



<b>DATE</b>	<b>PRESENTING CLINICAL SIGNS</b>
6/20/23	Increased defecation - multiple large piles of feces and patient strains to the point of diarrhea Increased urination/urinary incontinence - having to urinate once every 1-2 hours large volumes of urine and sometimes will just stand up and urinate immediately.
<b>PATIENT</b>	
Mosby Shoemaker	Current Medications: Provable - 1 capsule by mouth once daily for loose stools., Levothyroxine 0.8 mg - 1 tab by mouth twice daily. Date of Previous IntraPet Ultrasound: No previous.
<b>SPECIES</b>	Sedation: Not required to complete full diagnostic ultrasound. Stat Report: Not requested.
Canine	Imaging Performed By: Stephanie Warga RDCS, RVT.
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Golden	<b>Urinary System</b> Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional 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.
<b>SEX</b>	
Neutered Male	The right kidney is normal in size (6.32 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.
<b>AGE</b>	
5/26/12	The left kidney is normal in size (7.36 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.
<b>WEIGHT</b>	
75 Pounds	<b>Adrenal Glands</b> Adrenal glands are largely normal in size, shape and contour. Some parenchymal heterogeneity is present without concerning capsular distortion. These changes are likely normal for this age but should be monitored if there is any suspicion of adrenal disease. The left adrenal gland measured 3.65 cm long x 0.88 cm at the cranial pole and 1.0 cm at the caudal pole. The right adrenal gland measured 3.06 cm long x 0.68 cm at the cranial pole and 0.66 cm at the caudal pole.
<b>INTERPRETED BY</b>	
Beth Johnson, DVM DACVIM	
<b>HOSPITAL NAME</b>	
Chadwell AH	
<b>REFERRING VET</b>	<b>Spleen</b> 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.
Dr. Weeks	
<b>INVOICE</b>	<b>Liver</b> 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.
43310	Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation. The centralized sludge measures approximately 1.5 cm in diameter, and a non-shadowing cholecystolith cannot be definitively ruled out.

### ***Gastrointestinal***

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.

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 free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

## **ULTRASONOGRAPHIC FINDINGS**

- Urinary bladder debris
- Mild to moderate 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. \*\*A non-shadowing cholecystolith cannot be definitively ruled out.

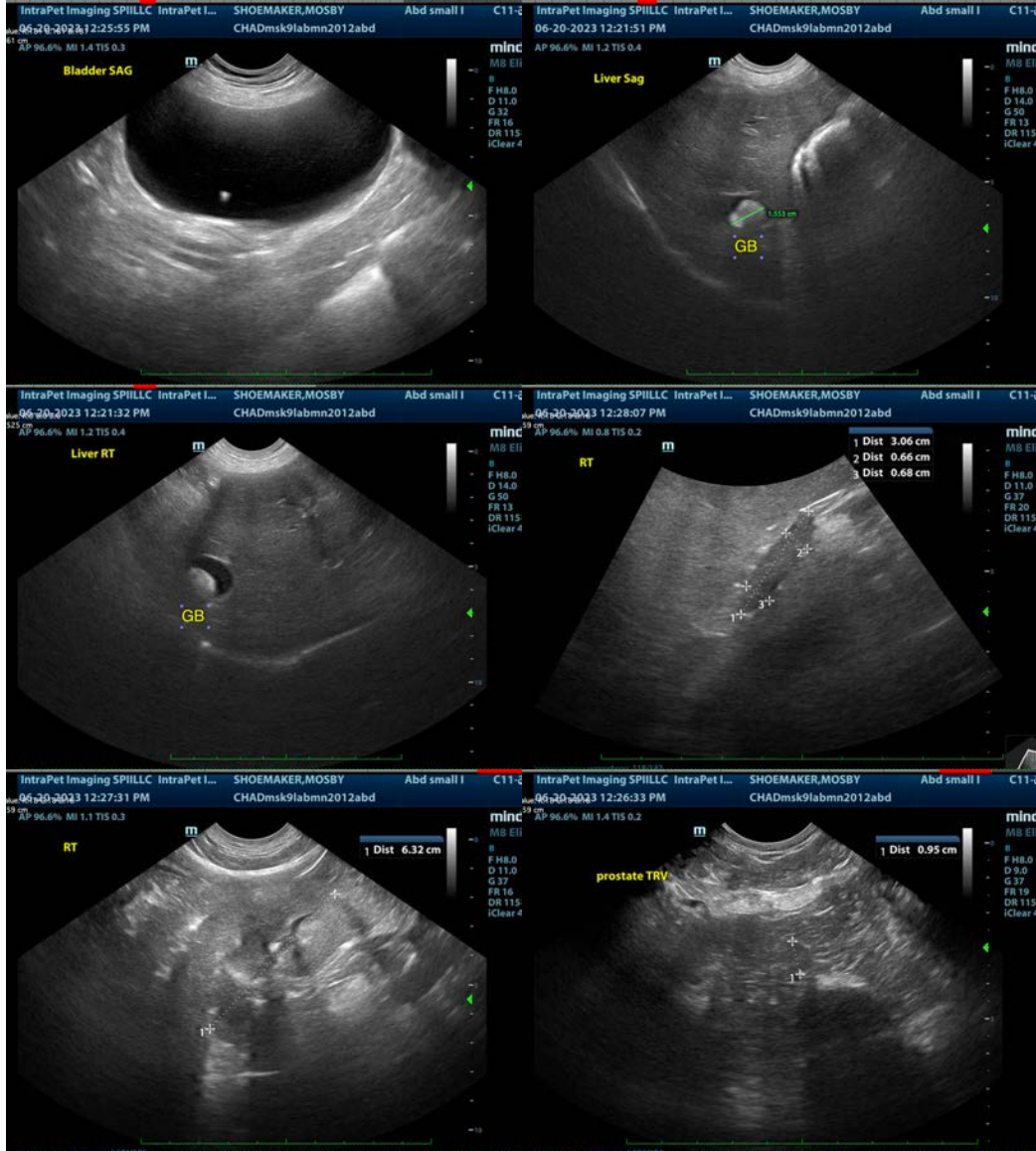
## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Other than the mild amount of urinary bladder debris, there is not an ultrasonographically visible or structural explanation for this patient's reported clinical signs. Recommendations include:

Urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

Additionally, given the bowel changes, 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.

In the meantime, empirical deworming with a 5-day course of Panacur is recommended.





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.

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