



PATIENT

Roxy Aguilera

SPECIES

Canine

BREED

German Shepherd Dog

SEX

Spayed Female

AGE

10 Years

WEIGHT

75 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom
Veterinary Imaging

REFERRING VET

John Lanier, DVM

INVOICE

75135

DATE

5/13/26

PRESENTING CLINICAL SIGNS

Roxy had an episode of vomiting, diarrhea with blood, and inappetence. Symptoms resolved with metronidazole and proviable and supportive care. Radiographs at the time showed a possible cranioventral mass effect against the abdominal wall and the thorax showed mild pleural effusion. CBC/Chem unremarkable. Scheduled AUS to screen for neoplasia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal is size (7.67 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 (6.47 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 right adrenal gland is normal in size (2.6 cm at cranial pole and 0.5 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.55 cm at cranial pole and 0.56 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). 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.

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 normal in thickness and layering. The lumen of the stomach is moderately distended with strong acoustic shadow from an echogenic intraluminal interface that could represent foreign material. Normal ingesta/gas can't be ruled out. There is no definitively visible evidence of obstruction, however, in these images at this time.



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The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta/chyme. There is 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 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.

Other

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

In images labeled "mid abdomen" is an approximately 5.5 cm x 8.7 cm homogeneous, isoechoic density that could represent prominent falciform or other normal fat, although a lipoma or even less likely liposarcoma versus other can't be ruled out.

The visible heart base (RA) and pericardium are unremarkable without obvious pathology noted in these images at this time. If cardiac function evaluation is desired, a full echocardiogram is recommended.

There is no definitively visible pleural effusion noted in these images where the pleural space can be observed, but it cannot be ruled out without full thoracic imaging.

ULTRASONOGRAPHIC FINDINGS

- The suspected fat density "mass" could represent normal but prominent intraabdominal fat versus a lipoma, although liposarcoma or other pathology can't be ruled out without tissue sampling.
- The gastric contents should be interpreted in combination with when patient last ate, clinical signs, and potentially recheck imaging following an additional 12-24 hours of fasting, as foreign material can't be ruled out in these images.
- Otherwise, this is a largely unremarkable/normal structural abdomen without a definitive ultrasonographically visible explanation for patient's reported clinical signs or previous findings.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, a general metabolic health screen (CBC, chemistry panel with electrolytes and urinalysis) is recommended. **The attached files are for a patient name Bogey.



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Given patient's reported history, a routine fecal/giardia exam is also recommended

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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.

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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.

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A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

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The reported mass and pleural effusion are of unknown if any relation to the gastrointestinal signs, but both also warrant further investigation, including fine needle aspirates of the mass is patient's coagulation status is appropriate, and monitoring and potentially sampling for the workup, etc. of the pleural effusion.

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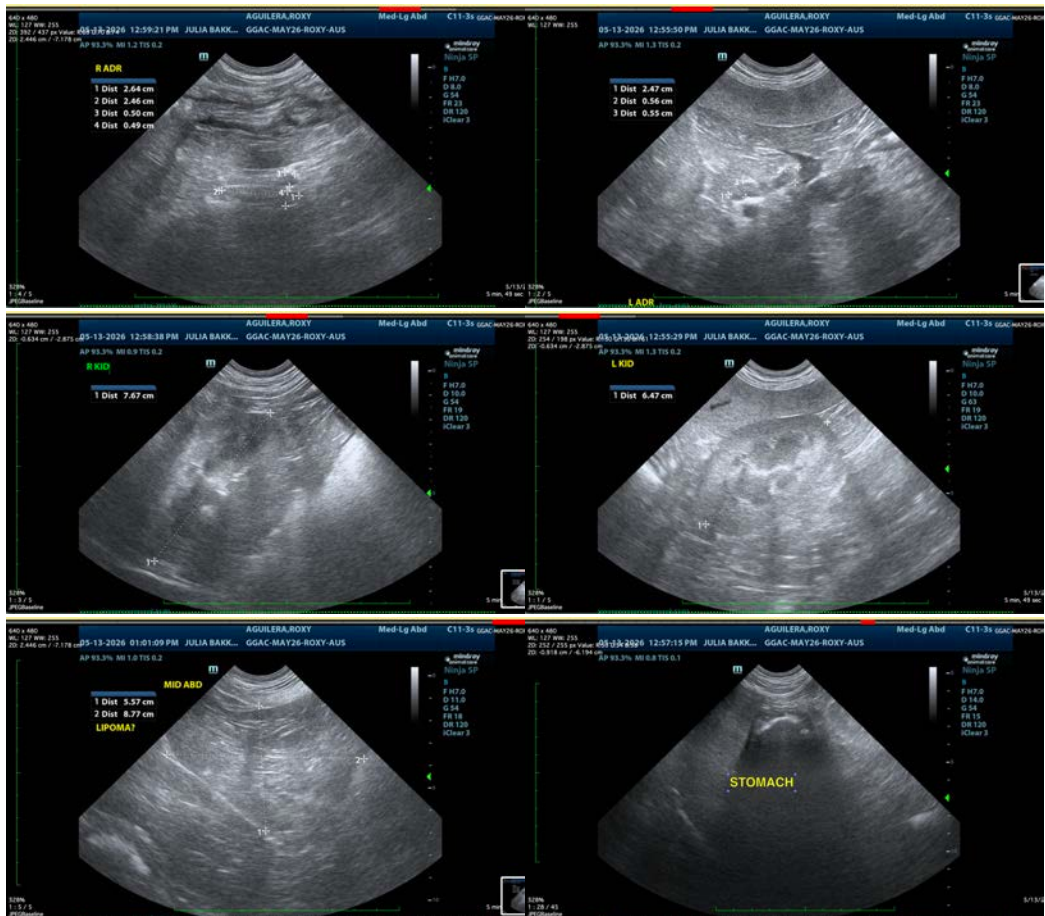
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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