



PATIENT PRESENTING CLINICAL SIGNS

Lucas Polit Tense abdomen and hyporexia Hx of IVDD

SPECIES Abnormal PE/Chem/CBC/UA Results: PE: hunched posture, tense painful abdomen/back CBC: NSF
Chem: BUN 27 Radiographs: narrow intervertebral disc spaces (multiple)

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Maltese 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.

SEX

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

AGE

13 Years 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 or infarcts observed. A small non-obstructive nephrolith is noted in the left kidney. The left kidney measures 3.3 cm. The right kidney measures 3.1 cm.

WEIGHT

6.7

Adrenal Glands

INTERPRETED BY The adrenal glands are unable to be well visualized in these images.

Beth Johnson, DVM
DACVIM

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.

IMAGING PERFORMED BY

Mayra Sanchez

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. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

HOSPITAL NAME

Sunset Animal Hospital

REFERRING VET

Dr. Cristina Polit

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.

INVOICE

44775

Gastrointestinal

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

8/17/23

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



PATIENT The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Lucas Polit

Pancreas

SPECIES

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.

Canine

BREED

Free Abdomen

Maltese

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

SEX

There is no apparent lymphadenopathy noted in these images.

Neutered Male

ULTRASONOGRAPHIC FINDINGS

AGE

- **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.

13 Years

WEIGHT

- Age related kidney changes with a non-obstructive nephrolith in the left kidney.

6.7

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Beth Johnson, DVM
DACVIM

There is no definitive ultrasonographically visible explanation for this patient's reported abdominal pain in these images at this time.

IMAGING PERFORMED BY

Given the mildly increased BUN, if not recently evaluated, a urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.

Mayra Sanchez

Additionally, given the BUN, empirical medical management of possible microulceration could be considered, beginning with antacid therapy as well as empirical deworming with a 5-day course of Panacur.

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It is possible, however, that this patient's reported or suspected abdominal pain is referred orthopedic and/or neurologic pain, and therefore additionally an empirical course of pain management could be considered, given the history of IVDD.

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SPECIES

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BREED

Maltese

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Neutered Male

AGE

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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
info@sonopath.com