

PATIENT PRESENTING CLINICAL SIGNS

Dolly Dunning

MCT and Intermittent arrhythmia. Met check for abdomen and Heart check due to No murmurs ausculted, normal rate, abnormal gallop arrhythmia when first examined that resolved, eupneic, lungs ausculted clear. Sent ECG to Cardiopet and was Normal. further work up grading prior to Sx. to remove MCT on left thigh.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Boston Terrier

The urinary bladder is moderately 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.

SEX

Intact Female

The right kidney is normal in size (3.89 cm), shape, and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. A hyperechoic band parallel to the corticomedullary border is present. There is no evidence of pyelectasia, mineral, or infarcts observed.

AGE

8y6m

The left kidney is normal in size (3.78 cm), shape, and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. A hyperechoic band parallel to the corticomedullary border is present. There is no evidence of pyelectasia, mineral, or infarcts observed.

WEIGHT

15.8lbs

INTERPRETED BY

Adrenal Glands

Beth Johnson, DVM
DACVIM

The right adrenal gland is normal in size (0.94 cm cranial, 0.51 caudal), shape, and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.51 cm cranial, 0.43 cm caudal), shape, and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Spleen

Loetitia Saint-Jacques,
LVT

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.

HOSPITAL NAME

Liver

Sierra Oaks Veterinary
Clinic

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.

REFERRING VET

Dr. EW

INVOICE

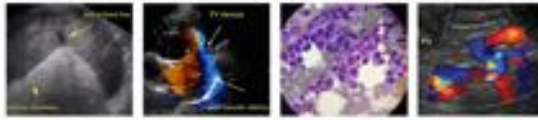
Gallbladder is moderately distended with anechoic bile as well as mild suspended and gravity-dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

10179

DATE

Gastrointestinal

4/12/2023



PATIENT

Dolly Dunning

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 or foreign material. Pyloric outflow tract appears patent.

SPECIES

Canine

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 or foreign material.

BREED

Boston Terrier

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

SEX

Intact 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

8y6m

Free Abdomen

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

WEIGHT

15.8lbs

The mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length-to-width ratio) is maintained. There is no loss of parenchymal detail.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The medial iliac lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

The reproductive tract is examined without evident reproductive tract pathology noted in these images.

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

ULTRASONOGRAPHIC FINDINGS

- **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 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.
- **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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- **Reactive mesenteric lymph nodes** - infiltrative neoplastic disease cannot be ruled out but is considered less likely.



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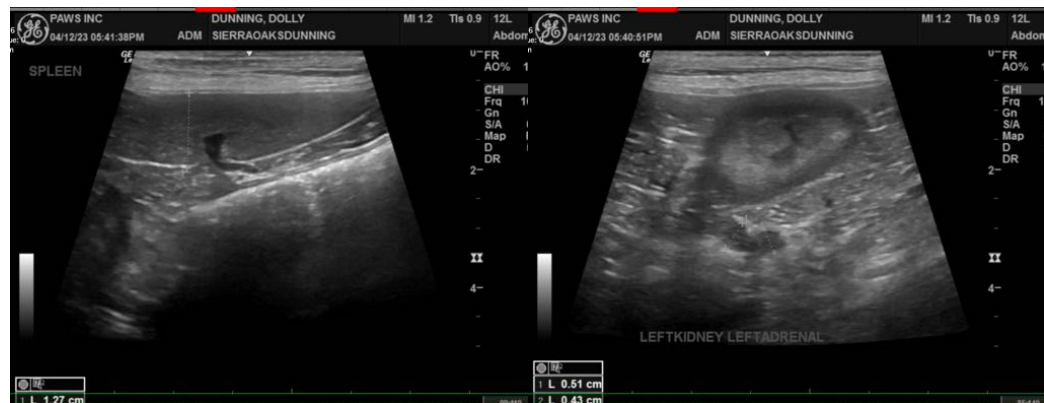
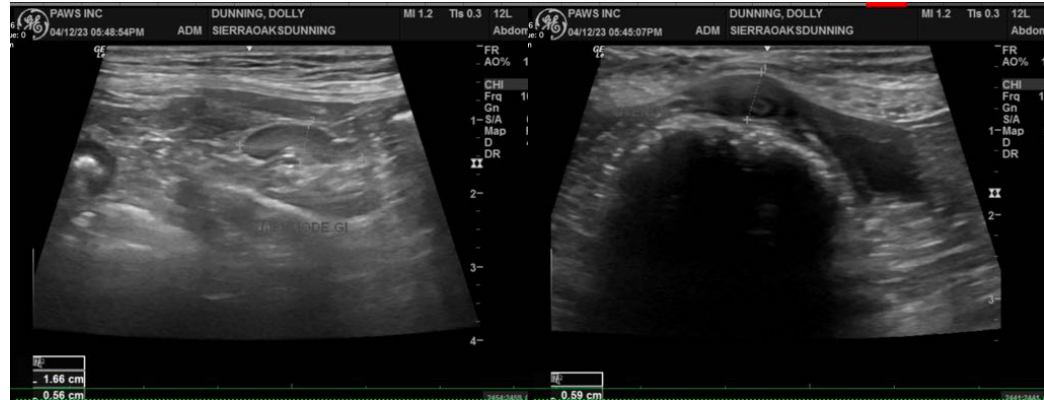
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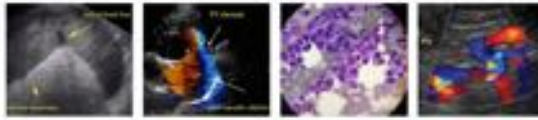
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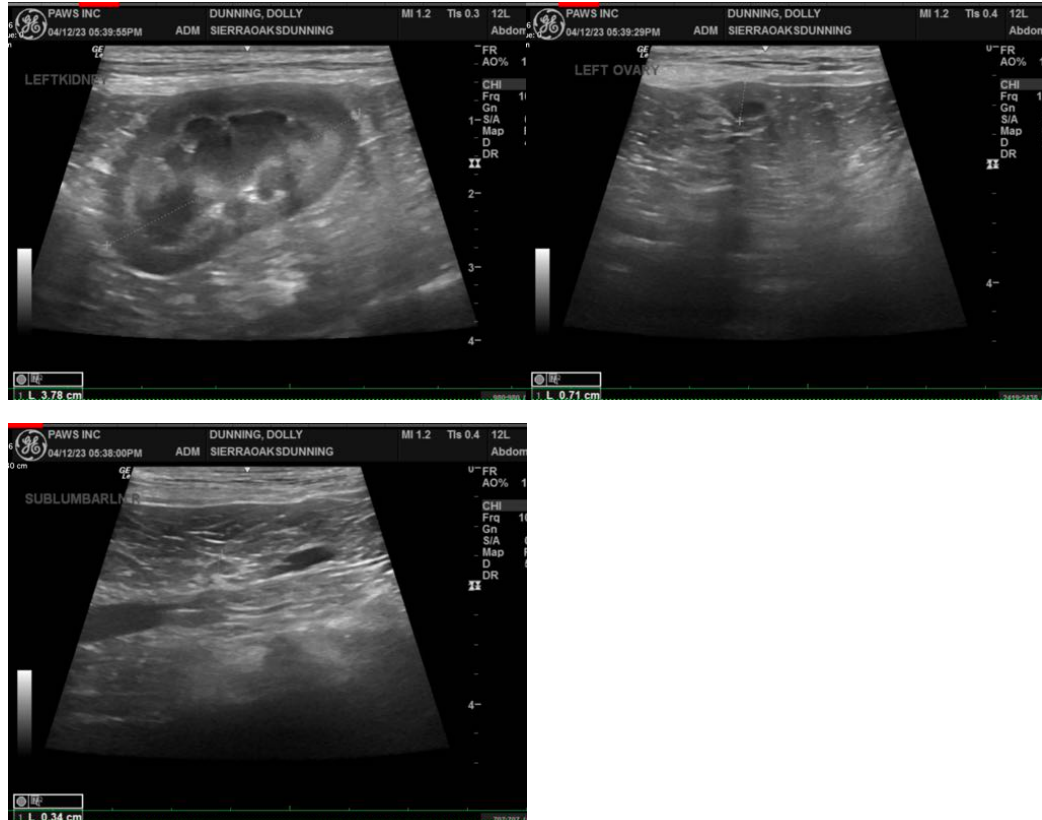
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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