



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Zeus Rodriguez	Vomiting, dark colored diarrhea, vomiting while on cerenia. Normal rep, BAR, poor appetite, dehydrated.
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b>
<b>BREED</b>	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.
Yorkshire/Poodle	
<b>SEX</b>	The area of the prostate is examined without evident pathology.
Neutered Male	The right kidney is normal in size (2.6 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. A hyperechoic band parallel to the corticomedullary border is present.
<b>AGE</b>	The left kidney is normal in size (3.8 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. A hyperechoic band parallel to the corticomedullary border is present.
2 Years 11 Months	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
12.4 Pounds	The right adrenal gland is normal in size (0.85 cm at the cranial pole and 0.46 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
<b>INTERPRETED BY</b>	The left adrenal gland is normal in size (1.64 cm long x 0.58 cm at the cranial pole and 0.40 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Beth Johnson, DVM DACVIM	
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Dr. Travis Cerf	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.
<b>HOSPITAL NAME</b>	<b>Liver</b>
Vet Center of Hardyston	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.
<b>REFERRING VET</b>	<b>INVOICE</b>
Dr. Travis Cerf	39726
<b>INVOICE</b>	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.
39726	<b>Gastrointestinal</b>
<b>DATE</b>	
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<b>PATIENT</b>	The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is moderately fluid and echogenic ingesta/chyme distended. No evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
Zeus Rodriguez	
<b>SPECIES</b>	The visible small intestines are normal in wall thickness and layering. Bowel is diffusely mildly fluid and chyme distended without evidence of an obstructive pattern, plication and/or visible foreign material. Small intestinal hyperperistalsis is noted.
Canine	
<b>BREED</b>	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
Yorkshire/Poodle	
<b>SEX</b>	<b>Pancreas</b> 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. This finding is primarily right-sided and mild.
Neutered Male	
<b>AGE</b>	<b>Free Abdomen</b> There is no evidence of free peritoneal effusion noted in these images. There is no apparent lymphadenopathy noted in these images.
2 Years 11 Months	
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
12.4 Pounds	<ul style="list-style-type: none"> <li>• <b>Gastroenteritis</b> – 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.</li> <li>• <b>Mild acute pancreatitis</b></li> <li>• <b>Bilateral medullary rim sign</b> - 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 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.</li> </ul>
<b>INTERPRETED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Beth Johnson, DVM DACVIM	Given the mild kidney changes as well as signalment of this patient, recommendations include: <ul style="list-style-type: none"> <li>• CBC/chemistry panel, electrolytes, and urinalysis as well as bile acids for further assessment of the kidneys and liver function.</li> <li>• A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&amp;M GI Laboratory is recommended for further evaluation of GI and pancreatic function.</li> <li>• A fecal exam is recommended if not recently evaluated, as is a fecal enteropathogen PCR panel to Texas A&amp;M GI Laboratory for further evaluation of possible infectious disease.</li> <li>• In the meantime, recommendations include empirical deworming with a 5-day course of Panacur combined with supportive symptomatic management of acute gastroenteritis/hemorrhagic gastroenteritis with antiemetics, gastroprotectants, nutritional</li> </ul>
<b>IMAGING PERFORMED BY</b>	
Dr. Travis Cerf	
<b>HOSPITAL NAME</b>	
Vet Center of Hardyston	
<b>REFERRING VET</b>	
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**PATIENT**

Zeus Rodriguez

and fluid support as needed, pain management (if indicated), and an antibiotic such as Metronidazole or Tylosin, given the reported possible melena.

**SPECIES**

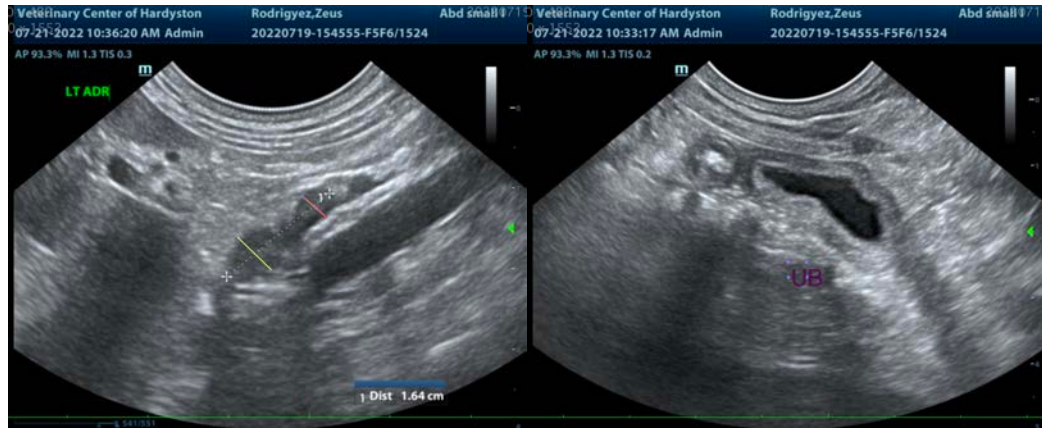
Canine

**BREED**

Yorkshire/Poodle

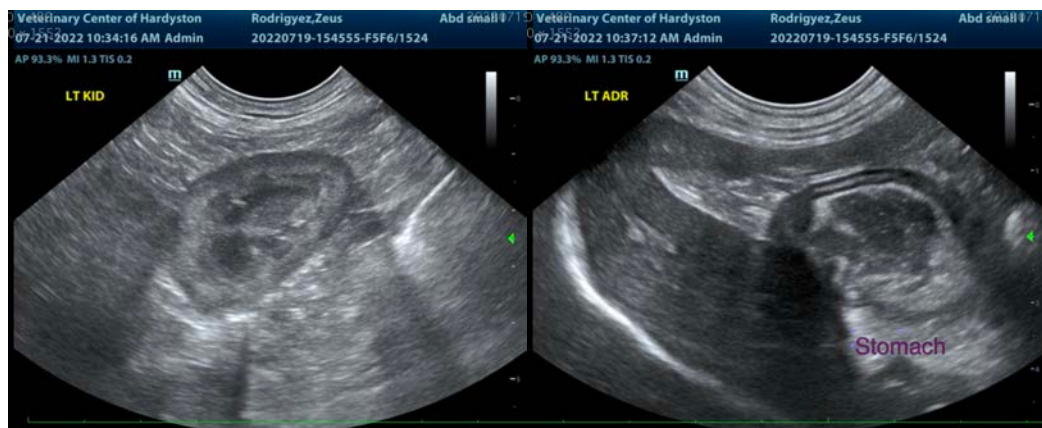
**SEX**

Neutered Male



**AGE**

2 Years 11 Months



**WEIGHT**

12.4 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

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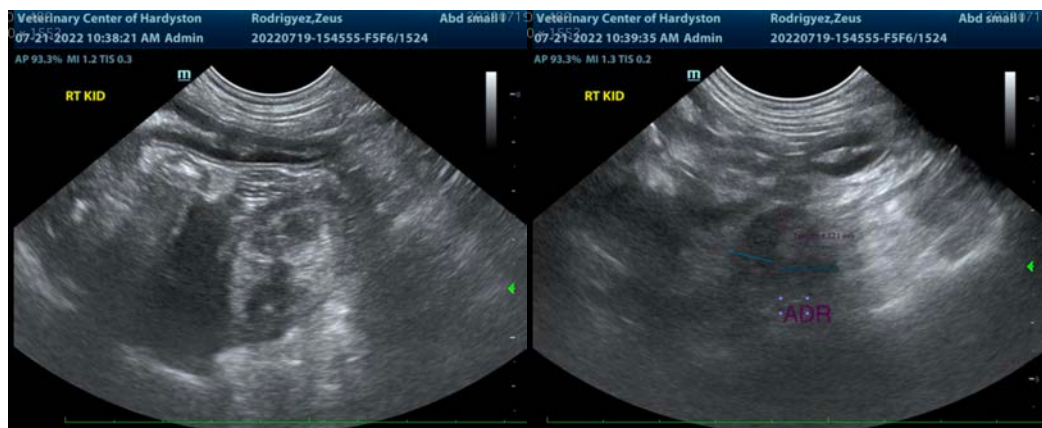
Dr. Travis Cerf

**HOSPITAL NAME**

Vet Center of  
Hardyston

**REFERRING VET**

Dr. Travis Cerf



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**SPECIES**

Canine

**BREED**

Yorkshire/Poodle

**SEX**

Neutered Male

**AGE**

2 Years 11 Months

**WEIGHT**

12.4 Pounds

**INTERPRETED BY**

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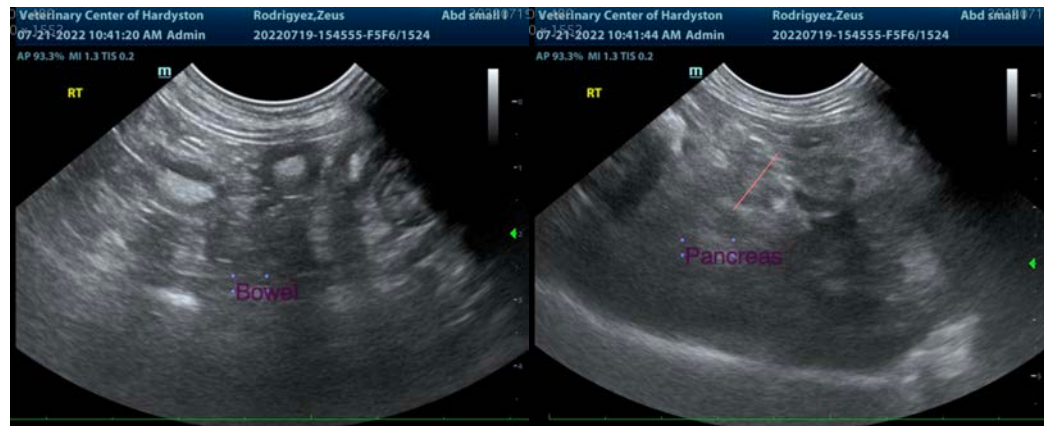
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
Beth.Johnson@sonopath.com