



**PATIENT**

Morgan Cedar

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

Neutered Male

**AGE**

8 Years

**WEIGHT**

91 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Westwood Regional

**REFERRING VET**

Dr. Taylor McConnell

**INVOICE**

39063

**DATE**

6/27/22

**PRESENTING CLINICAL SIGNS**

Possible mass-like effect mid-abdomen; patient presented for vomiting on 6/26/22 a.m. after putting head in pool with Burnout (pool shock chemical). Treated with dexamethasone once, Cefazolin TID, metronidazole, Cerenia, Pepcid, and Buprenex.  
Abnormal PE/Chem/CBC/UA Results: Bloods WNL/NSF.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**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.

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

The right kidney is normal in size (6.38 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 (6.24 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 unable to be visualized in these images.

The left adrenal gland is normal in size (2.34 cm long x 0.51 cm at the cranial pole and 0.39 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**Spleen**

The spleen is subjectively large in size with a swollen and scalloped/undulating capsular contour. Multifocal coalescing nodules are noted throughout the parenchyma. The tail of the spleen is forming an isoechoic heterogeneous mass. Splenic vasculature appears normal. Enhanced hyperechoic surrounding fat is noted.

**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.

**Gastrointestinal**

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. It is mildly fluid distended. Pyloric outflow tract appears patent.



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The visible small intestines are normal in wall thickness and layering. Bowel is diffusely mildly fluid distended without evidence of an obstructive pattern, plication and/or visible foreign material. Small intestinal hyperperistalsis is noted.

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The visible colon is normal in wall thickness (< 0.2 cm) and layering. However, the colon appears diffusely fluid distended with some echogenic, possibly even mineral debris suspected.

\*\*Note: The markedly dilated bowel loops are believed to be colon. However, intermittently more distended small bowel than the adjacent normal small bowel can't be ruled out, which would be classified as an obstructive pattern versus diffuse gastroenteritis.

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German Shepherd

***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.

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***Free Abdomen***

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

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Incidental ring downs are noted at the level of the diaphragm.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

91 Pounds

- Honeycomb spleen with an emerging mass at the tail of the spleen - This finding is strongly suggestive of infiltrative disease such as round cell neoplasia. Benign disease cannot be ruled out but is considered less likely.

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- Ring downs at the level of the diaphragm – consistent with concurrent pulmonary pathology.
- Gastroenteritis – Consistent with irritation secondary to dietary indiscretion or intolerance, infection (bacterial, viral, other), parasitic or protozoal disease, toxin, other metabolic disease such as pancreatitis, other. Potential for at least a partial small bowel obstruction, which cannot be definitively ruled out.

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- 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.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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- 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.

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- A fine needle aspirate of the spleen is recommended if patient's coagulation status is appropriate.

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- In the meantime, supportive medical management of suspected gastroenteritis with antiemetics, gastroprotectants, probiotics, and fasting is recommended, followed by recheck abdominal imaging with either radiographs or ultrasound, if gastrointestinal signs persist, as



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this could be the indication of an obstruction versus the gastroenteritis believed to be present at this time.

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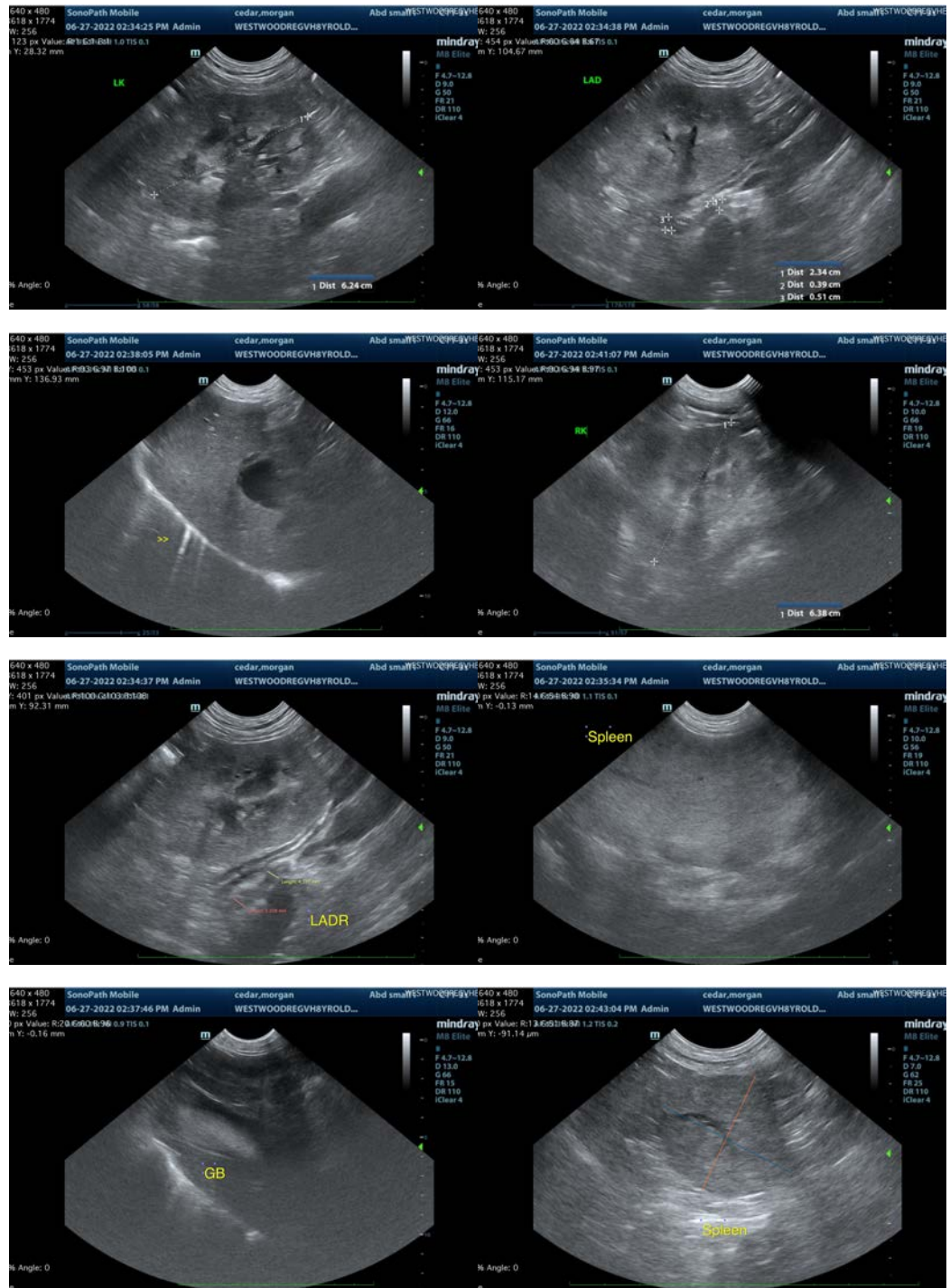
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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