

## PATIENT

Patrone Morgan

## SPECIES

Canine

## BREED

American Bulldog

## SEX

Neutered Male

## AGE

2 Years

## WEIGHT

40 kg

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Renee Trionfetti VMD

## HOSPITAL NAME

Blue Pearl Wyomissing

## REFERRING VET

Blue Pearl Wyomissing  
ER

## INVOICE

14230

## DATE

03/11/26

## PRESENTING CLINICAL SIGNS

- AUS to further evaluate elevated kidney values, weight loss. Mom is watching dog since Nov, daughter is in Army, dog has been having diarrhea and some vomiting after getting into trash about 2 weeks ago, had stopped eating own food made chicken and rice, began eating again and vomiting stopped. Diarrhea has continued to the point it is just liquid, frequent accidents in house, no blood. Today refusing any food. Currently an outpatient in the ER.

Abnormal PE/Chem/CBC/UA Results: PCV/TS - 39/5.8 CBC - RBC -  $5.68 \times 10^6$  Chem - Alb - 1.8, Ca - 8.7, Cl - 124, Creat - 2.7, Phos - 11.0, TP - 5.3, BUN - 79.1 4DX - Anaplasma positive Submit UA to Antech

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with moderate amount of echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or cystoliths are observed. The 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.

Left kidney is normal in size (7.5 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.

Right kidney is normal in size (7.8 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

Left adrenal gland is normal in size (0.65 cm at cranial pole and 0.88 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

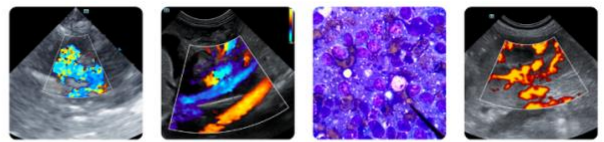
Right adrenal gland is normal in size (1.5 cm at cranial pole and 0.66 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

### 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). No focal nodules or masses are observed. Splenic vasculature appears normal.

### Liver

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.



## PATIENT

Patrone Morgan

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.

## SPECIES

Canine

### **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.

## BREED

American Bulldog

The visible small intestine demonstrates areas of moderate to severely thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated. The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

## SEX

Neutered Male

The colon is mildly thick including largely the descending colon measuring 0.46 cm thick with normal intact layering. Lumen is mildly distended with soft stool.

## AGE

2 Years

### **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.

## WEIGHT

40 kg

### **Free Abdomen**

Scant/trace amount of anechoic free fluid noted in these images.

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

Mesenteric lymphadenopathy is prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

## IMAGING PERFORMED BY

Renee Trionfetti VMD

### **ULTRASONOGRAPHIC FINDINGS**

- Moderate inflammatory bowel disease pattern- Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. No loss of layering or distinct characteristics of malignancy are present. Therefore, differentials cannot be further ranked without tissue sampling.
- The mildly thick descending colon has the same differentials as described above and trends in appearance toward a benign, parasitic, infectious, dietary related, other benign inflammatory process with infiltrative neoplasia being considered very unlikely.
- Mildly to moderately mesenteric lymphadenopathy- infiltrative neoplastic disease cannot be ruled out but is considered less likely.
- The trace free fluid is likely secondary to patient's reported hyperalbuminemia, although other pathologic fluid etiologies can't be ruled out.
- A moderate amount of echogenic urinary bladder debris.

## HOSPITAL NAME

Blue Pearl Wyomissing

## REFERRING VET

Blue Pearl Wyomissing  
ER

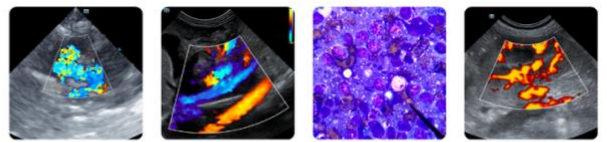
## INVOICE

14230

## DATE

03/11/26

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



## PATIENT

Patrone Morgan

As is reportedly already pending, urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

## SPECIES

Canine

A routine fecal/Giardia exam is recommended if not recently evaluated.

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.

## BREED

American Bulldog

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.

## SEX

Neutered Male

+/- especially if a diagnosis is not obtained, a baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

## AGE

2 Years

- In the meantime, supportive/symptomatic medical management of clinical signs is recommended, including anti-emetics, gastroprotectants (+/- sucralfate, especially with any history of hematemesis), an appetite stimulant and fluid therapy if indicated, etc.

## WEIGHT

40 kg

- Additionally, empirical deworming with a 5-day course of Panacur is recommended.

- A full course of empirical Helicobacter triple therapy could be considered.

- A probiotic, such a visbiome or proviable, may be helpful.

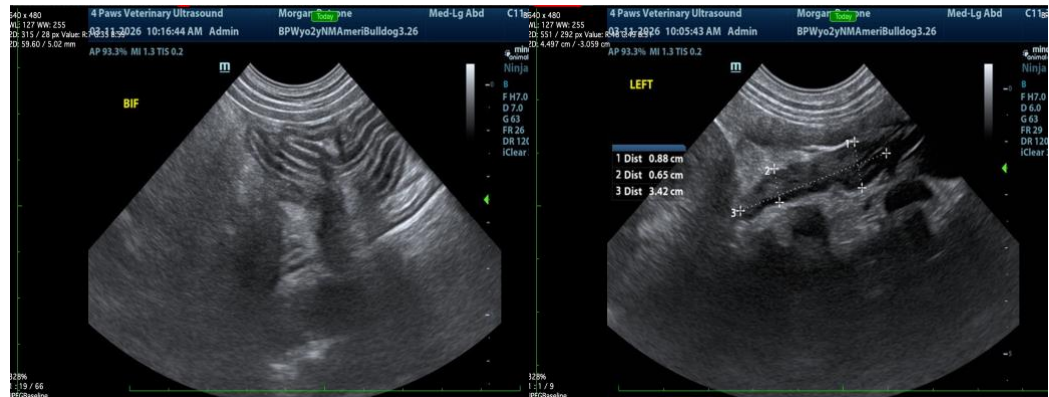
- Finally, if tolerated, a transition in diet could be considered, based on trial-and-error response with some options to consider including a gastrointestinal biome diet vs a hydrolyzed protein diet (sometimes several trials with different brands are necessary) vs an easy to digest, bland or low-fat diet vs other.

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Renee Trionfetti VMD



## HOSPITAL NAME

Blue Pearl Wyomissing

## REFERRING VET

Blue Pearl Wyomissing  
ER

## INVOICE

14230

## DATE

03/11/26



### PATIENT

Patrone Morgan

### SPECIES

Canine

### BREED

American Bulldog

### SEX

Neutered Male

### AGE

2 Years

### WEIGHT

40 kg

### INTERPRETED BY

Beth Johnson, DVM  
DACVIM

### IMAGING PERFORMED BY

Renee Trionfetti VMD

### HOSPITAL NAME

Blue Pearl Wyomissing

### REFERRING VET

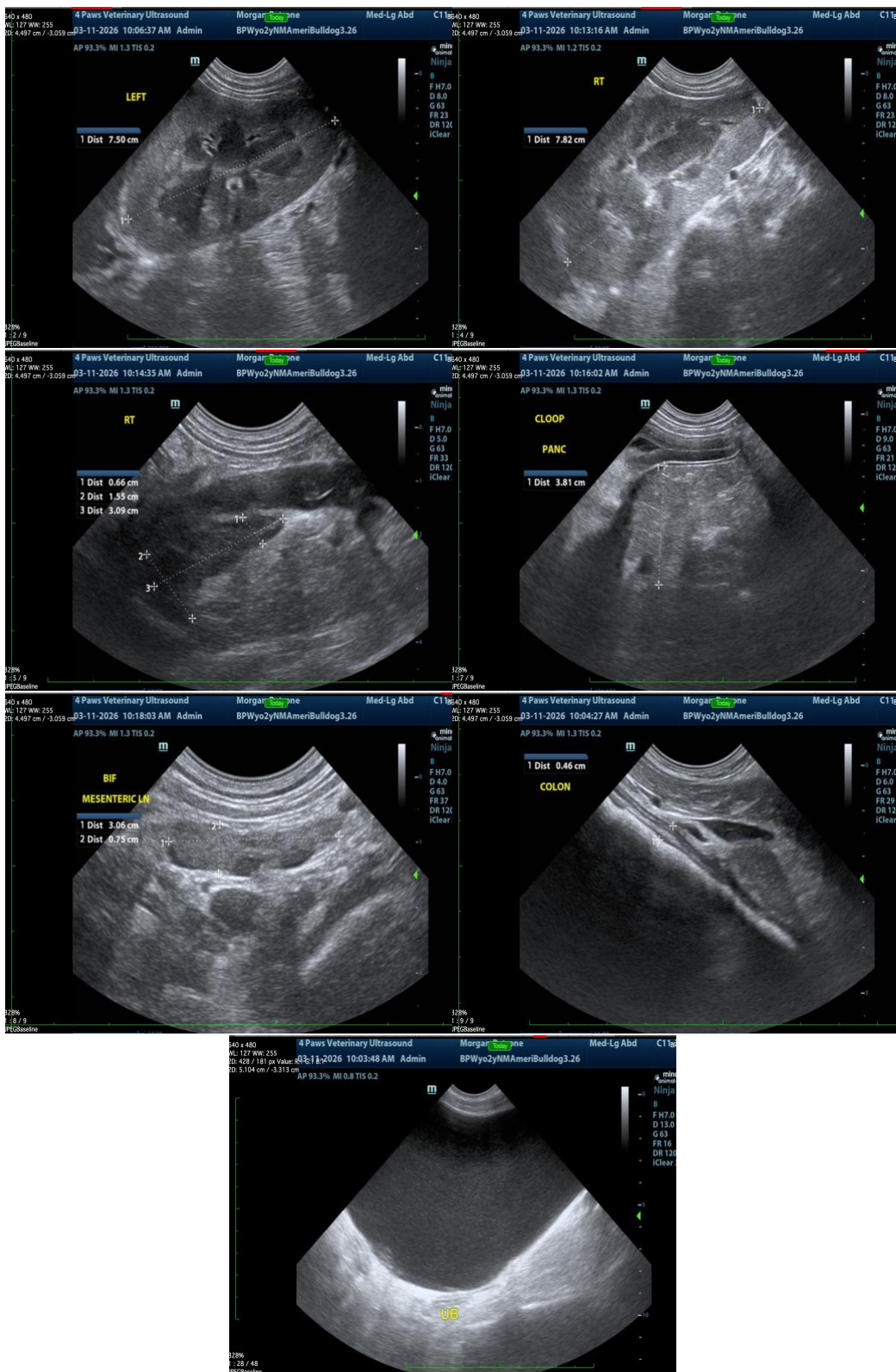
Blue Pearl Wyomissing  
ER

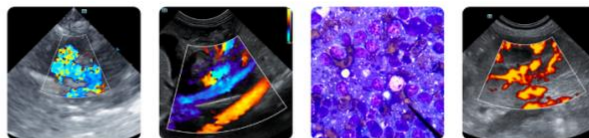
### INVOICE

14230

### DATE

03/11/26





## PATIENT

Patrone Morgan

## SPECIES

Canine

## BREED

American Bulldog

## SEX

Neutered Male

## AGE

2 Years

## WEIGHT

40 kg

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Renee Trionfetti VMD

## HOSPITAL NAME

Blue Pearl Wyomissing

## REFERRING VET

Blue Pearl Wyomissing  
ER

## INVOICE

14230

## DATE

03/11/26

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