



PATIENT	PRESENTING CLINICAL SIGNS
Sherlock Clink	Presented July 7 for inappetence and lethargy, soft stool. Fell over once. BW - NSF aside from mildly elevated TP (glob) and alkp Rads - loss of opacity cranial abdomen Sent home with NSAID for arthritic pain and Mirtazapine, u.s scheduled for following week July 11 - presented again for vomiting multiple times since last visit, lost 2kg Repeated rads - large amount of air in stomach, no obvious neoplasia but abnormal. Mild esophageal dilation - suspect esophagitis secondary to vomiting. Placed on IVF w/ ondansetron and cerenia, u/s performed
SPECIES	
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Goldendoodle	Urinary System
SEX	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.
Neutered male	The prostate is normal for a neutered dog.
AGE	Left kidney is normal is size (5.2 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. A hyperechoic band parallel to the corticomedullary border is present. There is no evidence of pyelectasia, mineral or infarcts observed.
10 years	Right 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. A hyperechoic band parallel to the corticomedullary border is present. There is no evidence of pyelectasia, mineral or infarcts observed.
WEIGHT	
30 kg	
INTERPRETED BY	Adrenal Glands
Beth Johnson, DVM DACVIM	Left adrenal gland is normal in size (0.48 cm at cranial pole and 0.8 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.
IMAGING PERFORMED BY	Right adrenal gland is normal in size (1.5 cm at cranial pole and 0.65 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.
Celine Ward	
HOSPITAL NAME	Spleen
Kenora VC	Spleen is subjectively large in size with normal smooth margins. Parenchyma is normal in echogenicity with a coarse/heterogenous echotexture. A discrete anechoic nodule about 1-1.5 cm was noted in the midbody. This nodule did not disrupt the capsule. No focal masses are observed. Splenic vasculature appears normal.
REFERRING VET	
Dr. Ward	
INVOICE	Liver
31569	Liver is subjectively enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. The left caudal liver appears especially heterogenous in appearance with a rounded, almost emerging mass like
DATE	
7/11/22	



PATIENT	appearance. It measures 4.5 cm in diameter. Visible vasculature and biliary tree appear normal without distension or congestion.
Sherlock Clink	
SPECIES	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.
Canine	
BREED	<i>Gastrointestinal</i>
Goldendoodle	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.
SEX	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.
Neutered male	
AGE	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
10 years	
WEIGHT	<i>Pancreas</i>
30 kg	The observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Enhanced hyperechoic ill-defined surrounding fat is noted.
INTERPRETED BY	<i>Free Abdomen</i>
Beth Johnson, DVM DACVIM	There is no evidence of peritoneal effusion or apparent lymphadenopathy noted in these images.
IMAGING PERFORMED BY	ULTRASONOGRAPHIC FINDINGS
Celine Ward	Primary Findings
HOSPITAL NAME	<ul style="list-style-type: none"> • Acute pancreatitis with suspect secondary gastric ileus/gastritis. • Coarse splenomegaly – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis (leave amyloidosis out if canine) as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered. • Heterogenous Liver with suspect early or emerging mass like appearance to the left caudal liver.
Kenora VC	
REFERRING VET	
Dr. Ward	
INVOICE	Secondary Findings
31569	<ul style="list-style-type: none"> • Medullary rim sign - This finding is of unknown clinical significance and can be a normal variant, often idiopathic. Medullary rim sign can be present with renal disease including FIP, lymphoma, hypercalcemic nephropathy, Leptospirosis, tubular disease, other and should be
DATE	
7/11/22	



PATIENT

Sherlock Clink

interpreted in combination with other more specific indications of kidney disease such as isosthenuria, proteinuria, azotemia, etc. This is a common incidental finding in patients with diabetes mellitus.

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

Goldendoodle

1. 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.
2. A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.
3. FNA of the spleen and liver could be considered if the patient's coagulation status is appropriate or medical management of pancreatitis with anti-emetics, gastroprotectants, appetite stimulants or nutritional support as needed, pain management, broad spectrum antibiotics, and fluid therapy is recommended. If possible, a fresh frozen plasma transfusion and hyperbaric oxygen therapy (HBOT) could be beneficial. Monitoring of the pancreas with power doppler is recommended to identify possible necrosis as well as other potential sequelae such as abscesses, etc.
4. Recheck ultrasound is recommended following resolution of the pancreatitis at which if spleen and liver changes are still prominent, a FNA can be considered at that time.

SEX

Neutered male

AGE

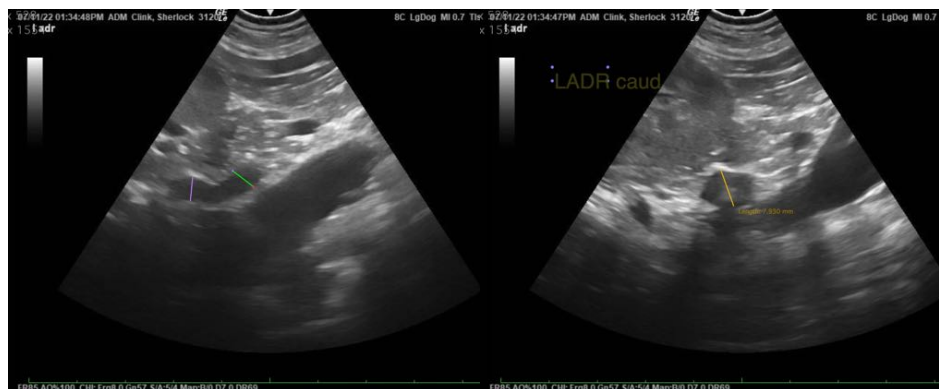
10 years

WEIGHT

30 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

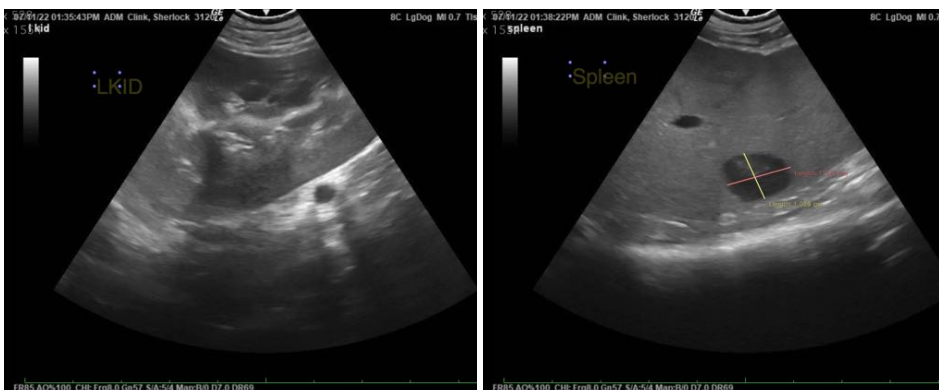


IMAGING PERFORMED BY

Celine Ward

HOSPITAL NAME

Kenora VC



REFERRING VET

Dr. Ward

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SPECIES

Canine

BREED

Goldendoodle

SEX

Neutered male

AGE

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HOSPITAL NAME

Kenora VC

REFERRING VET

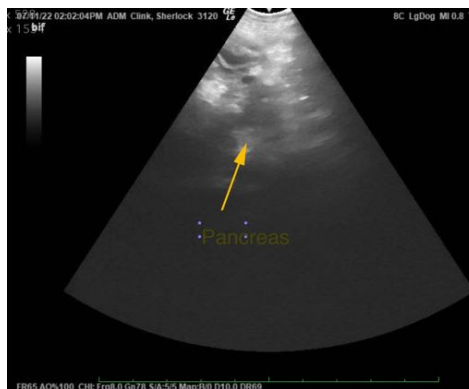
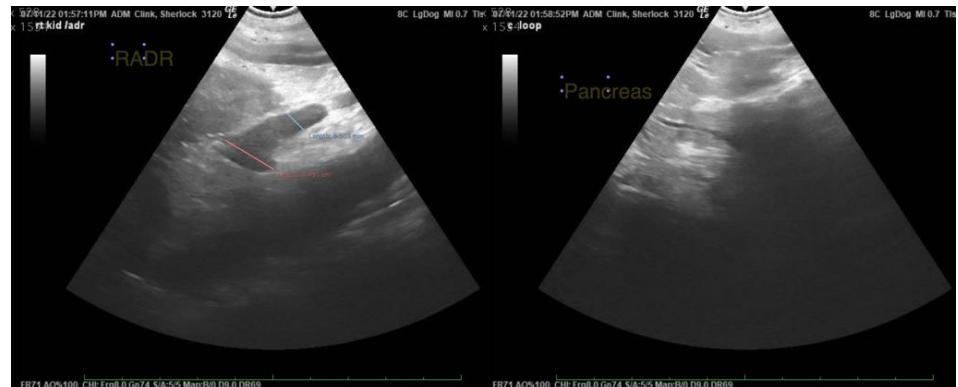
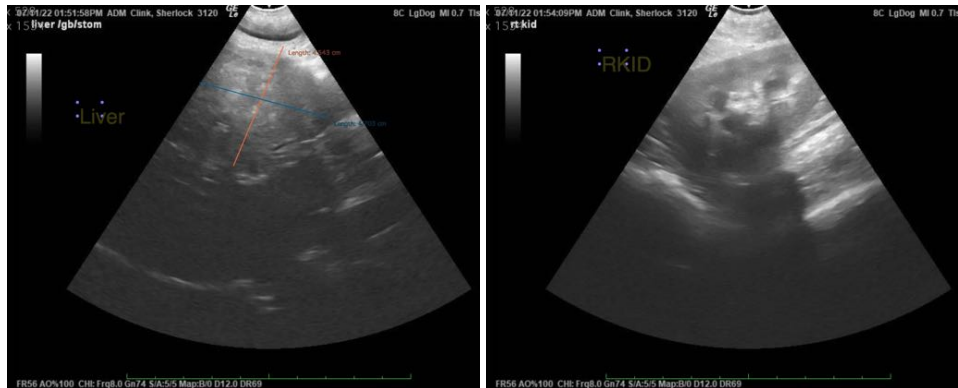
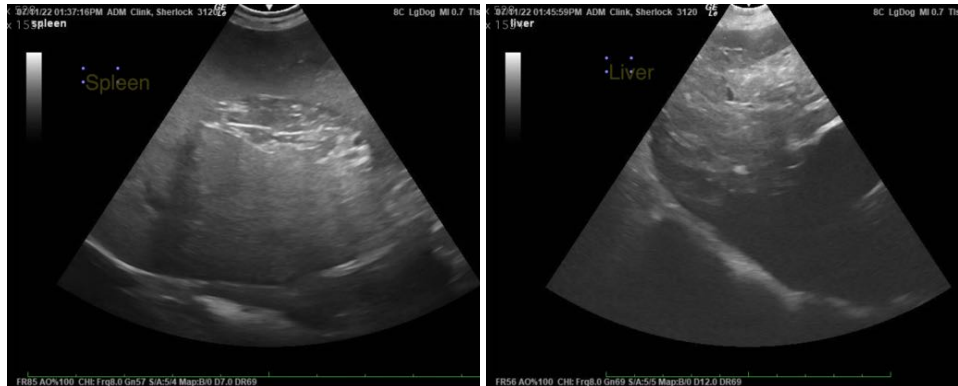
Dr. Ward

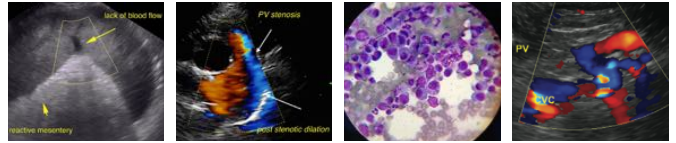
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

BREED

Goldendoodle

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com

SEX

Neutered male

AGE

10 years

WEIGHT

30 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

**IMAGING
PERFORMED BY**

Celine Ward

HOSPITAL NAME

Kenora VC

REFERRING VET

Dr. Ward

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