



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
 Arlo Took

- Presented for vomiting and lethargy. Ate some pogo stick hot dogs, stick and all as well as other birthday party food 10 days ago and did vomit then but recovered and now lethargic and not interested in food.

**SPECIES**

Canine

- Concern over indigestion and possibly pancreatitis but cannot rule out foreign body

**BREED**

Aussie X

- Xrays show some gas pockets and empty stomach but no distinct indication of foreign material or blockage.

**SEX**

Neutered Male

- Blood results normal with mild increase in TBILI and monocytes and Platelet volume
- CPLi is within normal range

**AGE**

7 Years

- Current Medications
- Emavert injection and famotidine tabs

**WEIGHT**

22.5 kg

- Abnormal PE/Chem/CBC/UA Results: Blood results normal with mild increase in TBILI and monocytes and Platelet volume CPLi is within normal range

**INTERPRETED BY**

Beth Johnson, DVM  
 DACVIM

- Primary Question to Be Answered in This Exam: Xrays show some gas pockets and empty stomach but no distinct indication of foreign material or blockage.

**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.

**IMAGING PERFORMED BY**

Amanda Stewart

Prostate (neutered) is normal in size, echotexture and echogenicity for a neutered male.

**HOSPITAL NAME**

West Brant AH

Left kidney is normal in size (6.46 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.

**REFERRING VET**

Dr. Beacock

Right kidney is normal in size (7.07 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.

**INVOICE**

36365

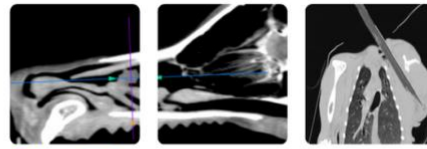
*Adrenal Glands*

**DATE**

3/24/26

Left adrenal gland is normal in size (0.38 cm at cranial pole and 0.4 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (1.3 cm at cranial pole and 0.74 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.



**PATIENT** *Spleen*

Arlo Took 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.

**SPECIES**

Canine *Liver*

**BREED**

Aussie X 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.

**SEX**

Neutered Male 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.

**AGE**

7 Years

*Gastrointestinal*

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

**WEIGHT**

22.5 kg

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 mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material, or infiltrative disease; however, visualization is partially inhibited by gas.

**INTERPRETED BY**

Beth Johnson, DVM  
 DACVIM

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

**IMAGING PERFORMED BY**

Amanda Stewart

*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.

**HOSPITAL NAME**

West Brant AH

*Free Abdomen*

There is no visible free peritoneal effusion noted in these images.

**REFERRING VET**

Dr. Beacock

There is no apparent pathologic lymphadenopathy noted in these images.

**INVOICE**

36365

**DATE**

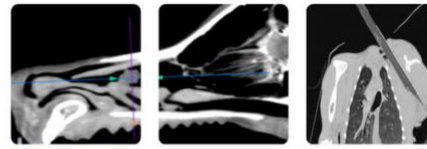
3/24/26

**ULTRASONOGRAPHIC FINDINGS**

- This is largely an unremarkable/normal structural abdomen without a definitive ultrasonographically visible intraabdominal explanation for patient's reported clinical signs. Given the history, however, early or emerging pancreatitis or gastrointestinal disease can't be definitively ruled out.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If supportive/symptomatic medical management of dietary indiscretion, gastroenteritis, etc., does not



**PATIENT**

Arlo Took

**SPECIES**

Canine

**BREED**

Aussie X

**SEX**

Neutered Male

**AGE**

7 Years

**WEIGHT**

22.5 kg

**INTERPRETED BY**

Beth Johnson, DVM  
 DACVIM

**IMAGING PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

West Brant AH

**REFERRING VET**

Dr. Beacock

**INVOICE**

36365

**DATE**

3/24/26

result in improvement, additional diagnostic recommendations include:

A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

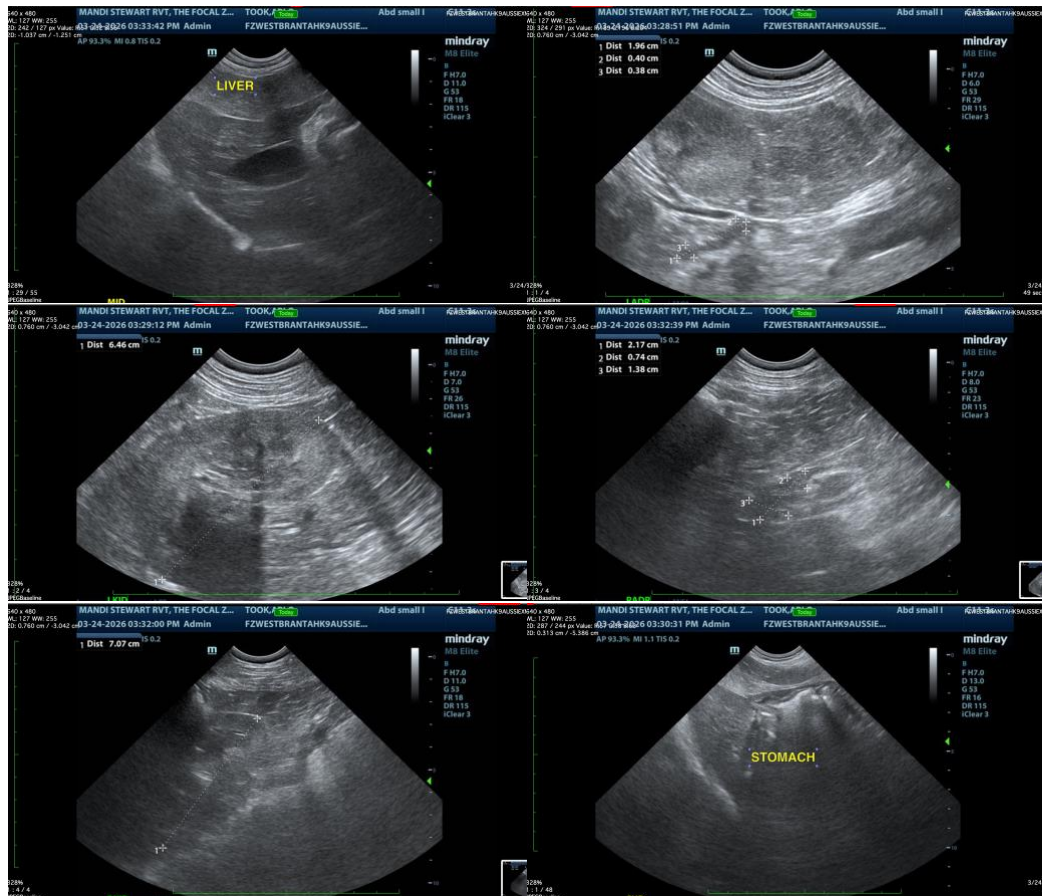
A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

A routine fecal/Giardia exam could be considered.

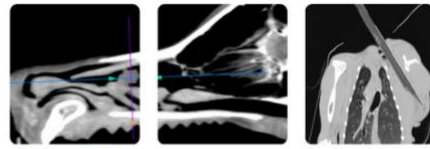
In the meantime, supportive/symptomatic medical management of clinical signs is recommended, including anti-emetics, gastroprotectants (+/- sucralfate, especially with any history of hematemesis), an appetite stimulant and fluid therapy if indicated, etc.

Additionally, empirical deworming with a 5-day course of Panacur is recommended as is a full course of empirical Helicobacter triple therapy.

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.



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



**PATIENT**

Arlo Took

**SPECIES**

Canine

**BREED**

Aussie X

**SEX**

Neutered Male

**AGE**

7 Years

**WEIGHT**

22.5 kg

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING  
PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

West Brant AH

**REFERRING VET**

Dr. Beacock

**INVOICE**

36365

**DATE**

3/24/26

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](mailto:info@sonopath.com)