


**PATIENT**

Daisy Brown

**PRESENTING CLINICAL SIGNS**

Daisy presents for abdominal ultrasound due to family history of hemangiosarcoma and recent weight loss (3-4 pounds gradually since last summer). She is otherwise normal at home.  
 Abnormal PE/Chem/CBC/UA Results: PE normal other than mild muscle loss over back and hips, CBC/Chem/T4, fecal and 4DX negative

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**
**BREED**

Golden

**Urinary System**

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

**SEX**

Spayed Female

Left kidney is normal in size (6.3 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

**AGE**

8 years

Right kidney is normal in size (6.6 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

**WEIGHT**

55 lbs

**Adrenal Glands**

Left adrenal gland is normal in size (0.55 cm at cranial pole and 0.51 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

**INTERPRETED BY**

 Beth Johnson, DVM  
 DACVIM

Right adrenal gland is normal in size (0.7 cm at cranial pole and 0.49 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

**Spleen**
**IMAGING PERFORMED BY**

Dr. Bush

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

**HOSPITAL NAME**

Great Miami VC

**Liver**

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

**REFERRING VET**

Dr. Bush

**Gastrointestinal**
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The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

**DATE**

4/21/22



**PATIENT**

Daisy Brown

The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

Colon is normal in wall thickness (< 0.2 cm) and layering.

**SPECIES**

Canine

**Pancreas**

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

**BREED**

Golden

**Free Abdomen**

**SEX**

Spayed Female

Lymph nodes are normal with no observed enlargement.

**AGE**

8 years

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

Unremarkable abdomen with no evidence of visible hemangiosarcoma.

**WEIGHT**

55 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

Given the patient's weight loss, assessment of appetite and caloric intake is recommended and if appetite and caloric intake are adequate in the face of weight loss a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory can be considered for further assessment of gastrointestinal function. A urinalysis is recommended if not recently evaluated to complete the metabolic evaluation and assess for potential proteinuria, given the patient's weight loss. If proteinuria is present in an otherwise quiet sediment a urine protein to creatinine ratio follow up is recommended.

**IMAGING PERFORMED BY**

Dr. Bush

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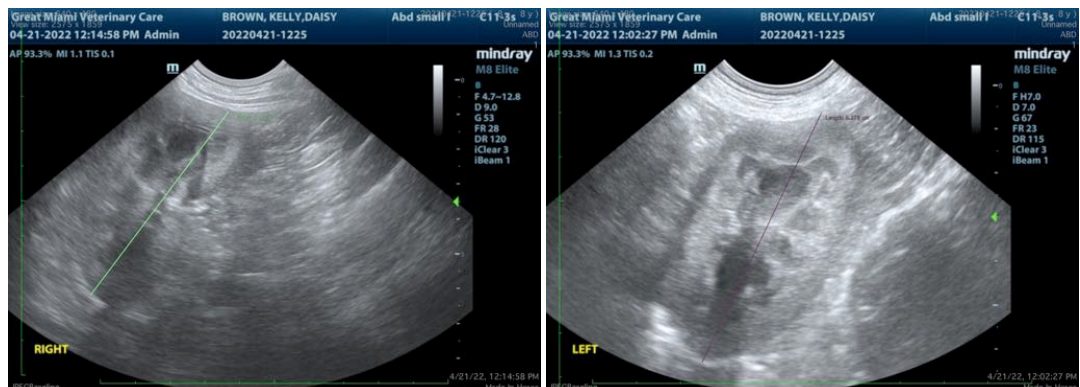
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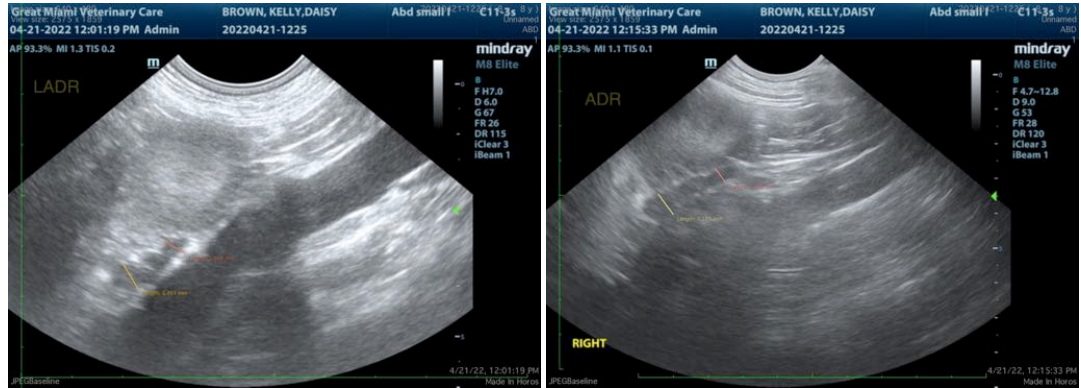
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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