



PATIENT	PRESENTING CLINICAL SIGNS
Crookshanks House	3 day history of vomiting and decreased appetite. 3 year history of failure to gain weight, intermittent soft stools in spite of relatively normal CBC, Chem17, UA and negative fecals.
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	Urinary bladder is mildly to moderately distended with anechoic contents. Apical urinary bladder wall is diffusely thick (5.3 cm thick). Mucosa is hyperechoic and irregular. An opaque non-shadowing density is noted along the dependent wall. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.
Cocker/Pug	
SEX	The prostate is unable to be fully visualized in these images. However, the region of the prostate is evaluated without evident pathology.
Neutered Male	
AGE	The right kidney is normal in size (5.7 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.
6 Years	
WEIGHT	The left kidney is normal in size (5.0 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.
14 Pounds	
INTERPRETED BY	Adrenal Glands
Beth Johnson, DVM DACVIM	The right adrenal gland is normal in size (0.73 cm at the cranial pole and 0.54 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
IMAGING PERFORMED BY	The left adrenal gland is normal in size (0.3 cm at the cranial pole and 0.42 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Samantha Hudgins	
HOSPITAL NAME	Spleen
Petvacx AH	The 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). No focal nodules or masses are observed. Splenic vasculature appears normal.
REFERRING VET	Liver
Dr. Rachel Wiley	The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.
INVOICE	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.
35567	Gastrointestinal
DATE	The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
2/9/22	



PATIENT	The visible small intestines are normal in wall thickness. The muscularis layer is subjectively thick relative to the other layers. 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.
Crookshanks House	
SPECIES	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
Canine	
BREED	Pancreas
Cocker/Pug	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.
SEX	Free Abdomen
Neutered Male	There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.
AGE	Other
6 Years	There is bicavitory anechoic fluid noted.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
14 Pounds	<ul style="list-style-type: none"> Mildly thick small bowel muscularis layer relative to other layers, which is a finding common for infiltrative bowel disease, including both benign inflammatory disease as well as infiltrative neoplasia. Benign inflammatory bowel disease is considered more likely in this case. 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. Non-shadowing echogenic density along the dependent urinary bladder wall – consistent with mucus, blood clot, or other. Bicavitory effusion – Which could be secondary to decreased oncotic pressure if the albumin is low versus secondary to cardiac disease versus lymphatic obstruction or neoplastic effusion considered less likely.
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Beth Johnson, DVM DACVIM	Recommendations include checking an albumin level if not recently evaluated. Other recommendations include a gastrointestinal malabsorption panel to include TLI, PLI, folate and cobalamin to Texas A&M GI laboratory to further evaluate gastrointestinal digestion absorption as well as the pancreas, given the chronic gastrointestinal signs. A urinalysis is recommended if not recently performed, and if there is protein in the urine with an otherwise quiet sediment, a urine protein to creatinine ratio is recommended.
IMAGING PERFORMED BY	
Samantha Hudgins	
HOSPITAL NAME	
Petvacx AH	
REFERRING VET	
Dr. Rachel Wiley	
INVOICE	3-view thoracic radiographs as well as echocardiogram are recommended due to the suspected bicavitory effusion, and to further assess for evidence of metastatic disease. Finally, if a diagnosis is not obtained, fluid analysis/cytology is recommended to rule out a neoplastic effusion. In the meantime, empirical therapy with a diet transition to a novel or hydrolyzed protein diet as well as a probiotic, given the soft stool, and if not recently dewormed, empirical deworming with a 5-day course of Panacur.
35567	
DATE	Ultimately, biopsies of the gastrointestinal tract may be necessary to definitively diagnosis and therefore treat the underlying disease. If biopsies are not a possibility, and all aforementioned
2/9/22	



PATIENT

diagnostics do not result in a diagnosis, empirical steroids could be considered.

Crookshanks House

SPECIES

Canine

BREED

Cocker/Pug

SEX

Neutered Male

AGE

6 Years

WEIGHT

14 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Samantha Hudgins

HOSPITAL NAME

Petvax AH

REFERRING VET

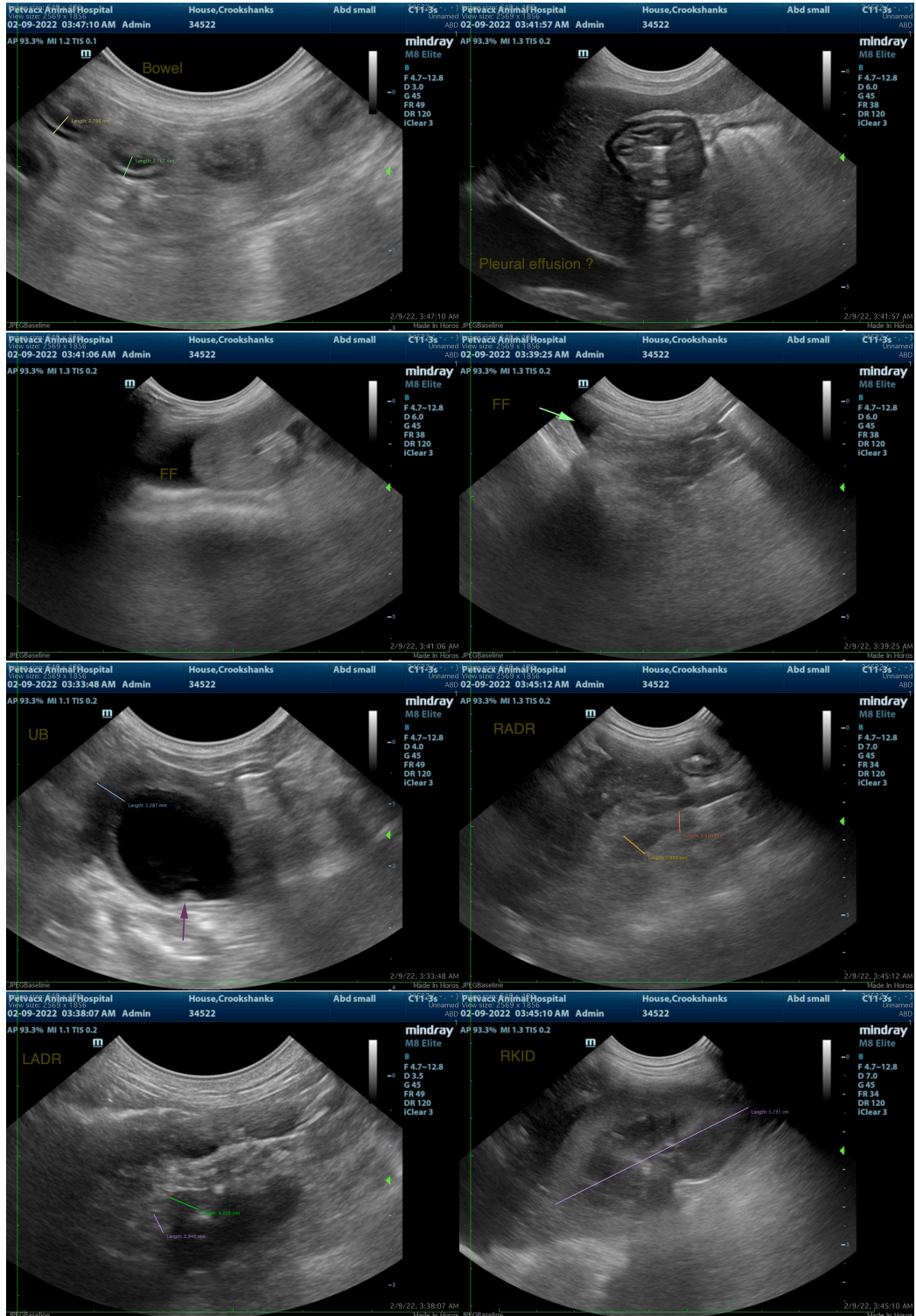
Dr. Rachel Wiley

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35567

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Crookshanks House

SPECIES

Canine

BREED

Cocker/Pug

SEX

Neutered Male

AGE

6 Years

WEIGHT

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DACVIM

**IMAGING
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HOSPITAL NAME

Petvacx AH

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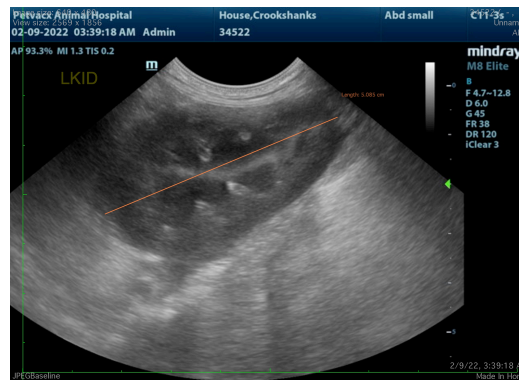
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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