

PATIENT PRESENTING CLINICAL SIGNS

Legend Gauvreau
 Presented for weight loss(significant), inappetance, lethargy and excessive drooling. No prior history of significant illness. Known to be positive for Lyme. Was fed grain free diet up until recently, but is no longer on it. Has had a HM in past so recommend Echo while here to rule out cardiac related. Refusing regular food but will eat some human foods. Walking with his head down and his tail low, tremors, drinking water. Normally a high energy and happy dog but now just lying on the floor. Was anemic a few weeks ago from a different clinic red cell count 51%, repeat bloodwork yesterday showed red cell count 35%. Has not been on any meds. Please see attached most recent BW.

SPECIES

Canine

BREED

Mini Doodle

Abnormal PE/Chem/CBC/UA Results: Please see attached lab results and radiographs. Rads showed +++Gas throughout GI tract with no evidence of complete obstruction, stomach empty other than gas and a few liver treats, chest rads WNL.

SEX

MN

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 moderate echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

AGE

4yr

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

WEIGHT

10.1kg

Right kidney is normal in size (4.33 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.

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

Left kidney is normal in size (4.74 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.

IMAGING

PERFORMED BY
 Crystal Hill

Adrenal Glands

Right adrenal gland is normal in size (0.65 cm at cranial pole and 0.41 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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Left adrenal gland is normal in size (0.47 cm at cranial pole and 0.55 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

REFERRING VET

Baskin

Spleen

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.

INVOICE

24992

Liver

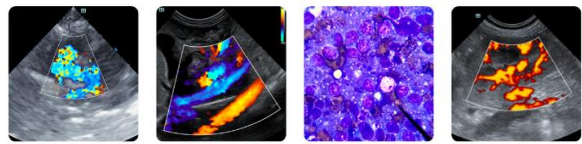
Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

DATE

06/01/2026

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



PATIENT

Legend Gauvreau

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

SPECIES

Canine

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 gas and no evidence of obstruction, foreign material or infiltrative disease.

BREED

Mini Doodle

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

SEX

MN

Pancreas

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.

AGE

4yr

Free Abdomen

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

WEIGHT

10.1kg

ULTRASONOGRAPHIC FINDINGS

- Moderate amount of echogenic urinary bladder debris.
- Otherwise, this is a largely unremarkable /normal structural abdomen without a definitive ultrasonographically visible intraabdominal explanation for patients reported weight loss, inappetence, drooling, etc.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING

PERFORMED BY

Crystal Hill

1. CBC is available for review. If not evaluated at the same time, a full general metabolic health screen is recommended to also include chemistry panel, electrolytes and 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.
2. A routine fecal /giardia exam is recommended if not recently evaluated. A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism. 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.
3. In the meantime, supportive/symptomatic medical management of clinical signs is recommended, including anti-emetics, gastroprotectants (+/- sucralfate, especially with any history of hematemesis), an appetite stimulant and fluid therapy if indicated, etc. Additionally, empirical deworming with a 5-day course of Panacur is recommended as is a full course of empirical Helicobacter triple therapy. Finally, if tolerated, a transition in diet could be considered, based on trial-and-error response with some options to consider including a gastrointestinal biome diet vs a hydrolyzed protein diet (sometimes several trials with different brands are necessary) vs an easy to digest, bland or low-fat diet vs other.

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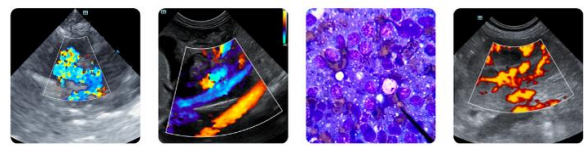
Baskin

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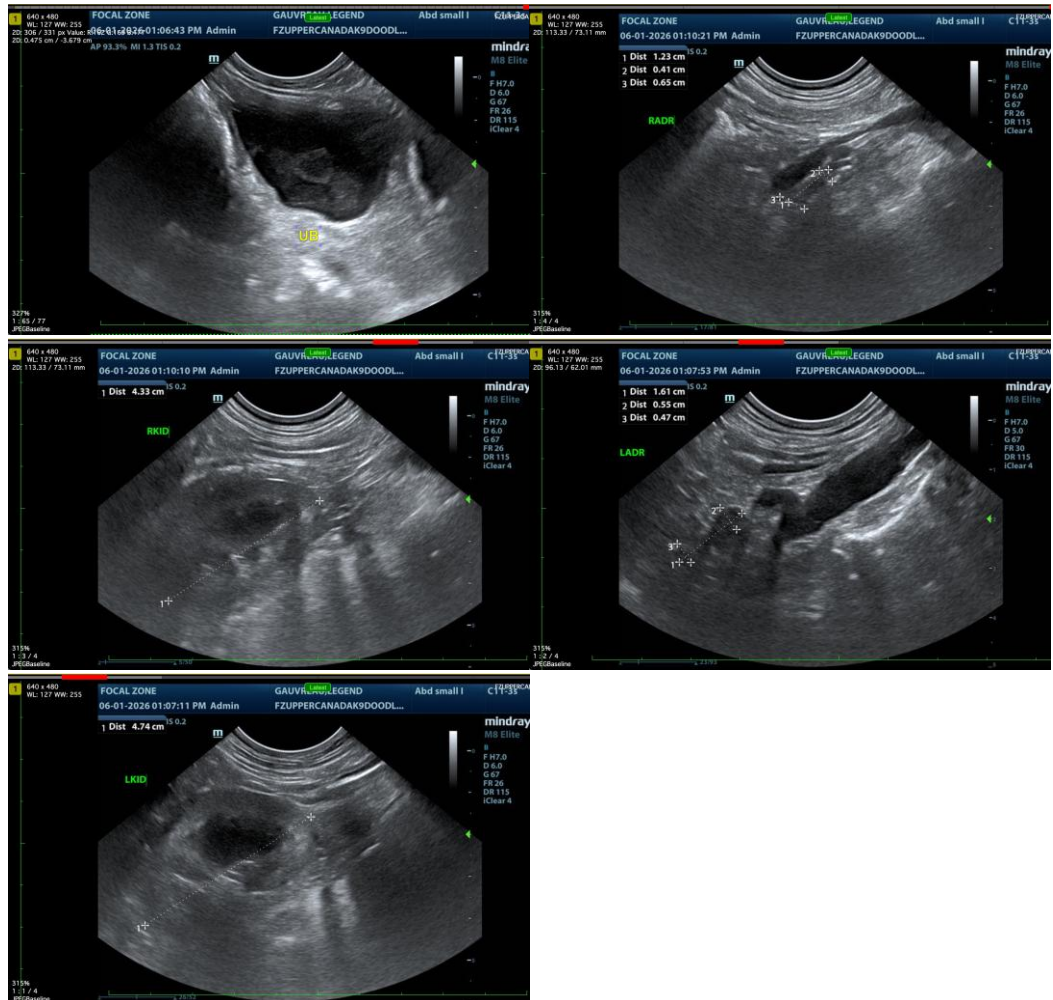
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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