



**PATIENT**

Eddie Harper

**PRESENTING CLINICAL SIGNS**

Intermittent inappetence/vomit. o felt famotidine made him worse, thinks he may be making himself dizzy with zoomies!

Abnormal PE/Chem/CBC/UA Results: WBC 33, K 5.8, Na:K 26 albumin 2.4

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Spaniel Mix

**Urinary System**

Urinary bladder is mildly to moderately distended with anechoic contents. Apical urinary bladder wall is diffusely thick and measured 0.48 cm. Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

**SEX**

Neutered male

The prostate is normal for a neutered dog.

**AGE**

5 years

Left kidney is normal in size (5.11 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Right kidney is normal in size (5.69 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

**WEIGHT**

24 lbs

**Adrenal Glands**

Left adrenal gland is normal to slightly decreased in size and subjectively flat in appearance (0.22 cm at cranial pole and 0.26 cm at caudal pole). Corticomedullary structure is unremarkable.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

Right adrenal gland is normal to slightly decreased in size and subjectively flat in appearance (0.48 cm at cranial pole and 0.46 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

**IMAGING PERFORMED BY**

Michelle Roche

**Spleen**

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

**HOSPITAL NAME**

Fredon AH

**Liver**

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

**REFERRING VET**

Dr. Grau

**INVOICE**

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**Gastrointestinal**

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). 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.

**DATE**

2/8/22



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The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

Colon is normal in wall thickness (< 0.2 cm) and layering.

**SPECIES**

Canine

**Pancreas**

The pancreatic parenchyma is diffusely hypoechoic to the surrounding tissue. The visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. However, the parenchyma is mildly coarse and there is hyper reactive mesentery surrounding the pancreas. No free fluid is noted.

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Spaniel Mix

**SEX**

Neutered male

**Free Abdomen**

The mesenteric lymph nodes were enlarged.

**AGE**

5 years

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Chronic Cystitis – Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely give the location and diffuse nature of the changes.
- Subjectively flat adrenal gland. Rule out normal patient variant versus hypoadrenocorticism.
- Likely reactive mesenteric lymphadenopathy. Infiltrative neoplasia cannot be ruled out, but is considered less likely.
- Mild, acute pancreatitis.

**WEIGHT**

24 lbs

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommendations for this patient include a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory as well as a baseline cortisol to further assess the gastrointestinal tract, pancreas and rule out hypoadrenocorticism. If the baseline cortisol is less than 2 a follow-up full ACTH stimulation test is recommended. If not already performed a urinalysis is recommended to look for protein. If there is protein in the urine in an otherwise quiet sediment a urine protein to creatinine ratio is also recommended. In the meantime, therapeutic recommendations include medical management of pancreatitis/gastroenteritis with anti-emetics, gastroprotectants, broad spectrum antibiotics +/- appetite and/or pain management if necessary. If the cortisol and/or ACTH stimulation test is not diagnostic for Addison's disease and management of acute pancreatitis does not alleviate clinical signs further investigation of the clinical signs and hypoalbuminemia in the form of gastrointestinal and mesenteric lymph node biopsies may be necessary to definitive diagnose and manage this patient.

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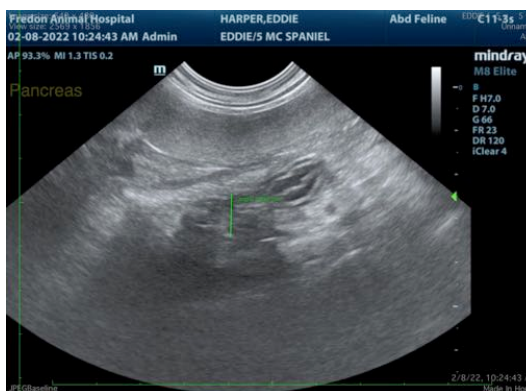
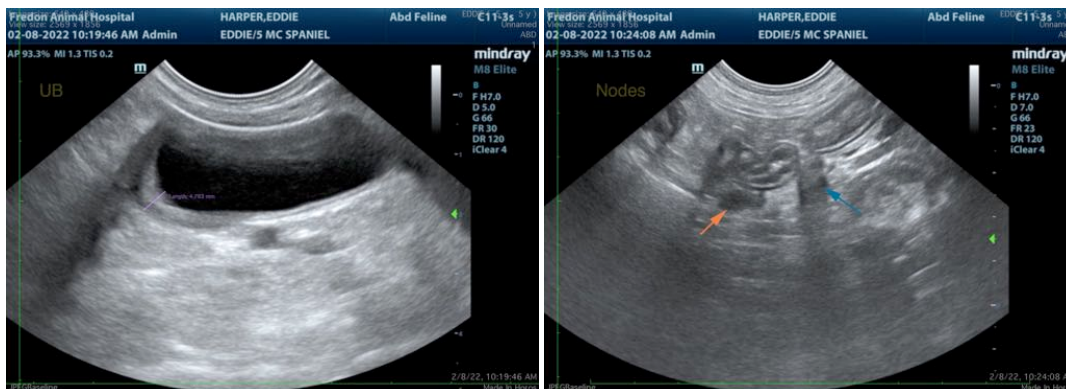
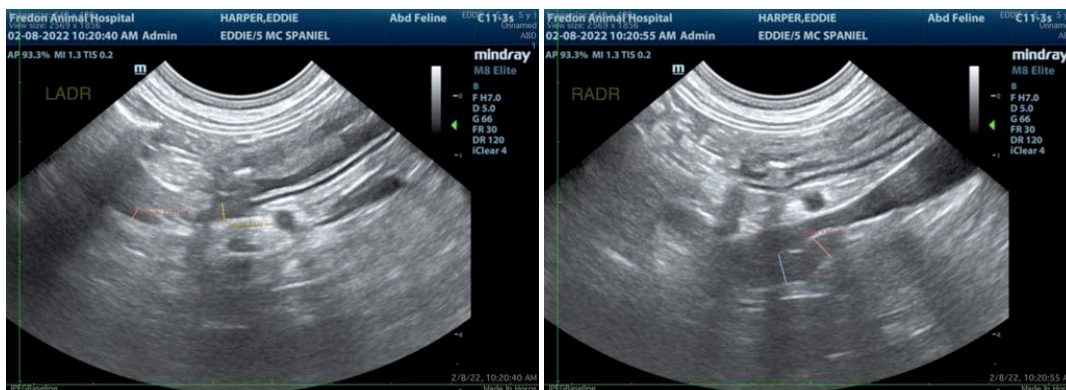
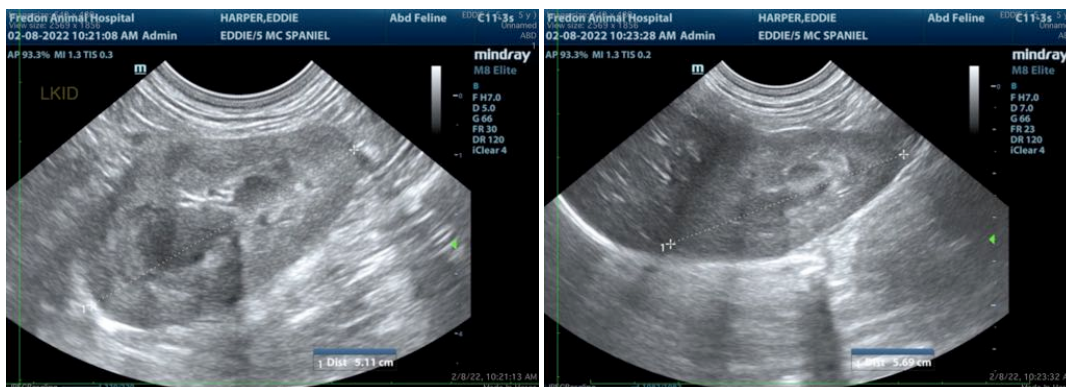
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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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Spaniel Mix

Beth.Johnson@SonoPath.com

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Neutered male

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