

PATIENT

Leo Coco Carvalheiro

SPECIES

Canine

BREED

Min Pin

SEX

Neutered Male

AGE

15 Years

WEIGHT

3.2 kg

INTERPRETED BY

Beth Johnson, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Snelgrove VS

REFERRING VET

Dr. Scorgie

INVOICE

36354

DATE

3/24/26

PRESENTING CLINICAL SIGNS

- Presented Thurs. March 19th with hemorrhagic diarrhea, vomiting, inappetence
- BW showed elevated Hct (0.68), stress leukogram, azotemia (stage 2 CKD diagnosed Oct/'25), elevated cPL (506 ref 0 - 200 U/L)
- No appreciable abdominal pain, bloody mucous on rectal exam
- IV fluid therapy for two days and supportive medications: Cerenia, metronidazole, mirtazapine, Provable, gabapentin as needed
- Started low fat diet; not eating it well
- Current Medications: Cerenia, metronidazole, mirtazapine, Provable, gabapentin as needed
- Abnormal PE/Chem/CBC/UA Results: elevated Hct (0.68), stress leukogram, azotemia (stage 2 CKD diagnosed Oct/'25), elevated cPL (506 ref 0 - 200 U/L) Radiographic Findings Not taken Primary Question to Be Answered in This Exam Evidence of neoplastic process as cause for persistent clinical signs?

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is mildly underdistended with primarily anechoic contents and occasional echogenic non-shadowing debris. Apical urinary bladder wall is diffusely thick (0.38 cm). Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. The underdistended state may be in part contributing to the thick irregular appearance to the wall.

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

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measures 2.96 cm. The right kidney measures 2.72 cm.

Adrenal Glands

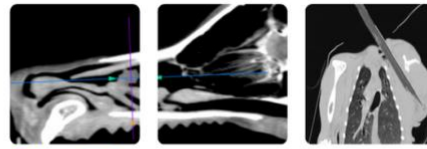
Left adrenal gland is normal in size (0.32 cm at cranial pole and 0.51 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.57 cm at cranial pole and 0.22 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen



PATIENT	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.
Leo Coco Carvalheiro	
SPECIES	Liver
Canine	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.
BREED	
Min Pin	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.
SEX	Gastrointestinal
Neutered Male	The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with primarily fluid as well as some echogenic non-shadowing luminal contents and gas consistent with normal chyme. There is no evidence of obstruction, foreign material, or infiltrative disease. Pyloric outflow tract appears patent.
AGE	
15 Years	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.
WEIGHT	
3.2 kg	The visible colon is mildly diffusely thick, measuring 0.35 cm thick, with normal intact layering. The lumen is empty.
INTERPRETED BY	Pancreas
Beth Johnson, DVM, DACVIM (SAIM)	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.
IMAGING PERFORMED BY	Free Abdomen
Amanda Stewart	There is no visible free peritoneal effusion noted in these images.
HOSPITAL NAME	
Snelgrove VS	There is no apparent pathologic lymphadenopathy noted in these images.
REFERRING VET	ULTRASONOGRAPHIC FINDINGS
Dr. Scorgie	Primary Findings
INVOICE	<ul style="list-style-type: none"> 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 to moderately concurrently thick colon represents the same differentials, trending in appearance toward a benign parasitic, infectious, or inflammatory process, with infiltrative neoplasia being possible but considered less likely.
36354	
DATE	
3/24/26	



PATIENT
 Leo Coco Carvalheiro

- The fluid filled stomach is most likely a functional ileus secondary to underlying gastrointestinal or other metabolic disease, with no visible evidence of a mechanical obstruction noted in these images at this time.

SPECIES

Canine

Secondary Findings

- Age-related kidney changes
- Possible mild 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.

BREED

Min Pin

SEX

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

AGE

15 Years

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

WEIGHT

3.2 kg

Additional gastrointestinal work up recommendations include a routine fecal/Giardia exam, if not recently evaluated.

INTERPRETED BY

Beth Johnson, DVM,
 DACVIM (SAIM)

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 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.

IMAGING PERFORMED BY

Amanda Stewart

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.

HOSPITAL NAME

Snelgrove VS

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

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

REFERRING VET

Dr. Scorgie

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

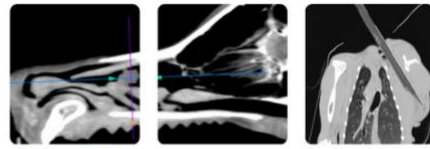
INVOICE

36354

- 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.

DATE

3/24/26



PATIENT

Leo Coco Carvalheiro

SPECIES

Canine

BREED

Min Pin

SEX

Neutered Male

AGE

15 Years

WEIGHT

3.2 kg

INTERPRETED BY

Beth Johnson, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Snelgrove VS

REFERRING VET

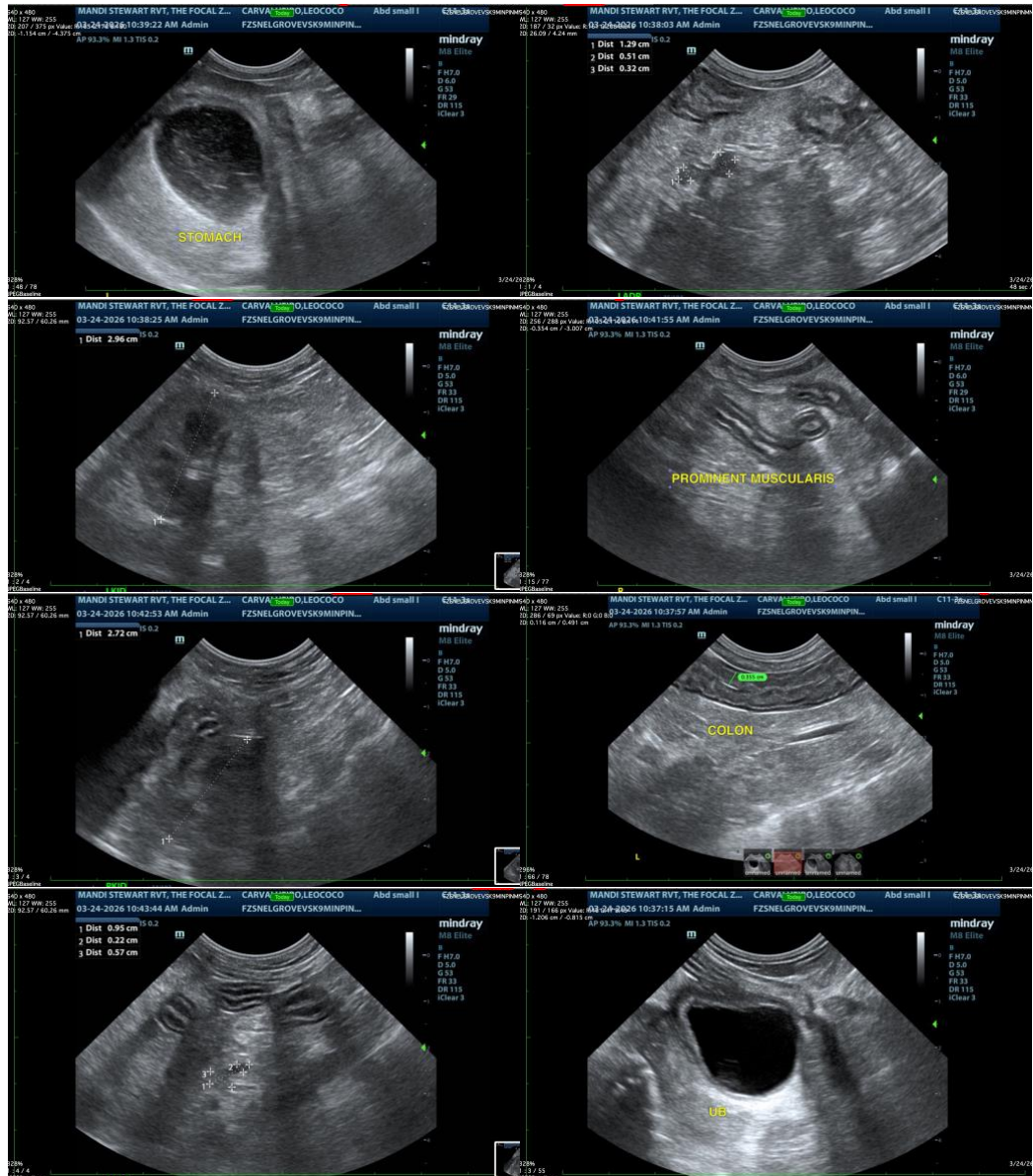
Dr. Scorgie

INVOICE

36354

DATE

3/24/26



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