



**PATIENT**

Ellie Bovino

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Spayed Female

**AGE**

Not Provided

**WEIGHT**

44 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

Hohokus Veterinary  
Hospital

**REFERRING VET**

Dr. Alipui

**INVOICE**

74739

**DATE**

4/23/26

**PRESENTING CLINICAL SIGNS**

Not eating, lost 8 lb in 1. year. Was vomiting but now on Cerenia, intermittent soft stool.  
Meds Cerenia PO X 4 days

Abnormal PE/Chem/CBC/UA Results: Chem/CBC/Fecal/UA/ WNL Urine: NSF USG 1.024

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Urinary bladder is adequately distended with primarily anechoic contents and occasional echogenic non-shadowing debris. Apical urinary bladder wall is diffusely thick (0.57 cm). Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

The right kidney is normal is size (6.6 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.

The left kidney is normal is size (7.16 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.

**Adrenal Glands**

The left adrenal gland is mildly subjectively flat, measuring 0.60 cm at the cranial pole and 0.60 cm at the caudal pole. The right adrenal gland is more significantly visibly flat, measuring 0.40 cm at the cranial pole and 0.20 cm at the caudal pole. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**Spleen**

Spleen is generally normal in size and shape with a smooth capsular contour. Parenchyma is diffusely nodular in appearance characterized by small discrete hypoechoic nodules. Splenic vasculature appears normal.

**Liver**

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.

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.

**Gastrointestinal**

The visible stomach wall is diffusely normal in thickness and layering, except in the area of the pylorus where the wall is diffusely thick and hypoechoic, measuring 1.5 cm thick. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease.



<b>PATIENT</b>	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 empty with no evidence of obstruction, foreign material or infiltrative disease.
Ellie Bovino	
<b>SPECIES</b>	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
Canine	
<b>BREED</b>	<b><i>Pancreas</i></b>
Labrador Retriever	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.
<b>SEX</b>	<b><i>Free Abdomen</i></b>
Spayed Female	There is no visible free peritoneal effusion noted in these images.
<b>AGE</b>	There is no apparent pathologic lymphadenopathy noted in these images.
Not Provided	
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
44 lbs	<ul style="list-style-type: none"><li>• The thick pylorus could represent a benign infiltrative process secondary to parasitic, infectious, dietary related, other benign inflammatory process, or infiltrative neoplasia, which can't be ruled out without tissue sampling.</li><li>• Splenic micronodular hyperplasia pattern – This nodular change is often associated with benign aging nodular hyperplasia. Infiltrative neoplasia, however, including both early hemangiosarcoma as well as round cell neoplasia cannot be ruled out.</li><li>• Subjectively mildly “flat” adrenal glands.</li><li>• Mild chronic cystitis - Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely give the location and diffuse nature of the changes.</li></ul>
<b>INTERPRETED BY</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
Beth Johnson, DVM DACVIM	Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.
<b>IMAGING PERFORMED BY</b>	Fine needle aspirates of the thick pylorus and the spleen could be considered if they can safely be reached and if patient's coagulation status is appropriate.
Rebecca Hamilton	A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.
<b>HOSPITAL NAME</b>	If a diagnosis is not reached, 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.
Hohokus Veterinary Hospital	A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease. Contact lab for recommendations on how long to discontinue antibiotics (if indicated) prior to obtaining a stool sample for submission.
<b>REFERRING VET</b>	
Dr. Alipui	
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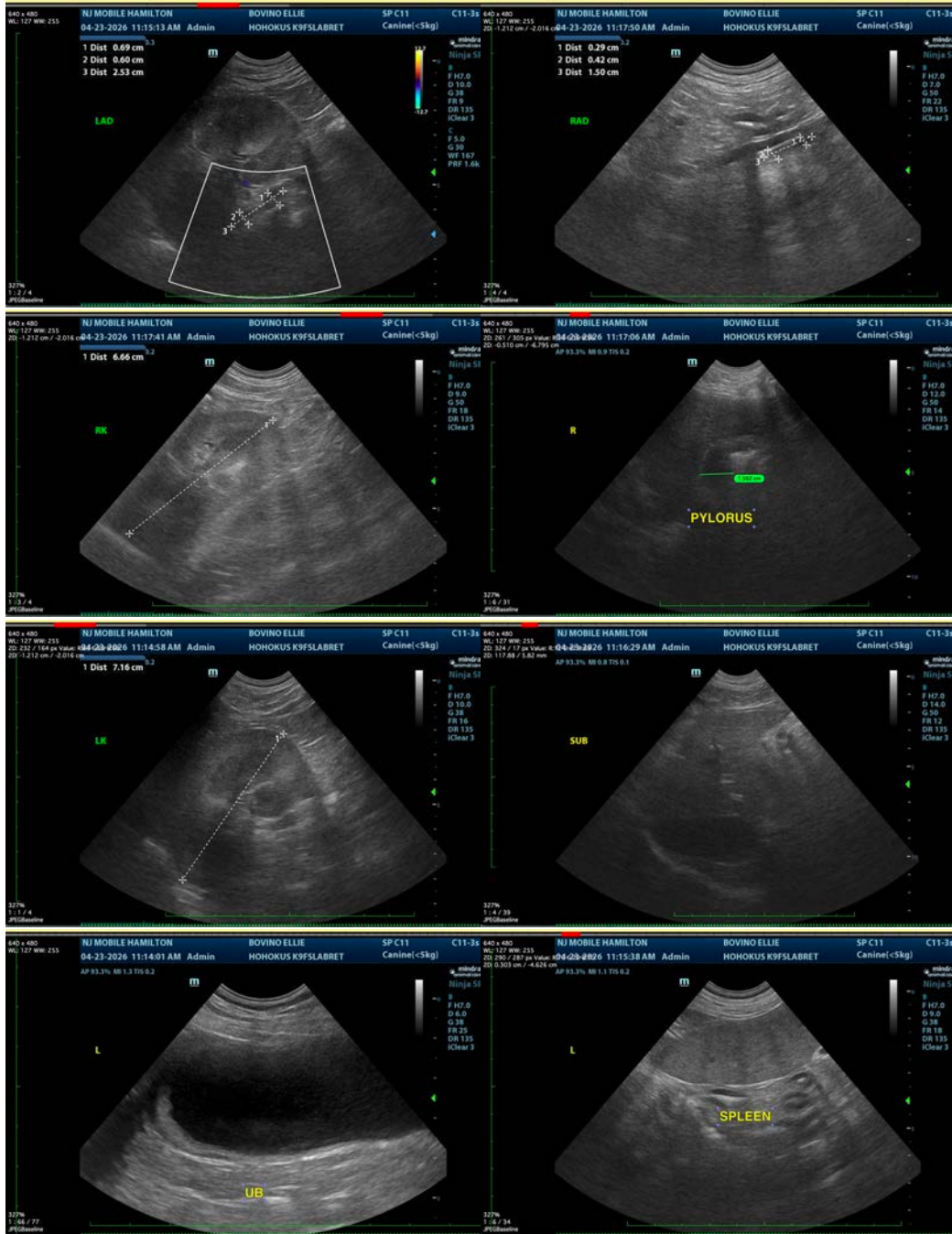
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Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.





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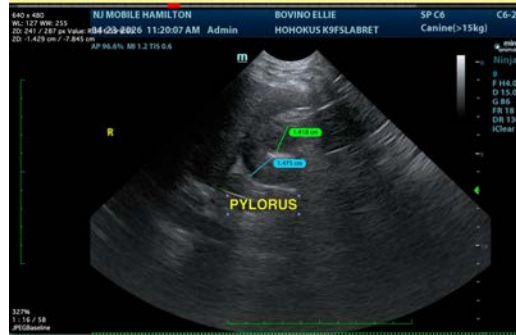
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
info@sonopath.com