



**PATIENT**

Polly Miller

**SPECIES**

Canine

**BREED**

Jack Russell Terrier

**SEX**

Female

**AGE**

13 years

**WEIGHT**

42.6 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Sammy Burmeister

**HOSPITAL NAME**

Faith AC

**REFERRING VET**

Dr. Faith

**INVOICE**

99454

**DATE**

4/21/22

**PRESENTING CLINICAL SIGNS**

Patient is currently taking Enalapril 5mg as well as Proin 50mg. Patient has a history of elevated SDMA and her Creatinine and ALT are rising now as well. Cardiopet proBNP is wnl as well as her CBC. Her urine has been dilute but non proteinuric. Owners note no problems at home.  
Abnormal PE/Chem/CBC/UA Results: Attached are the most recent bloodwork results as well as a urinalysis. The ultrasound machine was not able to connect to the clinic Wi-Fi so I spoke to support and was told to send it via a flash drive for now and we are working on fixing the Wi-Fi issue.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**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.

Left kidney is normal in size (3.9 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Right kidney is normal in size (5.2 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

**Adrenal Glands**

Left adrenal gland is normal in size (0.5 cm at cranial pole and 0.53 cm at caudal pole), plump in shape and normal in contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (0.91 cm at cranial pole and 0.74 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

**Spleen**

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.

**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. GB is moderately distended with anechoic bile and gravity dependent echogenic sediment. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

**Gastrointestinal**



<b>PATIENT</b>	The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.
Polly Miller	
<b>SPECIES</b>	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.
Canine	Colon is normal in wall thickness (< 0.2 cm) and layering.
<b>BREED</b>	<b>Pancreas</b>
Jack Russell Terrier	Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.
<b>SEX</b>	<b>Free Abdomen</b>
Female	Lymph nodes are normal with no observed enlargement.
<b>AGE</b>	
13 years	<b>ULTRASONOGRAPHIC FINDINGS</b>
<b>WEIGHT</b>	<b>Primary Findings</b>
42.6 lbs	<ul style="list-style-type: none"> <li>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.</li> <li>Mildly plump right adrenal gland. Rule out normal variant versus hyperplasia secondary to pituitary dependent hyperadrenocorticism versus other.</li> </ul>
<b>INTERPRETED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Beth Johnson, DVM DACVIM	Given the urinary signs and mild azotemia combined with the mildly increased ALT include a urine culture to rule out occult urinary tract infection if not recently evaluated as well as testing for Leptospirosis. Blood pressure is also recommended if not recently evaluated. If the clinical signs of hyperadrenocorticism such as PU/PD, panting, pot belly, etc. are present then testing for hyperadrenocorticism with a low dose Dexamethasone suppression test can be considered. However, clinical signs in this patient would likely be more related to early kidney disease. Therapeutic recommendations include transition to a kidney friendly diet followed by close monitoring of the azotemia, urine for the presence of protein and blood pressure for the presence of hypertension in the future.
<b>IMAGING PERFORMED BY</b>	
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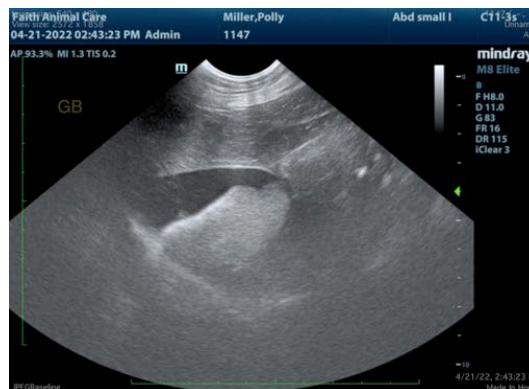
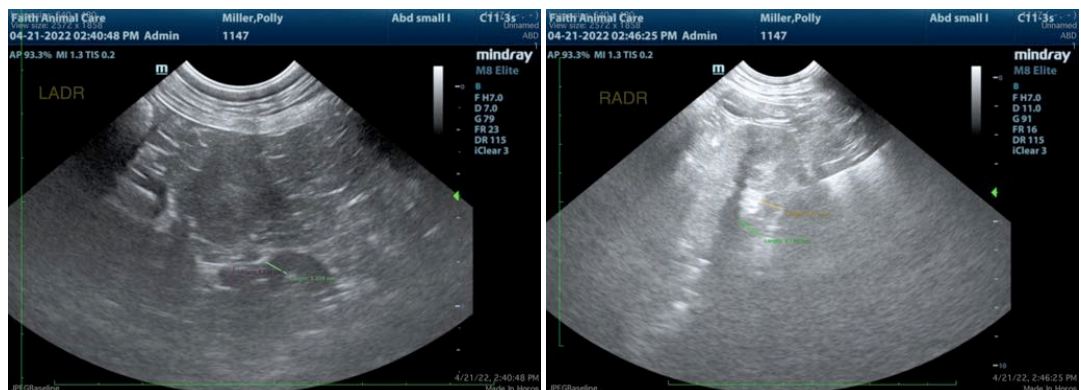
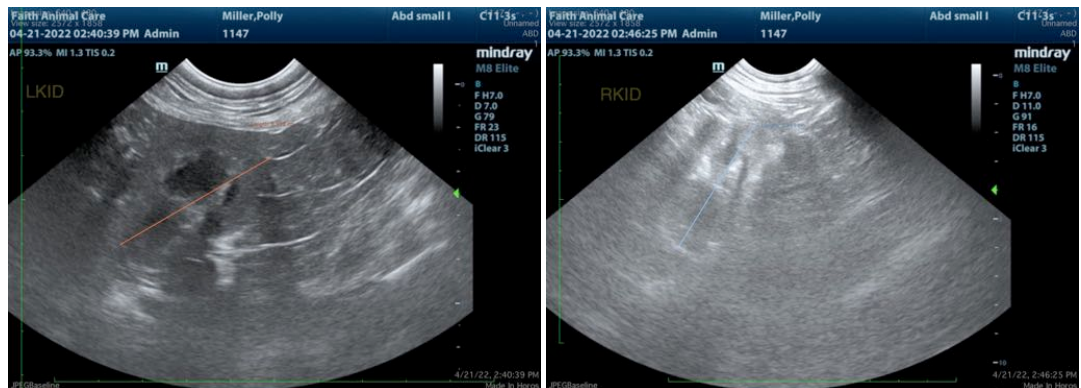
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Beth.Johnson@SonoPath.com



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