



PATIENT

Theo Rhoades

PRESENTING CLINICAL SIGNS

Non-symptomatic pt. w/ elevated ALP, ALT; ALT has decreased with Denosyl but ALP continues to climb. UC:Cr is WNL so classic Cushings considered unlikely

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Standard Poodle

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

There is no evidence of pathology noted in the area of the prostate.

SEX

Neutered male

Left kidney is normal in size (6.76 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 (7.36 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

AGE

7 years

Adrenal Glands

WEIGHT

69.2 lbs

Left adrenal gland is normal in size (0.48 cm at cranial pole and 0.79 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (0.86 cm at caudal pole), shape and contour. The cranial pole of the right adrenal gland is not well visualized in these images for a measurement, but there is no pathology in the region. Corticomedullary structure is unremarkable.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

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.

IMAGING PERFORMED BY

Dr. Harris

Liver

HOSPITAL NAME

TotalBond VH

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. Epstein

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

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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.

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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

Standard Poodle

Free Abdomen

SEX

Lymph nodes are normal with no observed enlargement.

Neutered male

AGE

7 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Unremarkable abdomen.

WEIGHT

69.2 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Specifically for this patient testing for Leptospirosis can be considered. A urine creatinine to cortisol ratio was reportedly normal; however, if clinical signs of hyperadrenocorticism such as polyuria, polydipsia, etc. are present a full adrenal panel to the University of Tennessee could be considered to rule out atypical hyperadrenocorticism.

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DACVIM

ALP – Differentials are vast and non-specific. Differentials include, but are not limited to, benign nodular hyperplasia which occurs in 70% of older dogs and often does not result in an abnormal ultrasound, reactive or idiopathic/vacuolar hepatopathy, cholestasis and/or hyperadrenocorticism as well as many chronic non-hepatobiliary diseases such as chronic infections/inflammation from dental disease, IBD, neoplasia, hyperlipidemia, hypothyroidism, chronic pancreatitis, chronic stress, etc.

IMAGING PERFORMED BY

Dr. Harris

There is no ultrasonographic evidence of cholestasis. Adrenocortical testing such as a low dose dexamethasone suppression test could be considered if clinical signs of hyperadrenocorticism are present. Ursodiol could be considered if gallbladder sludge is noted. A fine needle aspirate of the liver could be considered if patient's coagulation status is appropriate. Otherwise, recommendations include addressing any other concurrent disease and monitoring. If values are progressive, recheck imaging is recommended.

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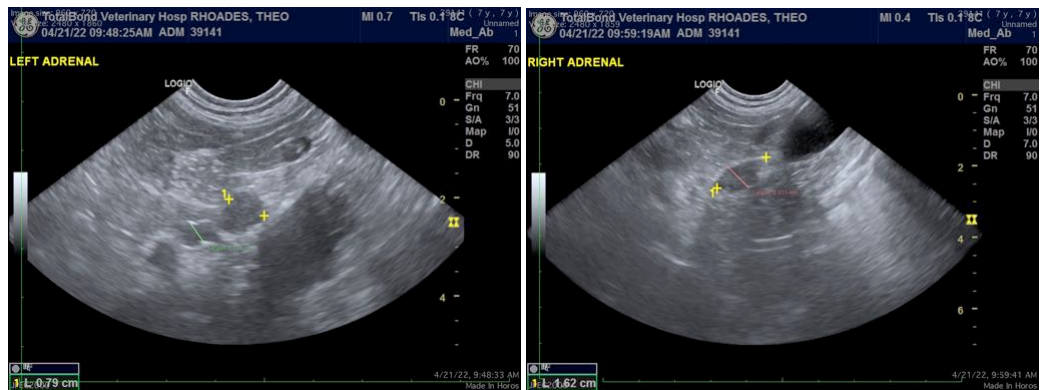
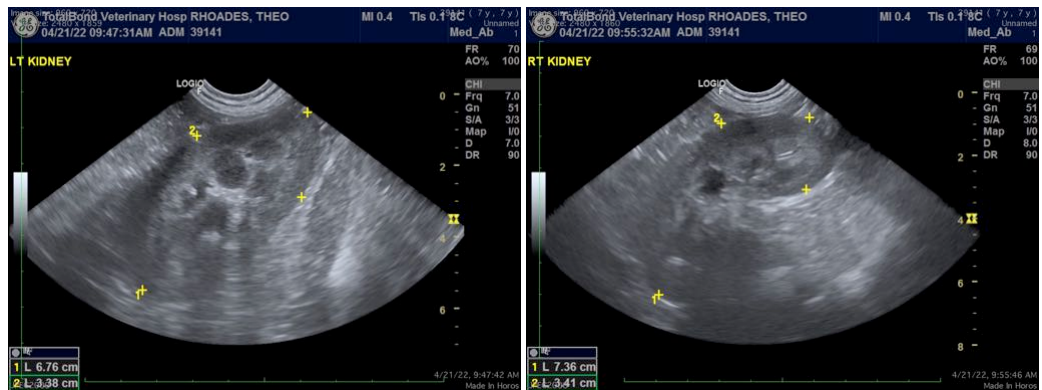
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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SEX

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