



PATIENT

Harpo Johnson

SPECIES

Canine

BREED

Miniature Poodle

SEX

Neutered Male

AGE

8 Years

WEIGHT

10.5 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Megan Cassels-
Conway

HOSPITAL NAME

Central Broward AH

REFERRING VET

Dr. Megan Cassels-
Conway

INVOICE

21736

DATE

3/20/23

PRESENTING CLINICAL SIGNS

History: Recurring gastroenteritis every 3-12 months for 2 years, typically correlates with times of stress (holidays, new puppy, etc). Bloodwork indicated pancreatitis. Responds to metronidazole, probiotics, zofran, cerenia. Enlarged smooth pancreas on rectal. UA, C/S and BRAF test pending. Baseline cortisol WNL. Diet I/D Low Fat. P was brought through a rescue from china. Neutered when adopted, cannot find records of if was done in China or at rescue in US. P had a femoral fracture which was repaired in China. Broken steinman pin migrated into perineum, fracture healed improperly. P had amputation left hindlimb performed at rescue.

Abnormal PE/Chem/CBC/UA Results: 3/4/23 CBC WNL PCV/TP: 52/7.0 Chem Stat: lipase: 4633, amylase: 2072 Cortisol: WNL 3.9 Fecal keyscreen PCR Negative Abdominal rad consult: 1. GI changes most consistent w gastroenteritis, undetermined cause 2. chronic disc dz at T13-L1 3. DJD in R hip 6/12/22 STAT CBC: WNL CHEM WNL Fecal nps PCV 52 TS 3.5 Abd radiographs: mild enteritis and decreased cranial serosal detail 4/8/22- routine for dental, no active GI issues CBC: Thrombocytosis 472 CHEM: WNL T4: WNL U/A: 1.010, clear sediment

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 prostate is mildly enlarged, measuring 2.6 cm wide, for a neutered dog. Parenchyma is mildly heterogenous and hypoechoic. Normal distinct margins and symmetrical bilobed shape are maintained. There are several hypo- to anechoic areas within the parenchyma, one measures 0.7 cm round, and one measures 1.5 cm x 1.8 cm in size, that may represent cysts, complicated cysts, or potentially abscesses.

Left kidney is normal in size (3.7 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.

Right kidney is normal in size (4.42 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 (0.5 cm thick), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.36 cm thick), 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



PATIENT

Harpo Johnson

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.

SPECIES

Canine

Gallbladder is moderately distended with anechoic bile as well as mild to moderate 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.

BREED

Miniature Poodle

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.

SEX

Neutered Male

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.

AGE

8 Years

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

WEIGHT

10.5 Pounds

The observed pancreas 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.

Free Abdomen

INTERPRETED BY

Beth Johnson, DVM
DACVIM

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

IMAGING PERFORMED BY

Dr. Megan Cassels-
Conway

- Prostatomegaly with several hypo- to anechoic lesions within the prostate, that may represent cysts, complicated cysts, or even abscesses amongst an active prostatitis, however, infiltrative neoplasia cannot be ruled out.
- Mild to 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.

HOSPITAL NAME

Central Broward AH

REFERRING VET

Dr. Megan Cassels-
Conway

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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, as well as submission of urine to look for BRAF gene mutation.

INVOICE

21736

Pending results, traumatic catheterization or fine needle aspirate, with small risk of tumor seeding/trailing of the prostate may be considered for both cytology, as well as culture and sensitivity.

DATE

3/20/23

Given this patients chronic intermittent gastrointestinal signs, recommendations include



PATIENT

Harpo Johnson

gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory, for further evaluation of GI and pancreatic function, followed by empirical deworming with a 5-day course of Panacur, and if tolerated, transition in diet based on trial and error response, beginning with a hydrolyzed protein diet, and understanding some patients respond to one brand/version of a hydrolyzed protein diet better than another, so several trials may be required.

SPECIES

Canine

BREED

Miniature Poodle

SEX

Neutered Male

AGE

8 Years

WEIGHT

10.5 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Megan Cassels-Conway

HOSPITAL NAME

Central Broward AH

REFERRING VET

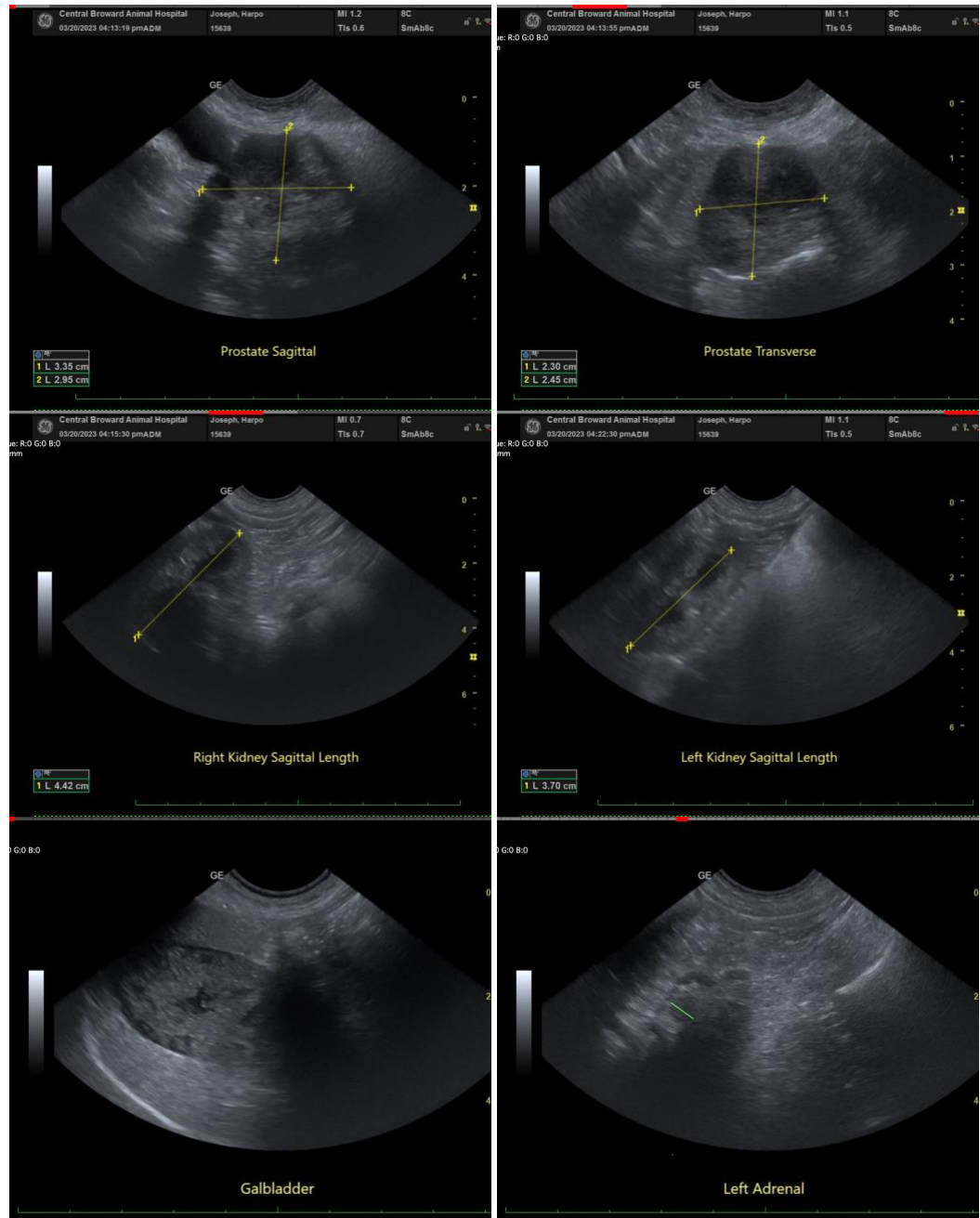
Dr. Megan Cassels-Conway

INVOICE

21736

DATE

3/20/23





PATIENT

Harpo Johnson

SPECIES

Canine

BREED

Miniature Poodle

SEX

Neutered Male

AGE

8 Years

WEIGHT

10.5 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Megan Cassels-
Conway

HOSPITAL NAME

Central Broward AH

REFERRING VET

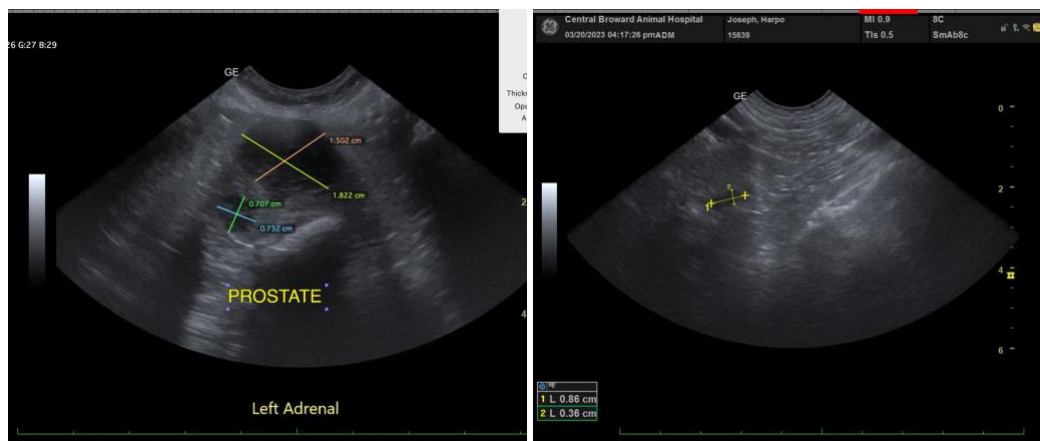
Dr. Megan Cassels-
Conway

INVOICE

21736

DATE

3/20/23



The information and recommendations provided are based on the images presented by the referring veterinarian. 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