



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Bear Kim  
Patient has cutaneous lymphoma, has been receiving treatment from oncologist. Presenting lethargy since yesterday and crying out in pain. Unsure on the area of pain. **LEADING DIFFERENTIAL/DIAGNOSIS:** Neoplasia vs Other

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

American Bulldog

**Urinary System**

The urinary bladder is moderately 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.

**SEX**

Male

Prostate is normal in size (4.5 cm wide), echotexture and echogenicity for a neutered male.

**AGE**

5 Years 7 Months

The right kidney is normal in size (8.83 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.

**WEIGHT**

56 kg

The left kidney is normal in size (8.96 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**

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

The areas of the adrenal glands are examined without evident adrenal gland pathology.

**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.

**IMAGING PERFORMED BY**

Megan Spatz

**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.

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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.

**REFERRING VET**

Dr. Leandro Fadel

**Gastrointestinal**

**INVOICE**

43365

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

**DATE**

6/22/23

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.



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

Bear Kim

**Pancreas**

**SPECIES**

Canine

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.

**BREED**

American Bulldog

**Free Abdomen**

There is no evidence of free peritoneal effusion noted in these images.

**SEX**

Male

There is no apparent lymphadenopathy noted in these images.

Both testicles are visualized without visible testicular pathology noted.

**AGE**

5 Years 7 Months

Pleural effusion is suspected on the edge of some of these abdominal clips.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

56 kg

- Pleural effusion noted in these images
- The abdomen is otherwise relatively unremarkable without an intraabdominal ultrasonographically visible explanation for this patient's reported pain.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If not recently evaluated, a general metabolic health screen is recommended in the form of a CBC/Chem panel and electrolytes.

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.

**IMAGING PERFORMED BY**

Megan Spatz

Additionally, given the suspicion for pleural effusion, three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated, followed by an echocardiogram if warranted based on thoracic radiograph results.

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Finally, thorough evaluation for possible orthopedic and/or neurologic causes of pain is recommended.

**REFERRING VET**

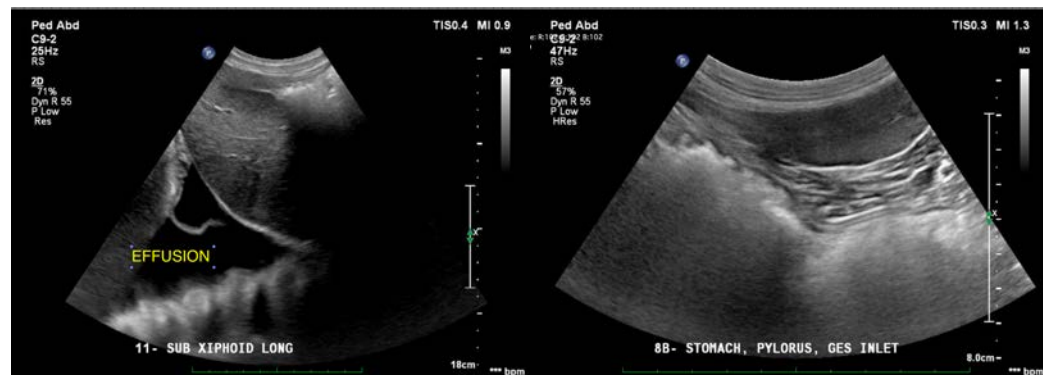
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**PATIENT**

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**AGE**

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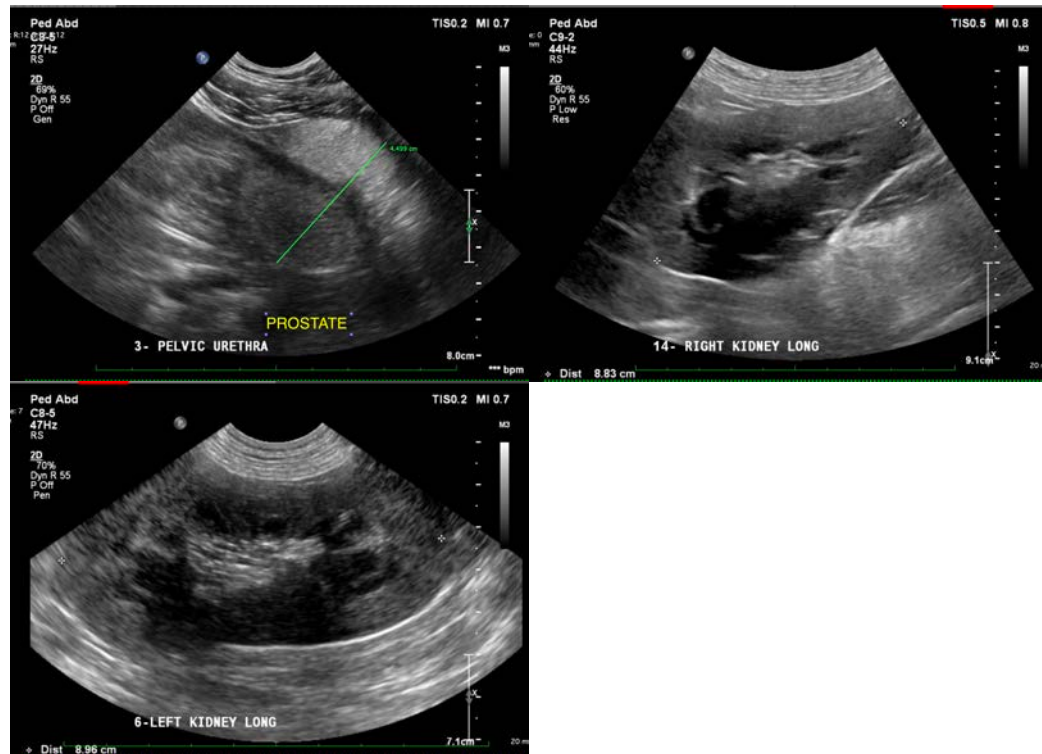
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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