



PATIENT

Poncho Sherman

SPECIES

Canine

BREED

Havanese

SEX

Neutered Male

AGE

12 Years

WEIGHT

17 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Elaina Petrone

HOSPITAL NAME

Long Branch AH

REFERRING VET

Dr. Elaina Petrone

INVOICE

36787

DATE

4/6/22

PRESENTING CLINICAL SIGNS

12 yo MN Havanese, history of urinary calculi and a "Sensitive stomach"/suspect IBD on hydrolyzed protein diet. Acute vomiting and diarrhea. radiology report: microhepatica, cystolithiasis, incidental renal diverticular mineralization, no obstruction seen.

Abnormal PE/Chem/CBC/UA Results: Mild hemoconcentration HCT 55%, mild lymphopenia.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses or inflammatory changes. Calculi exhibiting distal acoustic shadowing are present along the gravity dependent inner wall. The largest single calculus visible measures 0.46 cm in diameter. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (5.18 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 or infarcts observed. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. A cortical cyst is noted.

The left kidney is normal in size (4.84 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 or infarcts observed. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

Prostate (neutered) is normal in size, echotexture and echogenicity for a neutered male.

Adrenal Glands

The right adrenal gland is normal in size (cranial pole not well visualized, caudal pole measures 0.60 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.46 cm at the cranial pole, 0.77 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively enlarged in size with rounded margins but intact capsule. Parenchyma is homogeneously coarse/mottled in echotexture and normal to hypoechoic in echogenicity. No focal nodules or masses are observed. 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.

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.



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Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) 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, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). 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.

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

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Coarse splenomegaly – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.
- 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.
- Urinary bladder cystoliths with concurrent non-obstructive renal mineralizations
- Incidental right renal cortical cyst

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the suspected historical IBD combined with the acute flare up of gastrointestinal signs, recommendations include a gastrointestinal maldigestion panel with a TLI, PLI, folate and cobalamin to Texas A&M GI laboratory for further assessment of the gastrointestinal tract and pancreas. Given patient's signalment, the radiographically reported microhepatita and concurrent cystoliths, bile acids are also strongly recommended. If bile acids are abnormal, a follow up ultrasound with color flow doppler in the area of the porta hepatitis or an abdominal CT scan would be recommended. A urinalysis is recommended if not recently evaluated with follow up urine culture if indicated based on urinalysis results.



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Ultimately, pending the results of the aforementioned workup, if gastrointestinal signs persist and/or the maldigestion panel is abnormal, biopsies of the small bowel may be necessary to definitively diagnose the underlying cause of this patient's gastrointestinal signs.

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In the meantime, some patients require different versions of hydrolyzed diets and/or novel protein diets, so a transition from ZD to Purina or Royal Canin hydrolyzed diet could be attempted.

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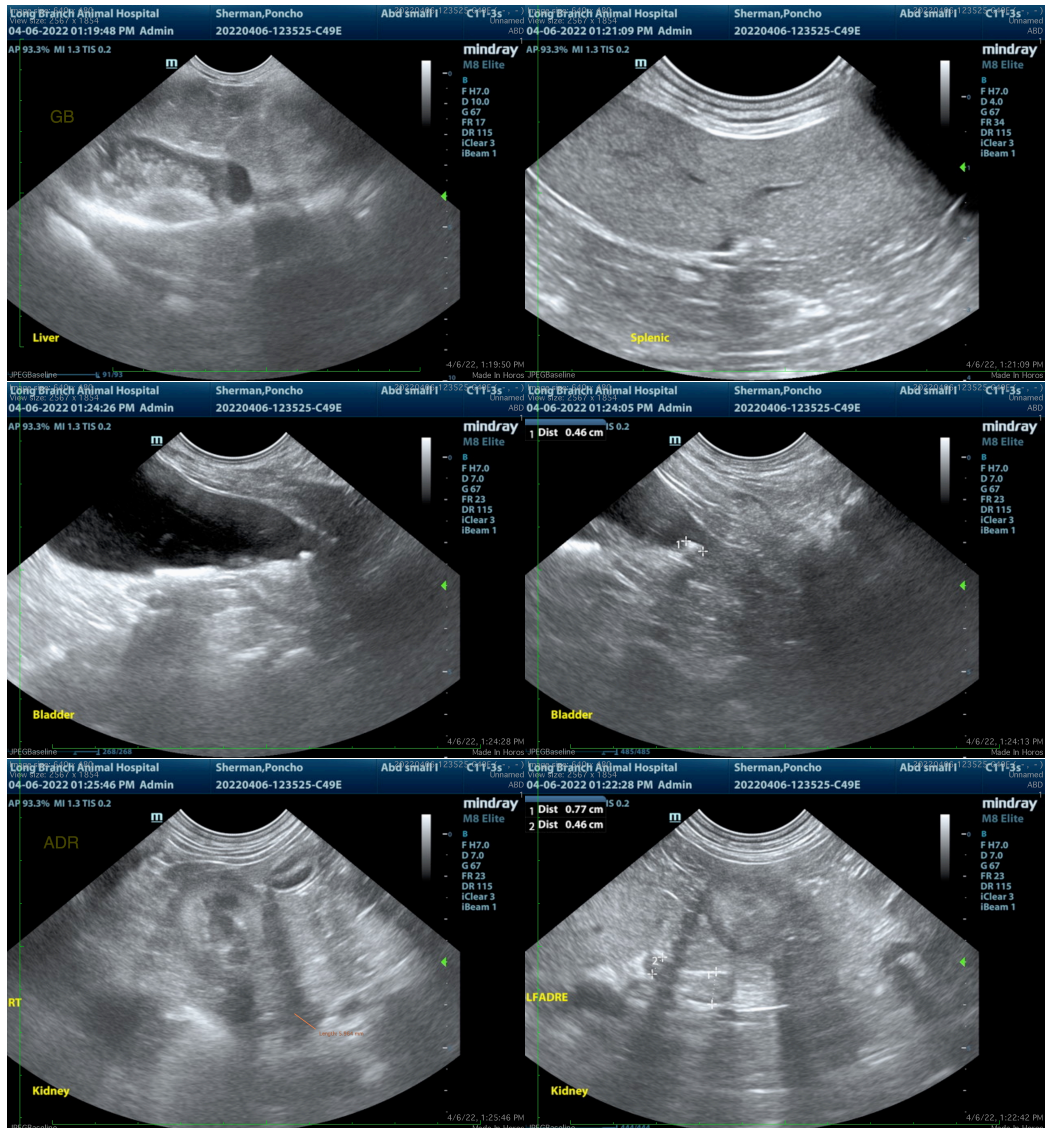
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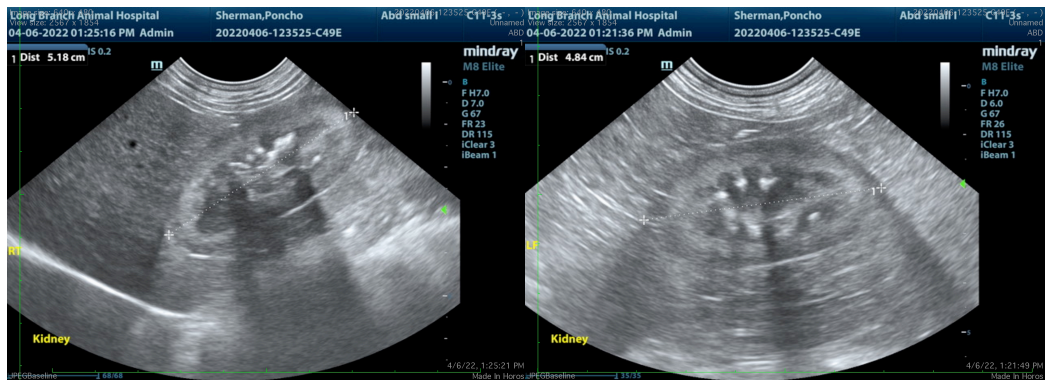
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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