



**PATIENT PRESENTING CLINICAL SIGNS**

Molly Notley Severe weight loss, discharge and pus coming from vulva, transitional cells in urine.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Please see attached lab results.

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

Shep X The urinary bladder is adequately distended with primarily anechoic contents as well as a moderate amount of suspended echogenic non-shadowing debris. No masses or cystoliths are observed. The urinary bladder and trigone are normal in thickness with a smooth mucosal surface. However, the urinary bladder appears subjectively quite pelvic with examination of the urethra consequently difficult to assess.

**SEX**

FS

**AGE**

12 years The right kidney is normal is size (6.36 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.

**WEIGHT**

16.9 kg The left kidney is normal is size (6.08 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.

**INTERPRETED BY**

*Adrenal Glands*

Beth Johnson, DVM The right adrenal gland is normal in size (0.8 cm at cranial pole and 0.3 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

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The left adrenal gland is normal in size (0.3 cm at cranial pole and 0.3 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

**IMAGING PERFORMED BY**

*Spleen*

Crystal Hill

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.

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*Liver*

**REFERRING VET**

Dr. Kohlmaier

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.

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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.

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*Gastrointestinal*

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted. Pyloric outflow tract appears patent.



**PATIENT**

Molly Notley

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted.

**SPECIES**

Canine

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

**BREED**

Shep X

**Pancreas**

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.

**SEX**

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**Free Abdomen**

**AGE**

12 years

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

**WEIGHT**

16.9 kg

**ULTRASONOGRAPHIC FINDINGS**

- A mild to moderate amount of echogenic urinary bladder debris.
- Otherwise, this is a largely unremarkable/normal structural abdomen without a definitive ultrasonographically visible intraabdominal explanation for patient's reported weight loss and/or vaginal discharge.

**INTERPRETED BY**

Beth Johnson, DVM  
 DACVIM

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If not very recently evaluated, given patient's reported clinical signs as well as the hyperglycemia, 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.

Pending results of urinalysis, submission of urine to look for BRAF gene mutation could also be considered.

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In the meantime, further assessment of patient's reported weight loss is largely dependent on appetite. In the face of a normal or even increased daily caloric intake, especially given the hyperglycemia, ruling out diabetes mellitus is recommended. Additionally, or if diabetes mellitus is ruled out, further evaluation of digestion and absorption is recommended. To include 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.

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**PATIENT**

Molly Notley

**SPECIES**

Canine

**BREED**

Shep X

**SEX**

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**AGE**

12 years

**WEIGHT**

16.9 kg

**INTERPRETED BY**

Beth Johnson, DVM  
 DACVIM

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Westoak Animal  
 Hospital

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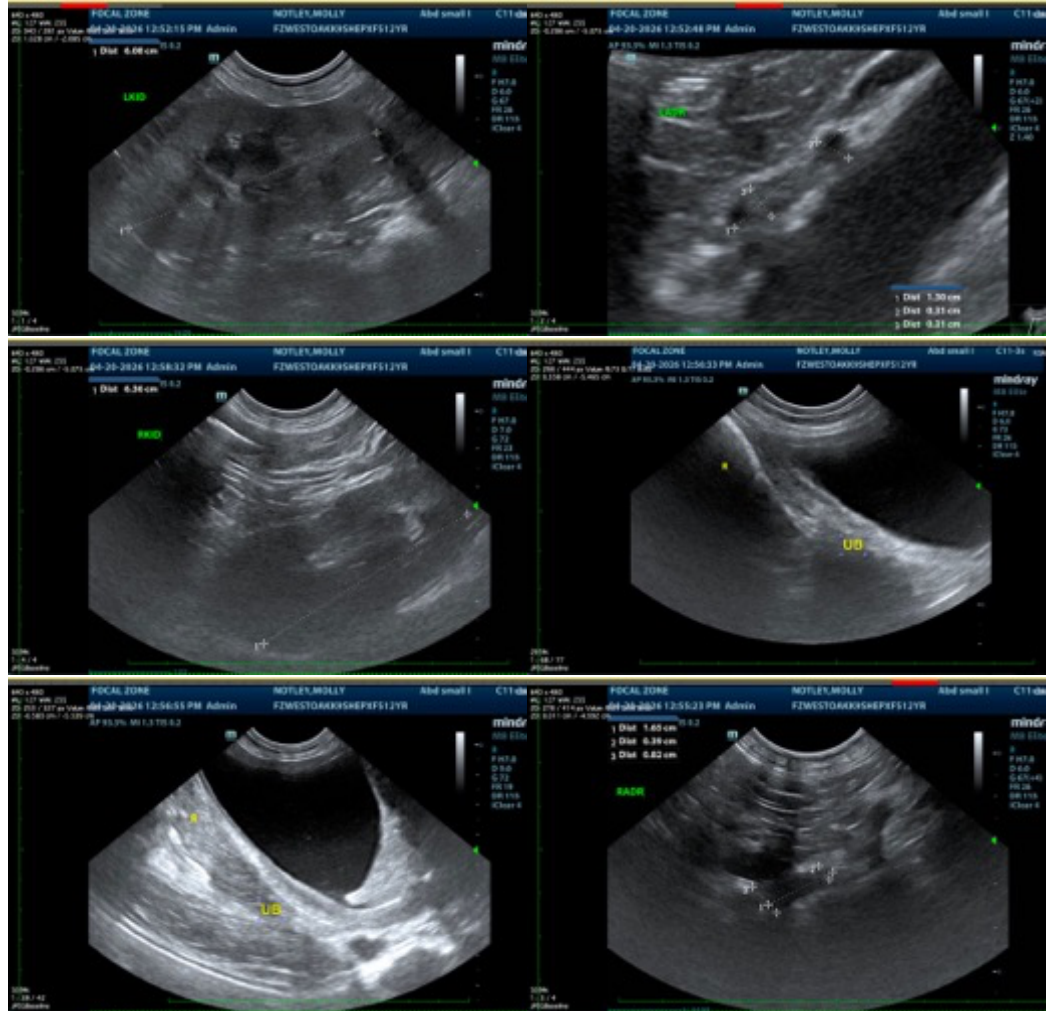
Dr. Kohlmaier

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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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