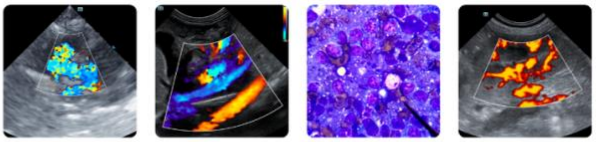


PATIENT

Peanut Flewelling

SPECIES

Canine

BREED

Weimaraner

SEX

Intact Female

AGE

3 Years

WEIGHT

43 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Beth Coe

HOSPITAL NAME

Riverside Animal Clinic

REFERRING VET

Dr. Beth Coe

INVOICE

16194

DATE

05/14/26

PRESENTING CLINICAL SIGNS

Vomiting daily for previous week. History of vomiting intermittently, usually associated with car-rides. Lethargic for past 3 days. Won't sleep/Falls asleep sitting (per owner, like she's fighting against sleep). Losing weight. No known dietary indiscretion. Decreased appetite most recently. History of inter-dog aggression with housemate - not new; trying to feed separately. On Fluoxetine 10mg SID x years. Interceptor Plus/Credelio year-round. Echo/Cardio consult in 2/2026 - Tricuspid valvular dysplasia, Pulmonic valve dysplasia. No treatment needed now. Last estrus 1/2026. Per owner, not due again until 7/2026.

PE: Quiet/Dull, tacky light pink mucous membranes, CRT ~2sec. H/L NSF, no murmur, eupneic. Abd tense in general, hunched up. Thin BCS 2-3/9. Temp normal. Normal vulva/no discharge. CBC: HCT38% - microcytosis, hypochromasia. Decreased reticulocytes. Otherwise NSF. Chem: ALT 349. TBili/ALKP/GGT WRI. Low albumin (2.2g/dL), Normal globulin. Low BUN (5), Low cholesterol (94). Rest WRI. cPL: Normal Cortisol (Baseline): 1.98 Cortisol (Post-ACTH): 11+ (not Addison's) HW-4DX: Neg Fecal flotation: Neg UAS: Bilirubinuria (3mg/dL) with bilirubin crystals (6-10/hpf). TNTC RBCs, No WBC/Bacteria. USG 1.030. Abdominal radiographs: Unable to see hepatic silhouette/margins. Gastric axis cranially deviated/hugging diaphragm. No obvious FB/obstructive gas pattern. Poor detail throughout.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a very large amount of echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots, as well as a very large amount of dependent mineral “sand” (crystals) debris. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or discrete definitive cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Left kidney is normal in size (8.05 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.

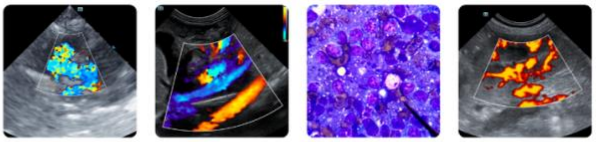
Right kidney is normal in size (7.1 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, or infarcts observed. Punctate non-obstructive mineral densities noted in the right kidney.

Adrenal Glands

Left adrenal gland is normal in size (0.4 cm at cranial pole and 0.4 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.58 cm at cranial pole and 0.59 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen



PATIENT

Peanut Flewelling

SPECIES

Canine

BREED

Weimaraner

SEX

Intact Female

AGE

3 Years

WEIGHT

43 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Beth Coe

HOSPITAL NAME

Riverside Animal Clinic

REFERRING VET

Dr. Beth Coe

INVOICE

16194

DATE

05/14/26

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

Liver is significantly small/decreased 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 only visible liver parenchyma is the right liver with no visible left liver present in these images at this time.

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 empty with 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. 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 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.

Free Abdomen

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

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- The significant microhepatica is concerning for end stage chronic hepatopathy/possibly cirrhosis especially when combined with the laboratory changes concerning for decreased hepatic function. Vascular anomaly can't be ruled out.
- Punctate non-obstructive nephroliths in the right kidney.
- A very large amount of echogenic urinary bladder mineral/sand debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acids are recommended if patient's total bilirubin is not increased.

PATIENT

Peanut Flewelling

SPECIES

Canine

BREED

Weimaraner

SEX

Intact Female

AGE

3 Years

WEIGHT

43 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Beth Coe

HOSPITAL NAME

Riverside Animal Clinic

REFERRING VET

Dr. Beth Coe

INVOICE

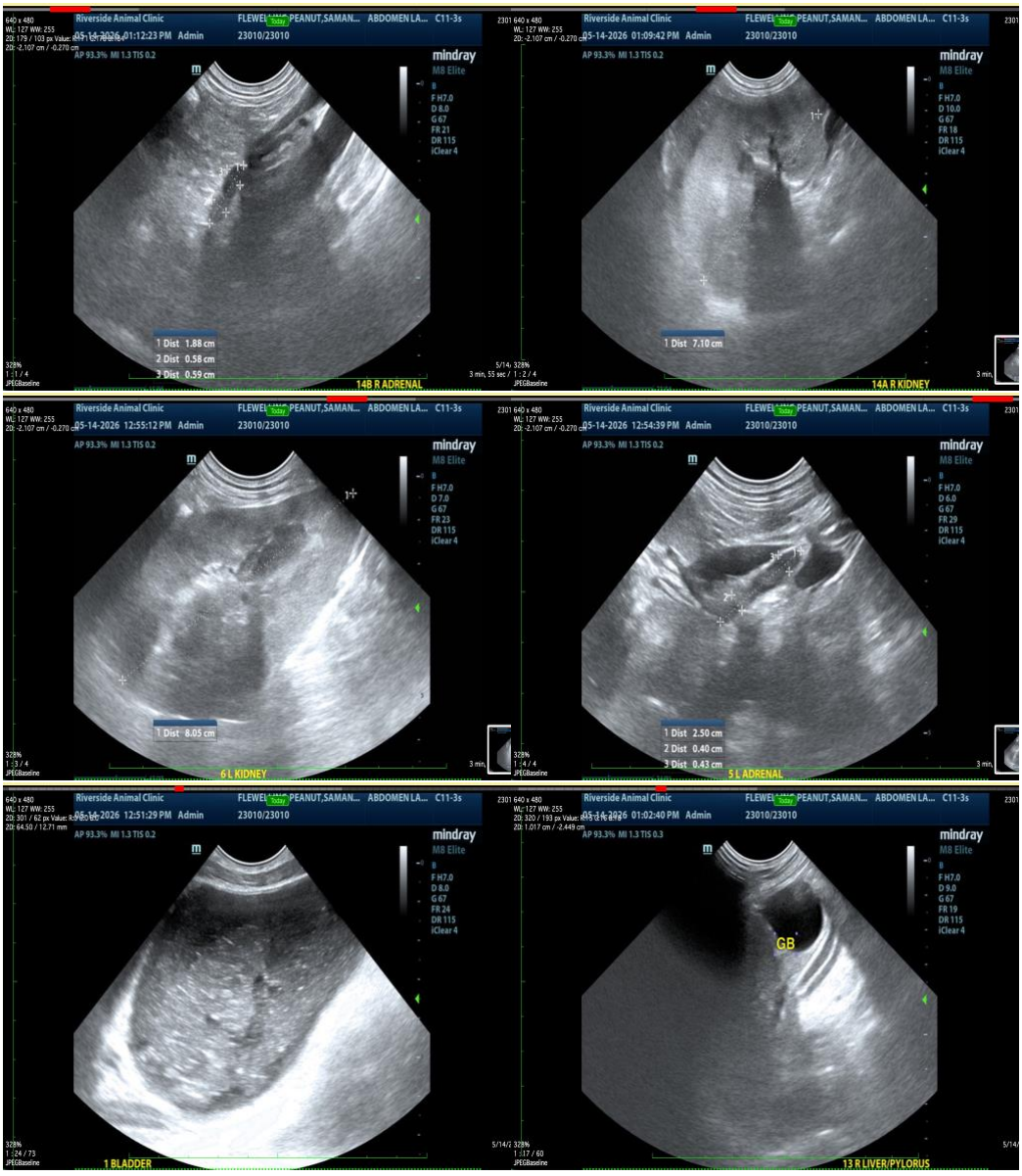
16194

DATE

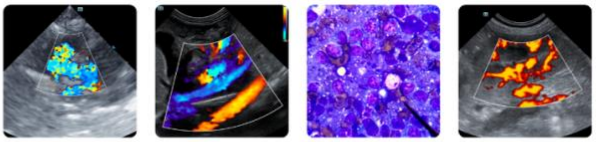
05/14/26

An abdominal contrast CT scan could be considered for further assessment of vessels but ultimately, a liver biopsy is recommended if patient's coagulation status is appropriate.

In the meantime, if not recently evaluated, urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Peanut Flewelling

SPECIES

Canine

BREED

Weimaraner

SEX

Intact Female

AGE

3 Years

WEIGHT

43 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Beth Coe

HOSPITAL NAME

Riverside Animal Clinic

REFERRING VET

Dr. Beth Coe

INVOICE

16194

DATE

05/14/26

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