



PATIENT

Ali Carman

SPECIES

Canine

BREED

Pit Bull X

SEX

Spayed Female

AGE

5 Years 8 Months

WEIGHT

55 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Ellen Puthoff

HOSPITAL NAME

Kings Vet Hospital

REFERRING VET

Dr. Ellen Puthoff

INVOICE

45738

DATE

3/7/23

PRESENTING CLINICAL SIGNS

Approximately 10lbs of weight loss over the past year. Food was reduced by 1 cup, but owner was very concerned about weight loss. No clinical signs seen and not on medications.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem showed a mild elevation in alt(132U/L), otherwise unremarkable. UA showed rod bacteria. RBC/WBC TNTC.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with primarily anechoic contents and occasional echogenic non-shadowing debris. Apical urinary bladder wall is diffusely thick. Mucosa is hyperechoic and irregular with multiple pedunculated masses extending into the lumen of the bladder. Multifocal mineral (both suspended and dependent) debris is noted. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

I can't determine which kidney is which in these images, as I am unfamiliar with the order of this scan, and kidneys aren't labeled. However, they both appear normal. The left kidney measures 6.6 cm and the right kidney measures 6.4 cm.

Adrenal Glands

The adrenal glands are unable to be well visualized in these images.

Spleen

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.

Liver

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.

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

Gastrointestinal

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.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). 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.



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

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Pancreas

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.

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Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

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There is no apparent lymphadenopathy noted in these images.

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ULTRASONOGRAPHIC FINDINGS

- **Polypoid Cystitis with mineral/sand debris** – Urinary bladder wall changes are most consistent with polypoid cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely given the appearance of the polyps.
- **Mild 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.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's reported bacteriuria, a urine culture is recommended followed by treatment of the suspected urinary tract infection based on culture and sensitivity results. Ideally, after finishing treatment, recheck urinalysis/urine culture is recommended a week to 10 days after finishing antibiotics to ensure full clearance of the urinary tract infection.

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Regarding weight loss, since this patient's food has been reduced, it is possible that this patient is over calorie restricted. Therefore, calculation of adequate daily caloric needs based on body condition and desired healthy weight is recommended with close follow up to ensure the patient is obtaining an appropriate amount of calories each day. If weight loss persists beyond appropriate daily caloric intake, further evaluation of maldigestive and/or malabsorptive conditions, etc., is recommended, beginning with a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory for further evaluation of GI and pancreatic function.

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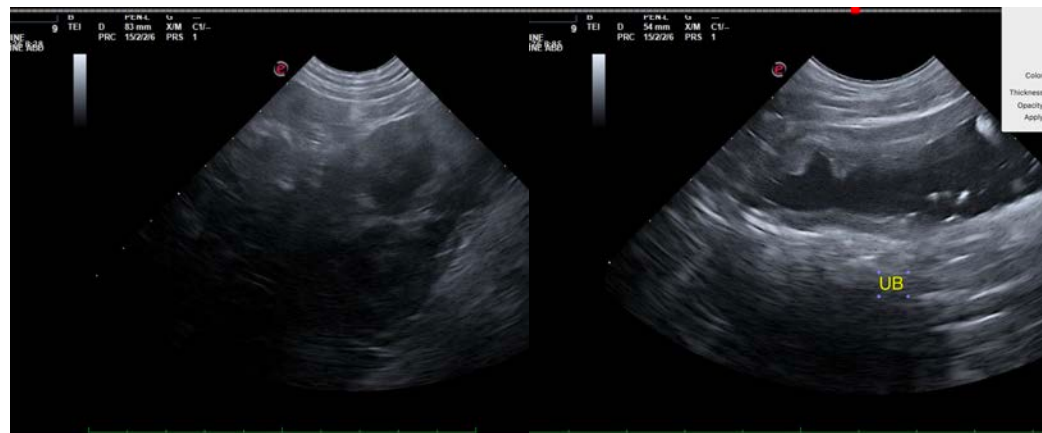
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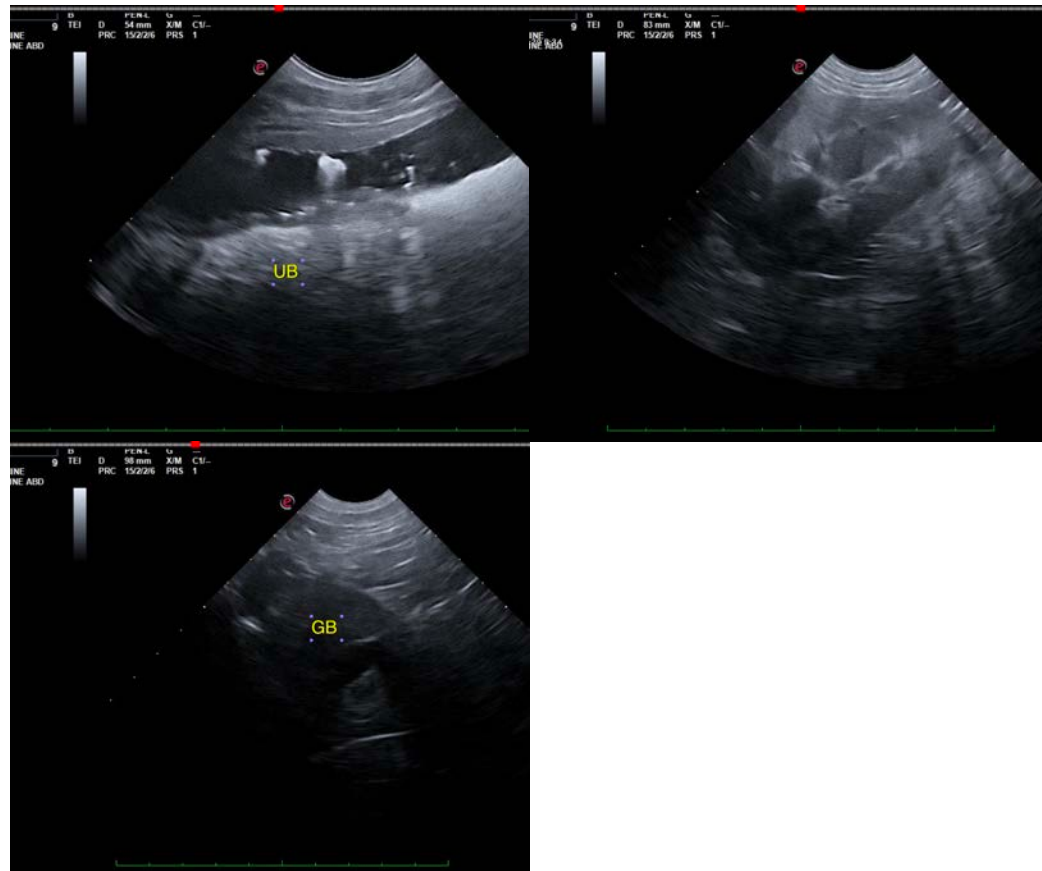
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Beth.Johnson@sonopath.com