



PATIENT

Junah Wilson

SPECIES

Canine

BREED

Beagle X

SEX

Spayed Female

AGE

6 Years

WEIGHT

18.2 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Moser

INVOICE

39039

DATE

6/24/22

PRESENTING CLINICAL SIGNS

Presented at our hospital for AUS. Started about 2 weeks ago with decreased appetite off and on, then got worse, more lethargic, no BM, not eating much. Brought to ER, tx outpatient with Cerenia injection and Sucralfate. Still NE much, not walking well. Last Friday found yellowish substance in house, unsure if BM or vomit. Previous Health Concerns: no Current Medications: finished Sucralfate Appetite/When did they eat last: piece of chicken yesterday
Abnormal PE/Chem/CBC/UA Results: Rad- mild lack of detail mid abdomen; possible clumping/thickening loops BW- flex 4 neg x 4 Pre-surg- NR EPOC- K+ 3.4(L)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is only mildly distended (empty). Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

If there are urinary signs and/or concern for urinary bladder pathology, reassessment after complete filling is recommended.

The right kidney is normal in size (6.18 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.

The left kidney is normal in size (5.6 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

The right adrenal gland is normal in size (0.73 cm at the cranial pole 0.68 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (2.77 cm long x 0.56 cm at the cranial pole and 0.59 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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.

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.

The 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.



PATIENT	<i>Gastrointestinal</i>
Junah Wilson	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 no evidence of obstruction, foreign material or infiltrative disease.
BREED	
Beagle X	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
SEX	<i>Pancreas</i>
Spayed Female	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.
AGE	<i>Free Abdomen</i>
6 Years	In the mid abdomen, there is a large hypo- to anechoic mass/clump of lymph nodes surrounded by enhanced hyperechoic fat and mesentery. One of the presumed lymph nodes is round and measures 4.0 cm x 5.0 cm. One is oblong and measures 2.0 cm x 7.0 cm.
WEIGHT	PRIMARY FINDINGS
18.2 kg	<ul style="list-style-type: none"> Right mid abdominal mass believed to be a clump of enlarged mesenteric lymph nodes at or around the ileocecolic junction. A bowel mass cannot be ruled out, but is considered less likely. Surrounding fat and mesentery is hyperechoic, suggesting inflammation/focal peritonitis.
INTERPRETED BY	SECONDARY FINDINGS
Beth Johnson, DVM DACVIM	<ul style="list-style-type: none"> 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.
IMAGING PERFORMED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Erin Wicks	<ul style="list-style-type: none"> 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. Fine needle aspirate of the mass/enlarged lymph nodes is recommended if patient's coagulation status is appropriate for submission for cytology and culture.
HOSPITAL NAME	
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INVOICE	There is no evidence of an obstructive pattern, plication or foreign material noted in these images.
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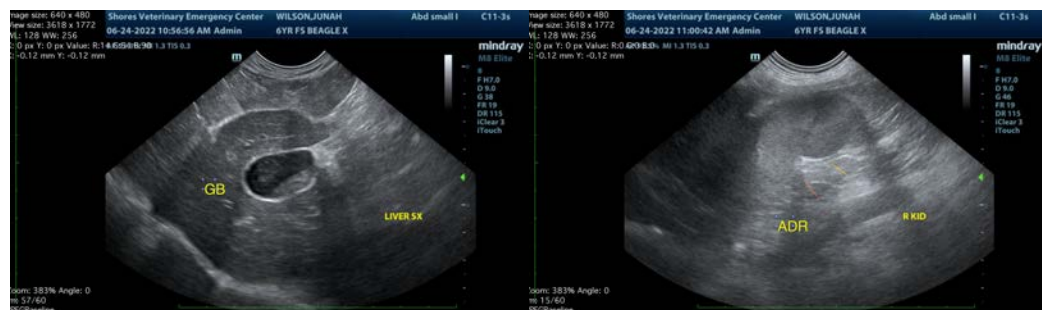
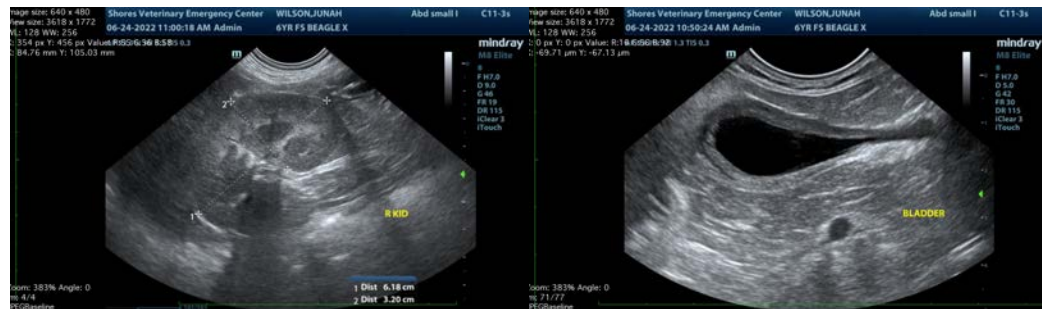
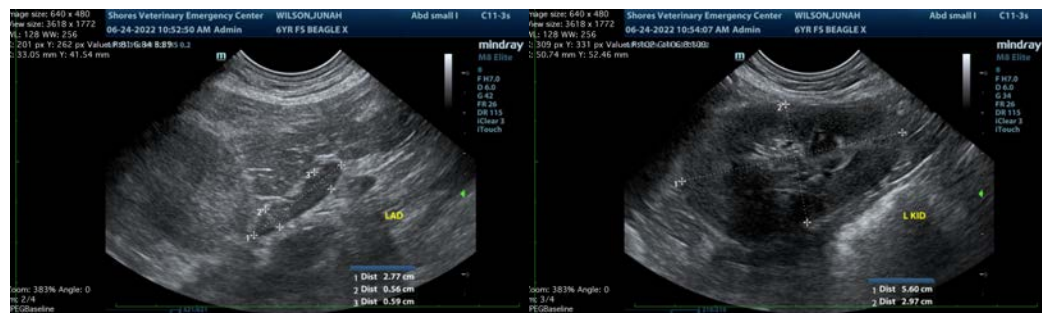
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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

Beth.Johnson@sonopath.com

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