



PATIENT

Lexie Atkins

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

8 Years

WEIGHT

19 kg

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

West Brant Animal
 Hospital

REFERRING VET

Dr. Beacock

INVOICE

75645

DATE

6/3/26

PRESENTING CLINICAL SIGNS

Findings: - Presented painful and difficulty pooping or peeing (not sure which and owner not sure if straining) - Lies down and shivers - Not eating much - Not interested in much walking (usually goes out 4 times a day) - Does pick up stuff off the ground on her walks (nothing specific recently) PE: - Teeth severely in need of COHAT (tartar and plaque, gingivitis, recession and epulis) - BCS 8/9 Lots of peri renal and abdominal fat - Abdomen soft to palpate after she passed urine on the xray table - Lying on exam room floor and shivering. Current Medications Metronidazole 250mg, Gabapentin 100mg, Famotidine 20mg.

Abnormal PE/Chem/CBC/UA Results: See attached radiographic Findings. Stomach pretty empty and lots of small bowel gas. Cannot see descending colon. Bladder partly full and no stones.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The 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.

The right kidney is normal is size (6.2 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 is size (6.0 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 (0.79 cm at cranial pole and 0.47 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.61 cm at cranial pole and 0.36 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. 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

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is mildly heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.

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



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The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with 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 (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

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Pancreas

The pancreas that is observed 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. *See other.

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Other

There is no visible free peritoneal effusion noted in these images.

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There is no apparent pathologic lymphadenopathy noted in these images.

In the right cranial abdomen, just caudal to the stomach in the area approaching the right limb of the pancreas is an approximately 2.2 cm x 2.7 cm in diameter partially septated anechoic/cystic density.

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ULTRASONOGRAPHIC FINDINGS

- Mildly heterogenous liver – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.
- Mild 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.
- Suspect pancreatic cyst versus hepatic cyst or hematoma, with infiltrative neoplasia considered unlikely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

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Constipation can't be ruled out with ultrasound evaluation. Therefore, if clinical and/or radiographic constipation is suspected, management may be indicated.

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Given patient's history, further orthopedic and/or neurologic/spinal pain evaluation could be



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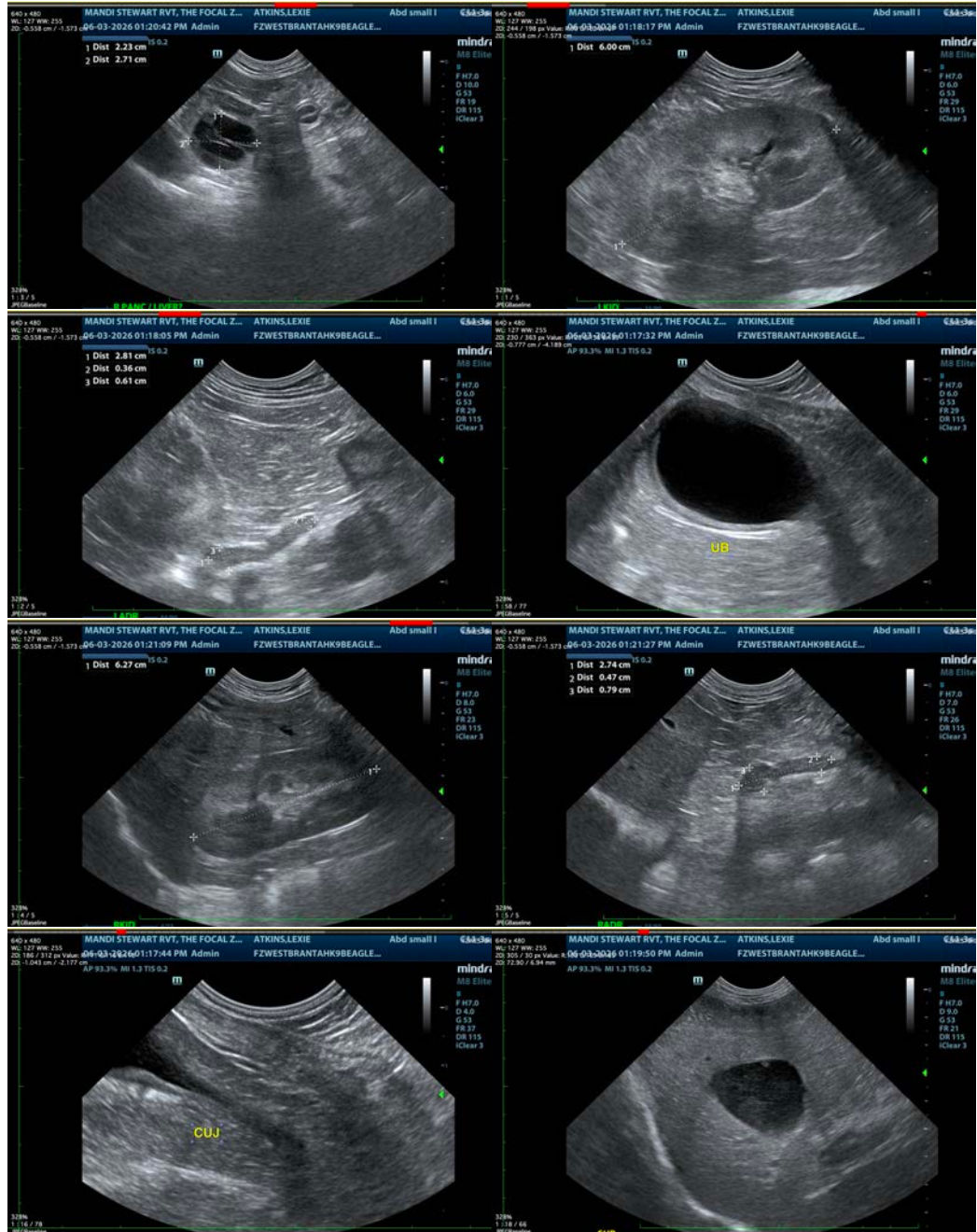
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considered as contributing factors to patient's reported clinical signs.

The cystic structure in the right cranial abdomen is of unknown relation to patient's reported clinical history but is likely a benign incidental finding. Having said that, fine needle aspirates could be considered if patient's coagulation status is appropriate, especially if there is any physical exam discomfort in that area.



The information and recommendations provided are based on the images presented by the



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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**
info@sonopath.com