



**PATIENT**

Sophie Clark

**SPECIES**

Canine

**BREED**

Cocker Spaniel

**SEX**

Female

**AGE**

11 Years

**WEIGHT**

26.2 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Laurel Logas

**HOSPITAL NAME**

Bradentown VH

**REFERRING VET**

Dr. Laurel Logas

**INVOICE**

35517

**DATE**

2/8/22

**PRESENTING CLINICAL SIGNS**

History of pancreatitis. Diarrhea for 3 days and sensitive stomach. Possible cranial abdominal mass on radiographs. Recheck rads fasted the next day did not verify a mass. Chronic GI history. Iris stage 3 CRI. Fluid diuresis today and tomorrow.

Abnormal PE/Chem/CBC/UA Results: Superchem Alk Phosphatase 871IU/L BUN 94mg/dL Creatinine 3.1mg/dL BUN/CREAT RATIO 30 PHOSPHORUS 7.0mg/dL MAGNESIUM 2.6mEq/L NA/K RATIO 26 AMYLASE 1,500IU/L PrecisionPSL 221U/L CBC RBC 4.7106/μL HGB 12.0g/dL HCT 35% Platelet Count 525103/μL T4 0.7μg/dL Urinalysis Specific Gravity 1.014 pH 5.0

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is over distended, likely due to current fluid therapy. 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 kidneys are bilaterally normal in size, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted. Non-obstructive areas of mineralization/nephroliths are noted, primarily in the diverticula of the kidneys. The left kidney measured 4.0 cm. The right kidney measured 5.4 cm.

**Adrenal Glands**

The right adrenal gland is normal in size (0.78 cm at the cranial pole and 0.70 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.72 cm at the cranial pole and 0.63 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**Spleen**

The spleen is subjectively large in size with normal smooth margins. Parenchyma is mildly heterogeneous with normal echogenicity relative to the surrounding organs. No focal nodules or masses are observed. Splenic vasculature appears normal.

**Liver**

Liver is subjectively enlarged. Margins are smooth but round. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen. In the caudal mid liver, there is an iso- to slightly hyperechoic, discreet mass that measures 3.5 cm in diameter. The mass is normal in echotexture and maintains normal curvilinear patterns. Visible vasculature and biliary tree appear normal without distension or congestion.

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**

Gastric fundic mucosal hypertrophy with hyperechoic mucosa and some mucosal remodeling is noted. There is no loss of mural detail. Layering is normal. There is mild luminal fluid accumulation. No evidence of masses/nodules or foreign material present.



<b>PATIENT</b>	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.
Sophie Clark	
<b>SPECIES</b>	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
Canine	
<b>BREED</b>	<b>Pancreas</b>
Cocker Spaniel	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.
<b>SEX</b>	<b>Free Abdomen</b>
Female	There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.
<b>AGE</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
11 Years	<ul style="list-style-type: none"> <li>Hyperechoic hepatomegaly – most consistent with benign steroid (endocrine) hepatopathy or reactive or idiopathic hepatopathy. Infiltrative neoplasia such as round cell neoplasia is also possible, but considered less likely.</li> </ul>
<b>WEIGHT</b>	<ul style="list-style-type: none"> <li>Mid liver discrete isoechoic, homogeneous mass – Benign differentials such as nodular hyperplasia/normal variant of a rounded enlarged liver lobe are the top differentials, given the lack of abnormal architecture. However, infiltrative round cell neoplasia, primary hepatocellular carcinoma, etc. are also possible and must be considered.</li> </ul>
26.2 Pounds	
<b>INTERPRETED BY</b>	<ul style="list-style-type: none"> <li>Splenomegaly – Can be associated with congestion caused by sedation, if sedated, but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, etc., as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.</li> </ul>
Beth Johnson, DVM DACVIM	
<b>IMAGING PERFORMED BY</b>	<ul style="list-style-type: none"> <li>Chronic Kidney Disease - This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.</li> </ul>
Dr. Laurel Logas	
<b>HOSPITAL NAME</b>	<ul style="list-style-type: none"> <li>Non-obstructive nephrolithiasis</li> </ul>
Bradentown VH	
<b>REFERRING VET</b>	<ul style="list-style-type: none"> <li>Gastritis – Microulceration cannot be ruled out.</li> <li>Overdistended urinary bladder – Consistent with current IV Fluid therapy</li> </ul>
Dr. Laurel Logas	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
<b>INVOICE</b>	Given the reported gastrointestinal signs, recommendations include a malabsorption panel with a TLI, PLI, folate and cobalamin to Texas A&M GI laboratory for further assessment of the GI tract as well as the pancreas.
35517	Given the chronic kidney disease and kidney changes, a urinalysis +/- urine culture (if indicated by urinalysis results) is recommended. Fine needle aspirate of both the liver and the spleen could be considered if patient's coagulation status is appropriate. If FNA of the rounded liver/possible mass is not pursued, recheck ultrasound would be recommended for monitoring in 3 months.
<b>DATE</b>	
2/8/22	



**PATIENT**

Sophie Clark

Otherwise, therapeutic recommendations include management of gastritis with the reported already present diuresis, antiemetics, and gastroprotectants including possible Sucralfate for possible microulcerations. A probiotic is also recommended, given the reported diarrhea.

**SPECIES**

Canine

**BREED**

Cocker Spaniel

**SEX**

Female

**AGE**

11 Years

**WEIGHT**

26.2 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Laurel Logas

**HOSPITAL NAME**

Bradentown VH

**REFERRING VET**

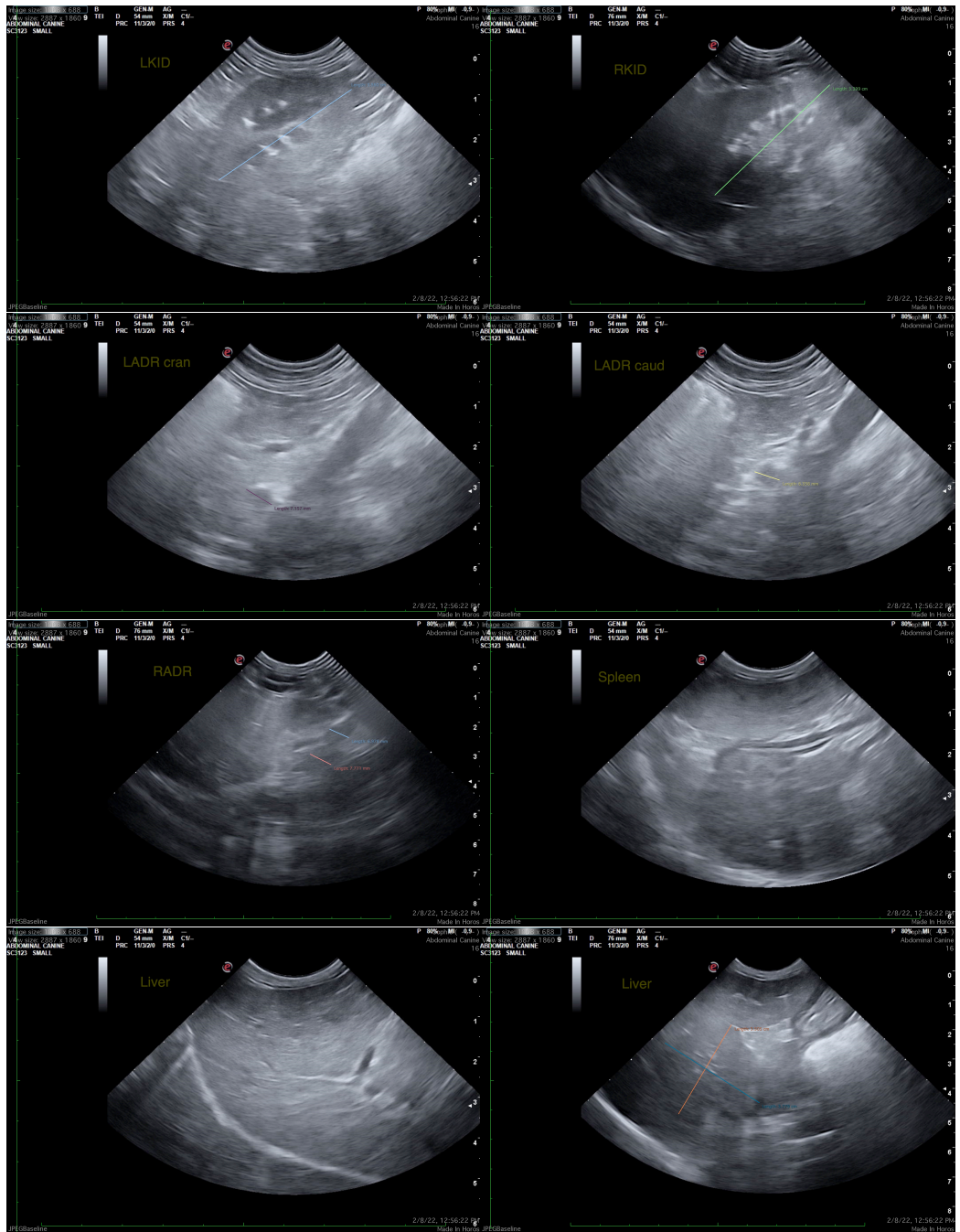
Dr. Laurel Logas

**INVOICE**

35517

**DATE**

2/8/22





**PATIENT**

Sophie Clark

**SPECIES**

Canine

**BREED**

Cocker Spaniel

**SEX**

Female

**AGE**

11 Years

**WEIGHT**

26.2 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING  
PERFORMED BY**

Dr. Laurel Logas

**HOSPITAL NAME**

Bradentown VH

**REFERRING VET**

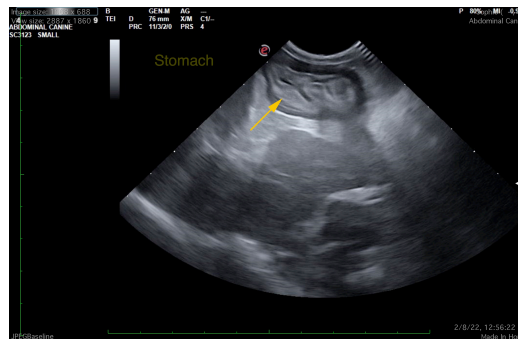
Dr. Laurel Logas

**INVOICE**

35517

**DATE**

2/8/22



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**  
Beth.Johnson@sonopath.com