



PATIENT

Boomer Rowell

SPECIES

Canine

BREED

Lg Lab Mix

SEX

Neutered Male

AGE

6 Years 10 Months

WEIGHT

41.55 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Brian Barnes

HOSPITAL NAME

Westview VH

REFERRING VET

Dr. Brian Barnes

INVOICE

22987

DATE

6/19/23

PRESENTING CLINICAL SIGNS

History: Recently diagnosed diabetic, ulceration rostral muzzle lips and hard palate, BX pending. AUS for evaluation liver Adrenals,

Abnormal PE/Chem/CBC/UA Results: Xrays: 1. Unremarkable overweight thorax. 2. Mild rounding of the hepatic margins in absence of hepatomegaly likely due to fatty infiltrates, endocrinopathies, nodular regeneration or nonspecific hepatopathy. 3. Otherwise unremarkable abdomen. CBC wnl besides wbc 19.5 (5-16), neuts elevated 14 (2-11) bands suspected, monocytosis 3 (0.16-1) CHEM wnl besides glucose 24 (4-8) alpk 1665 (23-212) ggt 13 (0-11) amylase 288 (500-1500) cl 105 (109-122) tt4 <6nmol/l UA free catch, pale yellow, sl cloudy usg 1.020, ph 5, neg leu/pro glu 100mg/dl, ket 50mg/dl ubg, bil neg, bld 50 ery/ul wbc, rbc <1/hpf bacteria, epi, casts, crystals normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

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

Left kidney is normal in size (7.55 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 (8.63 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

Left adrenal gland is normal in size (3.01 cm long x 0.64 cm at cranial pole and 1.0 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (3.03 cm long x 0.64 cm at cranial pole and 0.56 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

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.

Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.



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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.

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Gastrointestinal

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The visible stomach wall is normal in thickness 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.

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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 of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Neutered Male

Pancreas

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The observed pancreas 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.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

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- Hyperechoic hepatomegaly – This appearance is non-specific and most consistent with a benign steroid (endocrine) or vacuolar hepatopathy or reactive or idiopathic hepatopathy. Inflammatory and/or infiltrative disease (such as round cell neoplasia) are also possible but considered less likely.
- Otherwise, this is a relatively unremarkable/normal abdomen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dr. Brian Barnes

Further recommendations at this point, involve biopsies of the ulcerated lesions, as are reportedly planned/pending, and management of this patients diabetes.

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If diabetes is difficult to regulate, and/or clinical signs persist beyond appropriate regulation, further adrenal testing could be considered, as normal appearing adrenal glands don't rule out concurrent hyperadrenocorticism, however, adrenal testing is not recommended in the face of other illness and is not recommended without supporting clinical signs.

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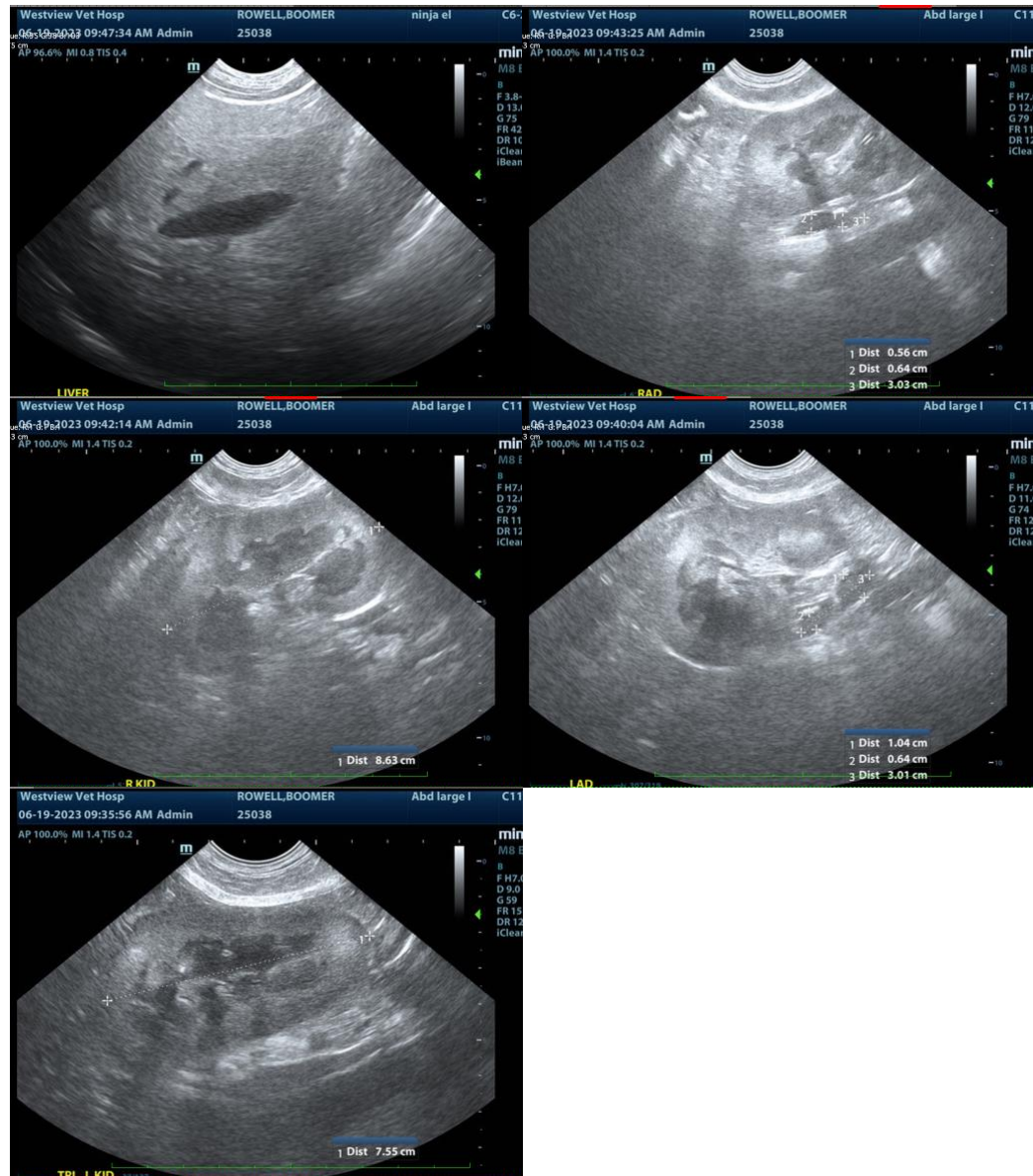
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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