatic cysts or cystic lymph nodes noted in today's images. The changes to the hepatobiliary system are non-specific. Recommendations are largely unchanged except for, given patient's reported anemia, empirical

antacid therapy +/- sucralfate, empirical deworming with a 5-day course of Panacur, etc. could be considered to address possible micro ulceration or slow chronic gastrointestinal bleed.

Additionally, if quality of life can be maintained without nonsteroidals, tapering, decreasing, or transitioning to an alternative pain management plan could be considered.



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