



PATIENT

Max Hostetter

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

10 Years

WEIGHT

68.9 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Haley
Harasimowicz

HOSPITAL NAME

Waterbury Vet
Hospital

REFERRING VET

Dr. Haley
Harasimowicz

INVOICE

43849

DATE

7/6/23

PRESENTING CLINICAL SIGNS

Recheck US (from 5/13/2023) following trial of omeprazole (40 mg PO SID) for past 4 weeks. Owner reports that he is still retching and occasionally vomiting. He has lost 7.5 pounds since visit on 5/13, but owner thinks that her husband was not feeding him enough while she was out of town. No diarrhea. Great energy. No c/s.

Abnormal PE/Chem/CBC/UA Results: P is licking lips occasionally in exam room/kennel. BCS 4/9 today and mild decreased ROM in both hips and stifles, but otherwise exam is unremarkable. Recheck lab work not performed yet. CBC, Chem, T4 WNL and pharyngeal exam WNL in May of 2023. US findings on 5/13/23 are as follows: • Mild chronic renal changes • Cranial right adrenal nodule - suspect adenoma • Nonspecific splenic nodule - hyperplasia, hematopoiesis, or similar suspected, minor potential for emerging nodular neoplastic criteria • Gallbladder sludge (non-mucocele) • Mild hypomotile gastritis pattern, sonographically unremarkable small bowel • Mild pancreatic remodeling - suspect benign or age-related remodeling / variant, no evidence of active pancreatitis.

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

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measures 6.23 cm. The right kidney measures 6.75 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.66 cm at the cranial pole and 0.41 cm at the caudal pole), shape and contour. A hyperechoic nodule is noted in the cranial pole. Nodule does not disrupt normal shape and/or architecture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.46 cm at the cranial pole and 0.52 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. 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

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. A 0.60 cm x 0.70 cm hypo- to anechoic non-capsule disrupting nodule was noted in the mid body. Visible vasculature and biliary tree appear normal without distension or congestion.



PATIENT	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.
Max Hostetter	
SPECIES	Gastrointestinal
Canine	The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta.
BREED	There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
Golden Retriever	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 mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.
SEX	
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	Pancreas
WEIGHT	The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.
68.9 Pounds	
INTERPRETED BY	Free Abdomen
Beth Johnson, DVM DACVIM	There is no evidence of free peritoneal effusion noted in these images.
	There is no apparent lymphadenopathy noted in these images.
IMAGING PERFORMED BY	PRIMARY FINDINGS
Dr. Haley Harasimowicz	<ul style="list-style-type: none"> • Moderate 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. • Hypo to anechoic splenic nodule – likely represents a benign lesion such as a cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc., however while considered less likely, infiltrative neoplasia can mimic benign lesions, and cannot be ruled out. This nodule appears static from the previous exam. • Hyperechoic adrenal nodule (cranial pole right adrenal gland) – Differentials include primary adrenal cortical adenoma or adenocarcinoma, pheochromocytoma, myelolipoma, adrenal hyperplasia secondary to pituitary disease or metastatic disease. Ultrasound alone cannot differentiate between functional and non-functional nodules and/or between benign and malignant disease. Small nodules without other evidence of abdominal disease (to suggest metastatic disease) and/or clinical signs (to suggest adrenal disease) are most often incidental and should be monitored. This nodule is static from the previous scan.
HOSPITAL NAME	
Waterbury Vet Hospital	
REFERRING VET	
Dr. Haley Harasimowicz	
INVOICE	
43849	
DATE	
7/6/23	



PATIENT

Max Hostetter

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

10 Years

WEIGHT

68.9 Pounds

SECONDARY FINDINGS

- Age related kidney changes
- Pancreatic age-related remodeling – Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the appearance of this study is not significantly changed, certainly not progressive from the last exam. Given that this patient’s clinical signs and intermittent vomiting have continued, further recommendations could include further evaluation of digestion and absorption, beginning with a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory, followed potentially by upper GI gastroscopy/endoscopy for further visual evaluation as well as biopsies.

In the meantime, other empirical therapies could include empirical deworming with a 5-day course of Panacur if not recently evaluated, as well as an empirical full helicobacter treatment protocol if not already performed.

Additionally, a transition in diet could be considered, beginning with a hydrolyzed protein diet or potentially a bland, easy to digest diet based on trial and error response.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Haley
Harasimowicz

HOSPITAL NAME

Waterbury Vet
Hospital

REFERRING VET

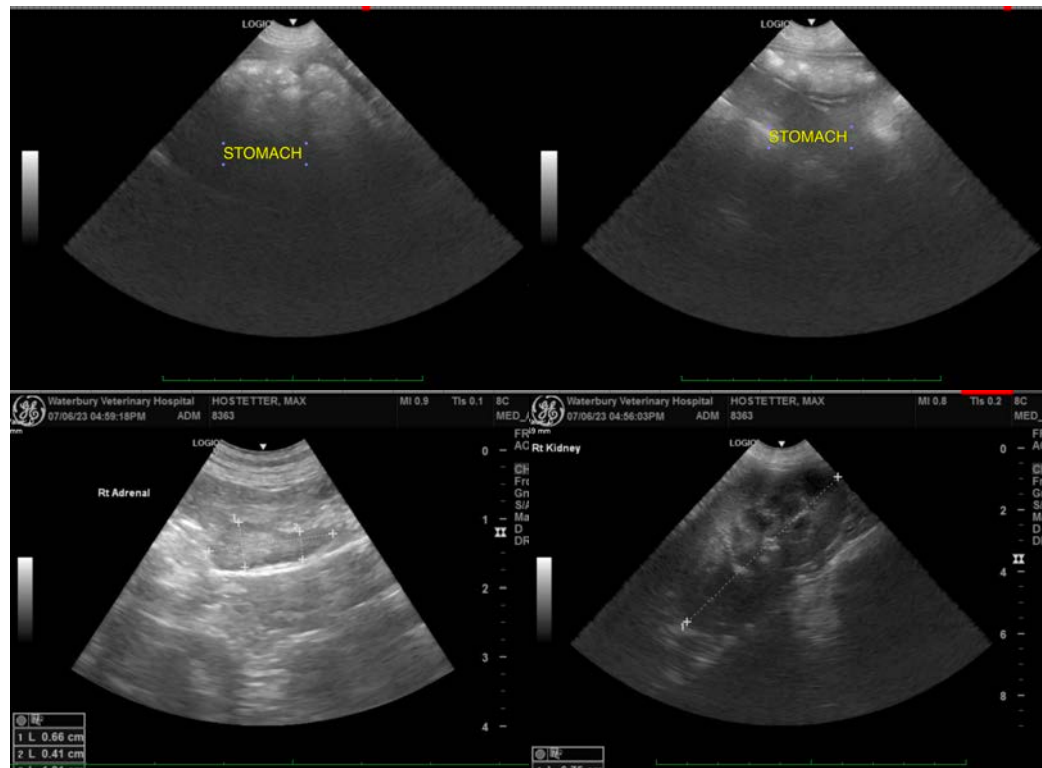
Dr. Haley
Harasimowicz

INVOICE

43849

DATE

7/6/23





PATIENT

Max Hostetter

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

10 Years

WEIGHT

68.9 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Haley
Harasimowicz

HOSPITAL NAME

Waterbury Vet
Hospital

REFERRING VET

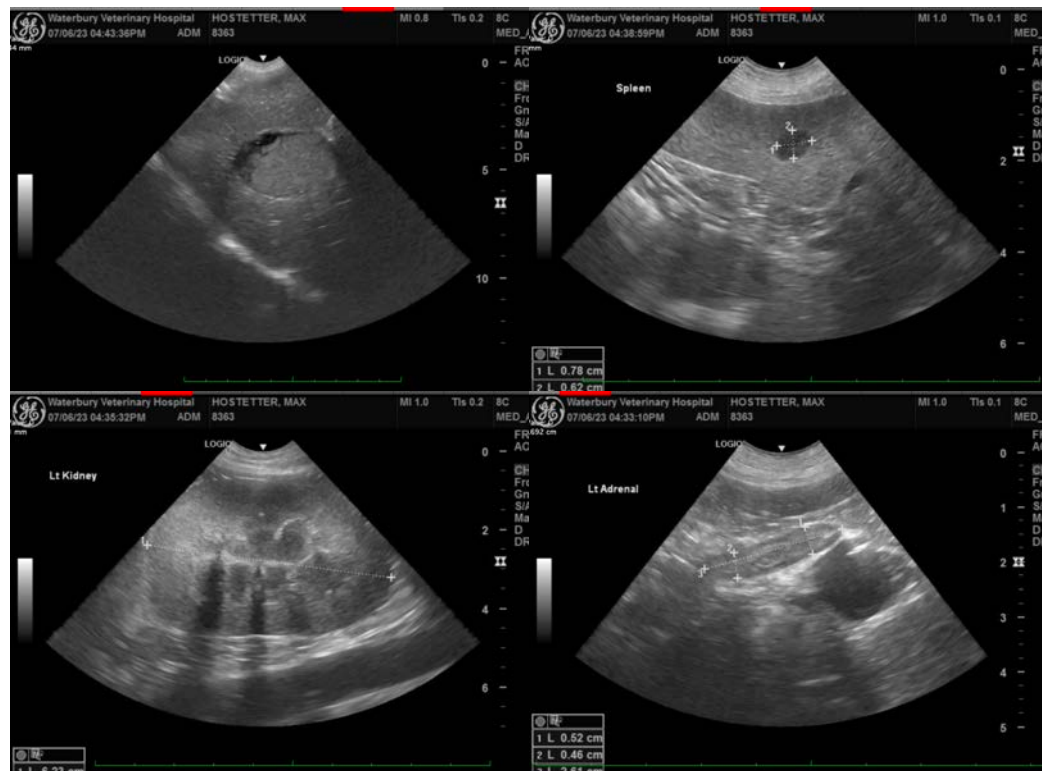
Dr. Haley
Harasimowicz

INVOICE

43849

DATE

7/6/23



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
info@sonopath.com