



PATIENT	PRESENTING CLINICAL SIGNS
Spike Abdubato	Anorexia, lethargy, dark stool, loose stool Abnormal PE/Chem/CBC/UA Results: CBC/chem WNL UA-pending
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	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.
Mixed	Prostate (neutered) is normal in size, echotexture and echogenicity for a neutered male.
SEX	The right kidney is normal in size (4.76 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.
Neutered Male	
AGE	The left kidney is normal in size (4.4 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.
11 Years	
WEIGHT	Adrenal Glands
17.2 Pounds	The right adrenal gland is normal in size (1.0 cm at the cranial pole and 0.84 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
INTERPRETED BY	The left adrenal gland is normal in size (0.39 cm at the cranial pole and 0.48 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Beth Johnson, DVM DACVIM	
IMAGING PERFORMED BY	Spleen
Dr. Elaina Petrone	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.
HOSPITAL NAME	Liver
Long Branch AH	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.
REFERRING VET	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.
Dr. Elaina Petrone	
INVOICE	Gastrointestinal
39249	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.
DATE	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
7/6/22	



PATIENT

Spike Abdubato

per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease. **See large bowel.

What are believed to be the ileum and the colon are mildly thick with primary thickening occurring at the level of the submucosa. There is some apparent early emerging loss of layering appreciated as well.

SPECIES

Canine

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.

BREED

Mixed

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

SEX

Neutered Male

Sublumbar lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

AGE

11 Years

- Mild colonic and suspect ileal thickening, primarily of the submucosa, with early emerging loss of layering. A thickened submucosa can occur with a variety of non-specific inflammatory conditions. However, parasitic conditions including heterobilharzia americana have been associated with a thick, hyperechoic submucosal layer. Infiltrative neoplasia can't be ruled out, given the emerging loss of layering. However, benign inflammatory conditions and/or parasitic disease are considered more likely.

WEIGHT

17.2 Pounds

- Reactive sublumbar lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the unique appearance of the submucosal thickening, recommendations include:

IMAGING PERFORMED BY

Dr. Elaina Petrone

Fecal exam if not recently evaluated, as well a fecal enteropathogen PCR panel to Texas A&M GI Laboratory for further evaluation of possible infectious disease. In addition to the panel, PCR for heterobilharzia americana specifically, also to Texas A&M GI laboratory is recommended.

HOSPITAL NAME

Long Branch AH

Additionally, 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.

REFERRING VET

Dr. Elaina Petrone

In the meantime, pending results, empirical deworming with Fenbendazole for at least 5 days (for suspect heterobilharzia the treatment recommendation extends up to 10-17 days) combined with antacid therapy, given the reported dark stool, as well as potential fiber added to the diet, etc. to address the colitis is recommended.

Ultimately, if a parasitic or infectious disease is not diagnosed, colonoscopy for biopsies of the colon and the ileum is recommended.

INVOICE

39249

DATE

7/6/22



PATIENT

Spike Abdubato

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

11 Years

WEIGHT

17.2 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Elaina Petrone

HOSPITAL NAME

Long Branch AH

REFERRING VET

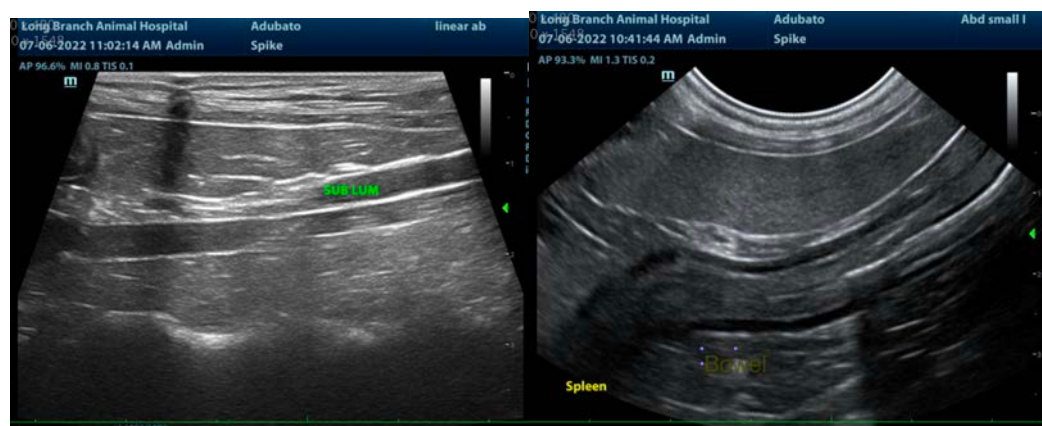
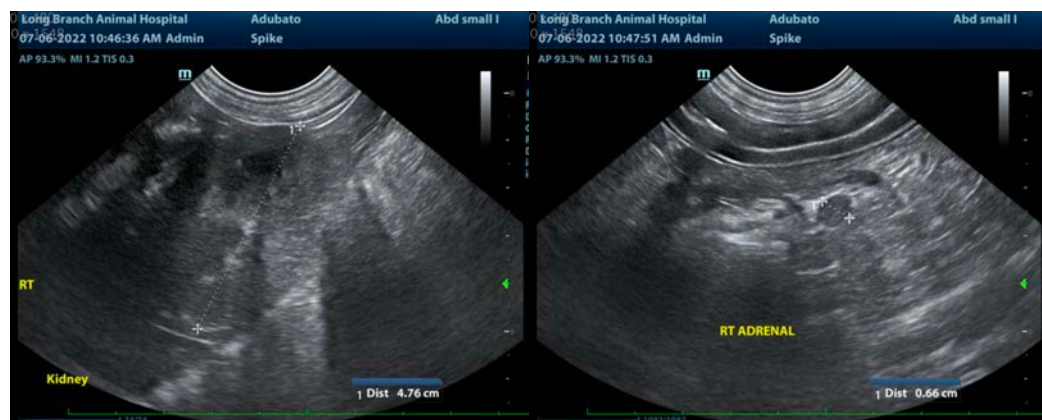
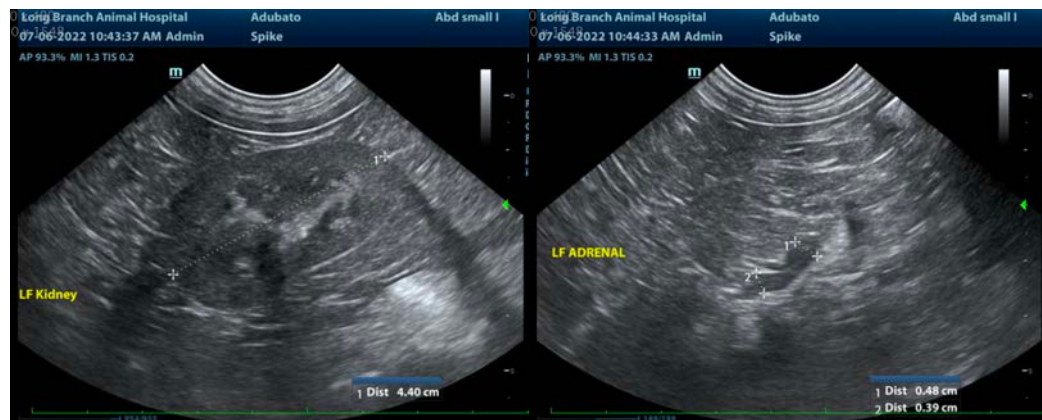
Dr. Elaina Petrone

INVOICE

39249

DATE

7/6/22





PATIENT

Spike Abdubato

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

11 Years

WEIGHT

17.2 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Elaina Petrone

HOSPITAL NAME

Long Branch AH

REFERRING VET

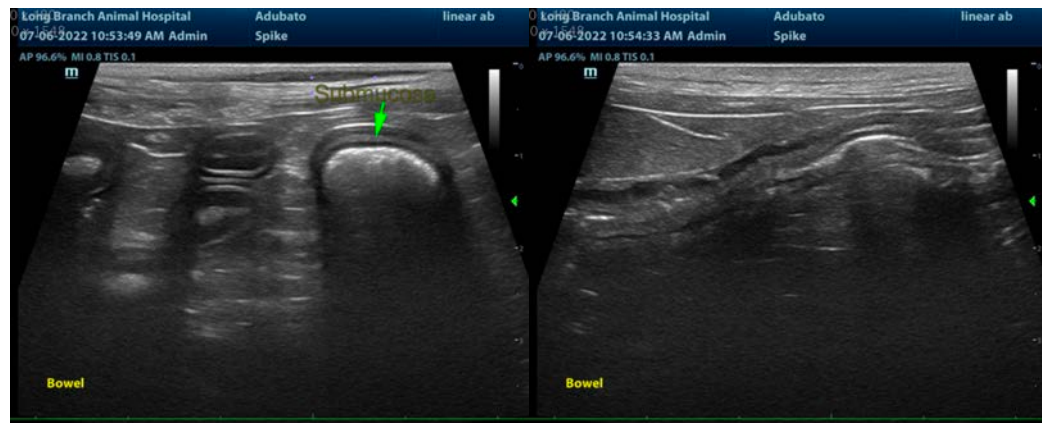
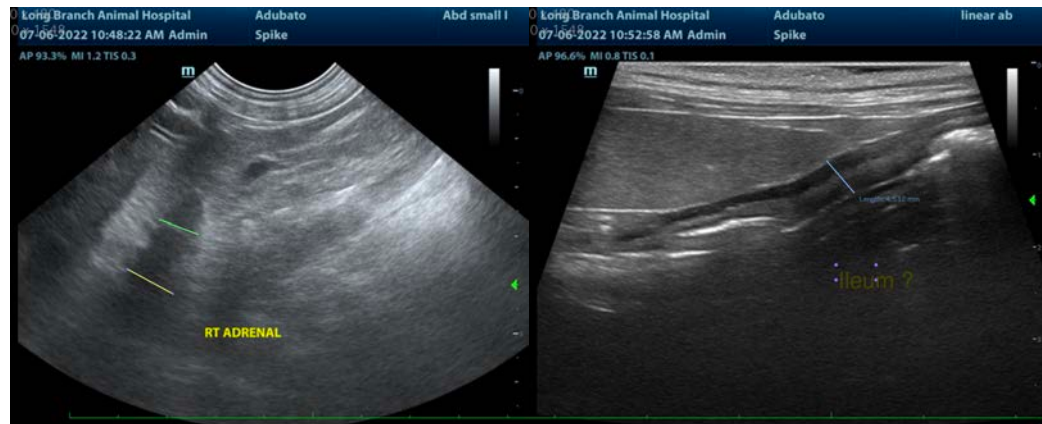
Dr. Elaina Petrone

INVOICE

39249

DATE

7/6/22



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