



PATIENT	PRESENTING CLINICAL SIGNS
Rhea Tanner	Seen for vomiting and diarrhea. Has a heart murmur. PE palpable poss cranial abdominal mass? Shows abdominal discomfort. Has been on Tylosin and Cerenia.
SPECIES	Abnormal PE/Chem/CBC/UA Results: MCH low, Retic/Hemo low, Neuts high, Platelets high
Canine	824(143-448) Na:K ratio low 27, T. prot low 45, Albumin low 22, Creat/Kinase high 305, Spec pLI high normal.
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Poodle X	Urinary System
SEX	Urinary bladder is only mildly distended (empty). Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. If there are urinary signs and/or concern for urinary bladder pathology, reassessment after complete filling is recommended.
Spayed Female	
AGE	
11 Years	The right kidney is normal in size (3.94 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. A hyperechoic band parallel to the corticomedullary border is present.
WEIGHT	
8 Pounds	The left kidney is normal in size (3.34 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. A hyperechoic band parallel to the corticomedullary border is present.
INTERPRETED BY	
Beth Johnson, DVM DACVIM	Adrenal Glands
IMAGING PERFORMED BY	The right adrenal gland is normal in size (1.61 cm long x 1.34 cm at the cranial pole and 0.60 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Crystal Hill	The left adrenal gland is normal in size (1.71 cm long x 0.56 cm at the cranial pole and 0.67 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
HOSPITAL NAME	
Hartzel AH	Spleen
REFERRING VET	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.
Dr. Bukovska	Liver
INVOICE	
46555	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.
DATE	
4/11/23	The 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.
	Gastrointestinal



PATIENT

Rhea Tanner

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.

SPECIES

Canine

Diffusely, the visible small intestines are normal in wall thickness and layering. However, focally in the mid caudal abdomen, there is a 4+ cm long focal bowel mass characterized by thick irregular wall and loss of layering. Hyperechoic mucosal fogging or speckling is noted. Small intestinal motility appears adequate (1-3 contractions per min).

BREED

Poodle X

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Liquid stool is present.

SEX

Spayed Female

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.

AGE

11 Years

Free Abdomen

There is a small amount of free fluid noted as well as diffusely enhanced hyperechoic mesenteric fat.

WEIGHT

8 Pounds

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

Beth Johnson, DVM
DACVIM

- **Focal bowel mass with diffuse mucosal speckling elsewhere** – Concerning for a protein losing enteropathy with the mass possibly representing a benign lipogranulomatous lymphangitis mass/lesion. However, focal infiltrative neoplasia such as round cell neoplasia versus other are also possible and can't be ruled out without tissue sampling.
- **Free fluid and diffusely enhanced mesenteric fat** – This may be secondary to the reported hypoalbuminemia. However, peritonitis secondary to the gastrointestinal disease is also possible.
- **Subtle bilateral medullary rim sign** - This finding is of unknown clinical significance and can be a normal variant, often idiopathic. Medullary rim sign can be present with renal disease including FIP, lymphoma, hypercalcemic nephropathy, Leptospirosis, tubular disease, other and should be interpreted in combination with other more specific indications of kidney disease such as isosthenuria, proteinuria, azotemia, etc. This is a common incidental finding in patients with diabetes mellitus.

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Hartzel AH

REFERRING VET

Dr. Bukovska

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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If not recently evaluated, and to help rule out concurrent urinary loss of protein, a urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

DATE

4/11/23

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.

Ideally, an exploratory laparotomy for planned bowel mass resection/resection and anastomosis for histopathology is recommended, as the bowel mass appears at least partially obstructive. Having said that, if biopsies cannot be obtained safely due to low albumin or patient stability, and/or they are declined, etc., empirical therapies could include diet change to an ultra low-fat diet.



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SPECIES

Canine

BREED

Poodle X

SEX

Spayed Female

AGE

11 Years

WEIGHT

8 Pounds

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IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Hartzel AH

REFERRING VET

Dr. Bukovska

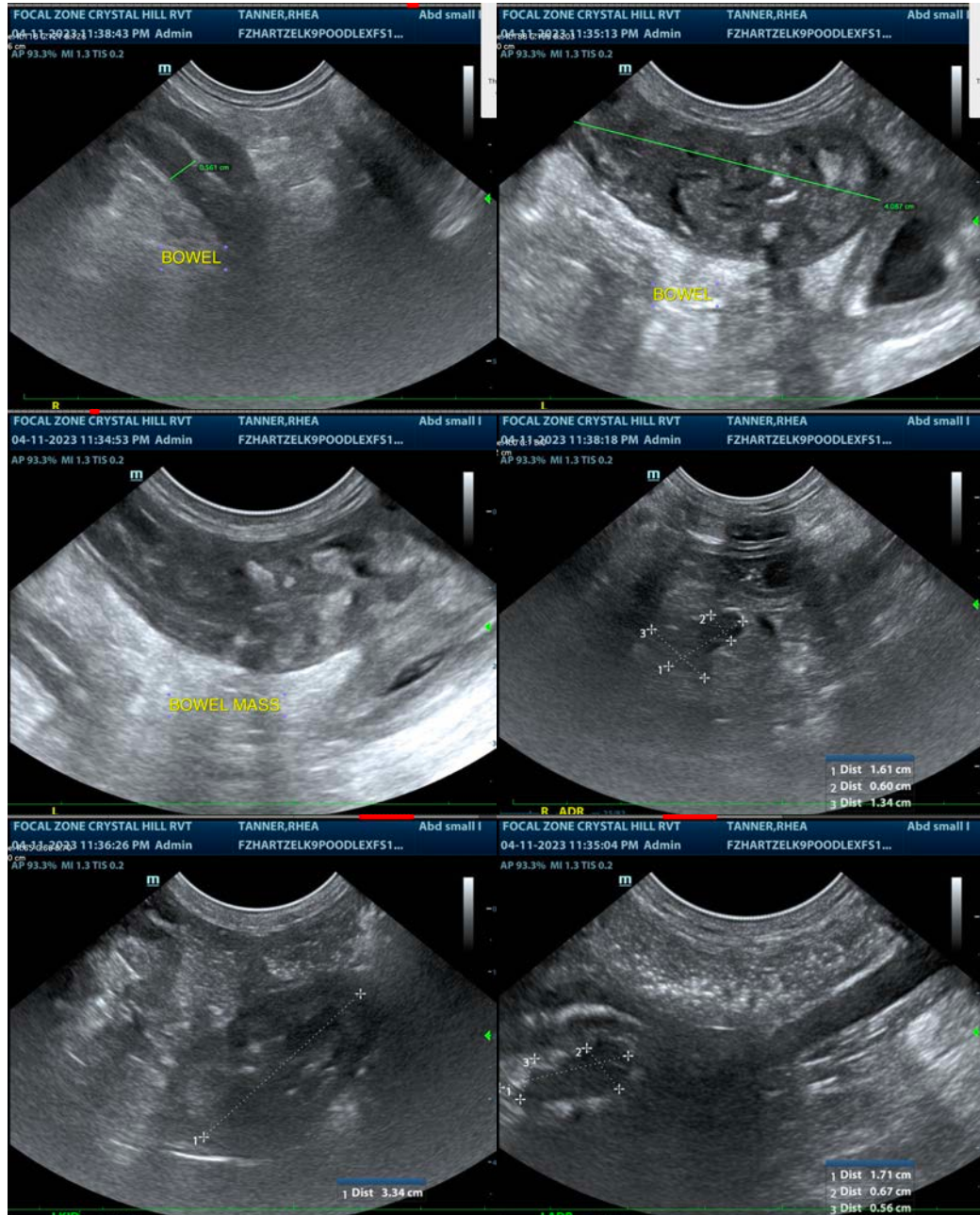
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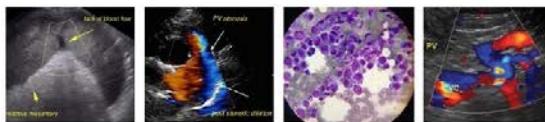
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DATE

4/11/23

If biopsies cannot be obtained safely due to low albumin or patient stability, etc., empirical therapies could include diet change to an ultra-low fat diet, empirical deworming with a 5 day course of Panacur, cobalamin supplementation (unless cobalamin level is evaluated and supplementation is not warranted) a probiotic and prednisolone (if not contraindicated based on patient contraindications, co-morbidities, etc.). Calcium monitoring, and supplementation if necessary, is also recommended.





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SPECIES

Canine

BREED

Poodle X

SEX

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**IMAGING
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DATE

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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
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