



PATIENT PRESENTING CLINICAL SIGNS

Bentley Lavji

Came in for appt June for polyuria, polydipsia, blood in urine and unable to concentrate urine. Fluoxetine trial started as Bentley is high anxiety and owner thought that it was related. Came back in November with no real improvement. Repeated bloodwork new findings showed ALT and ALK now elevated. ACTH WNL, Lepto negative. Still on Fluoxetine 5mg SID.

SPECIES

Canine

BREED

Maltese X

Abnormal PE/Chem/CBC/UA Results: Urea low 1.2, ALT high 159, ALKP high 431. No rads available.

SEX

Neutered Male

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 (0.65 cm thick). 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.

AGE

11 Years

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

WEIGHT

4.6 kg

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 right kidney measured 4.07 cm. The left kidney measures 3.21 cm.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Adrenal Glands

The right adrenal gland is normal in size (1.11 cm long x 1.16 cm at the cranial pole and 0.58 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Crystal Hill

The left adrenal gland is normal in size (1.87 cm long x 0.38 cm at the cranial pole and 0.36 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Buck Animal Hospital

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.

REFERRING VET

Dr. Galbraith

Liver

INVOICE

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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.

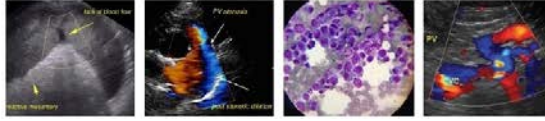
DATE

4/12/23

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

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 one curvilinear



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echogenic density with strong acoustic shadowing in the stomach that is concerning for a possible non-obstructive gastric foreign body. Pyloric outflow tract appears patent.

SPECIES

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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.

BREED

Maltese X

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

**There is a large amount of gas and reverberation artifact throughout the GI tract.

SEX

Neutered Male

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

WEIGHT

4.6 kg

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

There is no apparent lymphadenopathy noted in these images.

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PRIMARY FINDINGS

- **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.
- Non-obstructive gastric foreign body suspected. However, there is a large amount of gas artifact throughout this patient's GI tract, so a foreign body can't be definitively diagnosed, and this finding should be interpreted in combination with supporting clinical signs as well as monitoring.

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SECONDARY FINDINGS

- Age related kidney changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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 ratio is recommended.

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Hyperadrenocorticism is not ruled out based on normal appearing adrenal glands. Additionally, it is not ruled out by a normal ACTH stimulation test. Therefore, given this patient's appropriate clinical signs, if another cause for them cannot be diagnosed, a low-dose Dexamethasone suppression test could be considered for further evaluation of possible hyperadrenocorticism, as its sensitivity is greater than the ACTH stimulation test.

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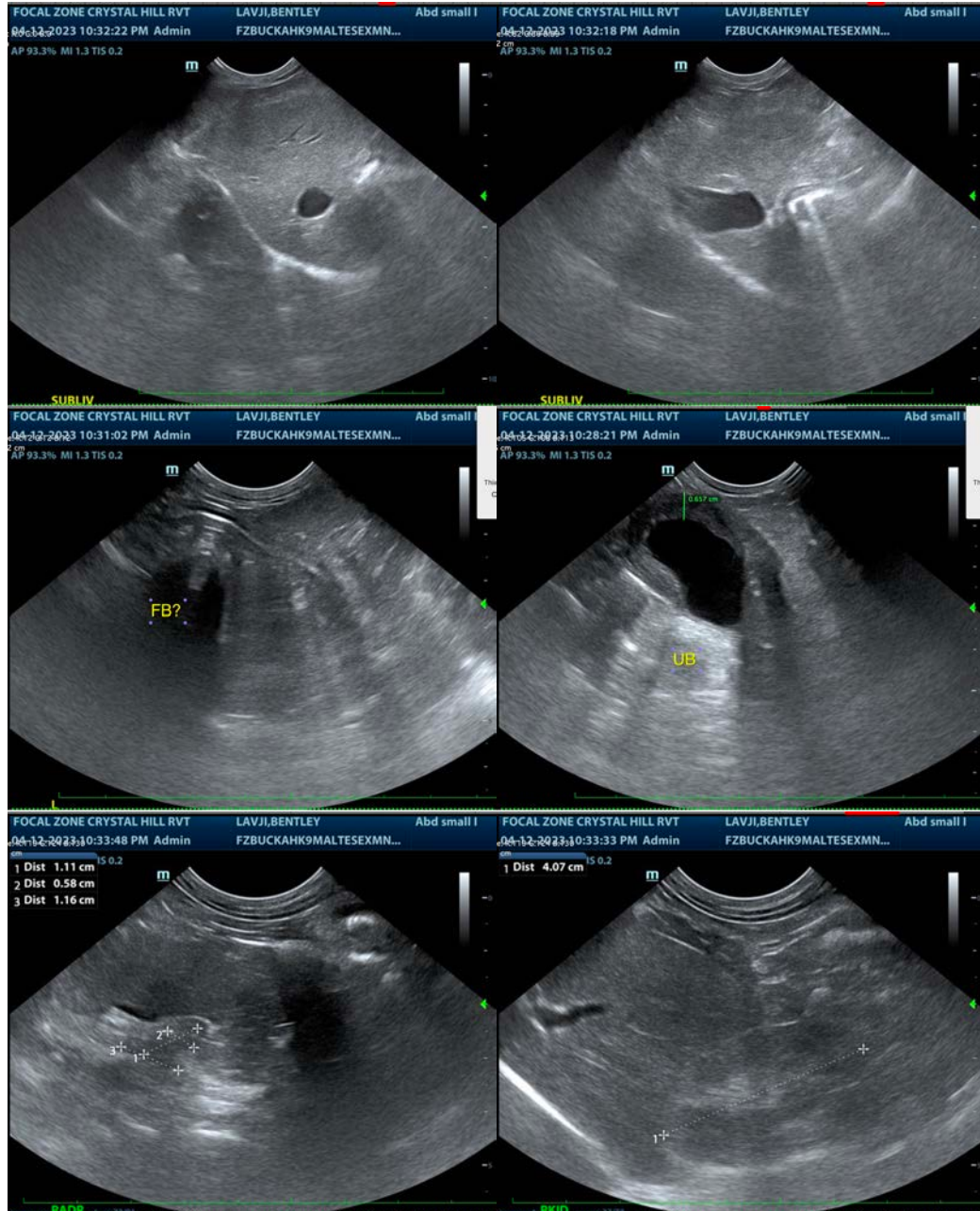
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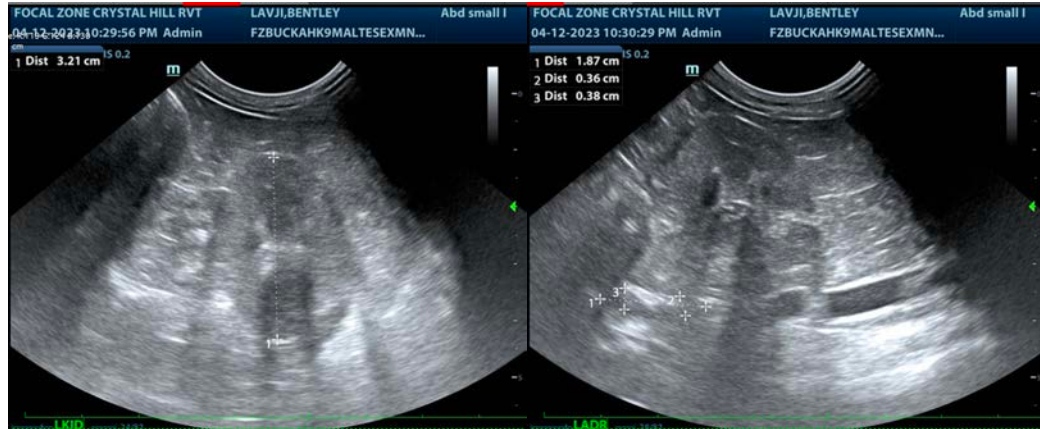
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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