



PATIENT PRESENTING CLINICAL SIGNS

Koda Jansz Lesion or foot and eye, looking for estimate for removal Foot lesion specifically bothers P O concerned and thinks P has been losing weight so Os have increased food e/d-normal, very thirsty c/s/v/d-none u/bm-normal Energy levels - a little less active than normal meds: apoquel
SPECIES Abnormal PE/Chem/CBC/UA Results: ALT and ALKP slightly high

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Lab

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

Spayed Female

The right kidney is normal in size (6.41 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.

AGE

10 Years

The left kidney is normal in size (6.15 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.

Adrenal Glands

WEIGHT

65 Pounds

The right adrenal gland is normal in size (2.27 cm long x 1.7 cm at the cranial pole and 0.65 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The left adrenal gland is normal in size (2.75 cm long x 0.44 cm at the cranial pole and 0.47 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

IMAGING PERFORMED BY

Kelly Reschny

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). Multifocal well-demarcated hyperechoic homogenous nodules are noted. Splenic vasculature appears normal.

HOSPITAL NAME

BPH Ancaster

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.

REFERRING VET

Dr. Williams

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.

INVOICE

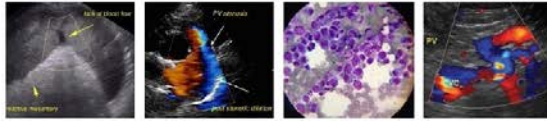
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Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The stomach is mildly distended with fluid with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

DATE

8/18/22



PATIENT	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.
Koda Jansz	
SPECIES	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
Canine	
BREED	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.
Lab	
SEX	Free Abdomen There is no evidence of free peritoneal effusion noted in these images. There is no apparent lymphadenopathy noted in these images.
Spayed Female	
AGE	ULTRASONOGRAPHIC FINDINGS
10 Years	<ul style="list-style-type: none"> • Hyperechoic splenic nodules – most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are considered less likely. • Otherwise, unremarkable/relatively normal abdomen
WEIGHT	
65 Pounds	
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Beth Johnson, DVM DACVIM	An obvious cause for the reported increased liver enzymes is not identified in these images. Microscopic disease such as Leptospirosis, bacterial cholangiohepatitis, chronic active hepatitis, copper-associated hepatotoxicity, other hepatotoxicity, infiltrative neoplasia (considered unlikely), etc. cannot be definitively ruled out.
IMAGING PERFORMED BY	Recommendations include an “antigen search” for sources of reactive hepatopathy (including testing for Leptospirosis), followed by a course of empirical antibiotics and hepatic nutraceuticals, with monitoring of ALT for improvement. If improvement is not noted and/or enzyme increase progresses, a liver fine needle aspirate or biopsy may be warranted.
Kelly Reschny	
HOSPITAL NAME	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 ration is recommended.
BPH Ancaster	
REFERRING VET	If indicated after the above recommended workup, given the reported PU/PD, testing for hyperadrenocorticism could be considered in the form of a low-dose Dexamethasone suppression test to rule out hyperadrenocorticism as a cause for the PU/PD and reportedly mildly increased liver enzymes.
Dr. Williams	
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PATIENT

Koda Jansz

SPECIES

Canine

BREED

Lab

SEX

Spayed Female

AGE

10 Years

WEIGHT

65 Pounds

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HOSPITAL NAME

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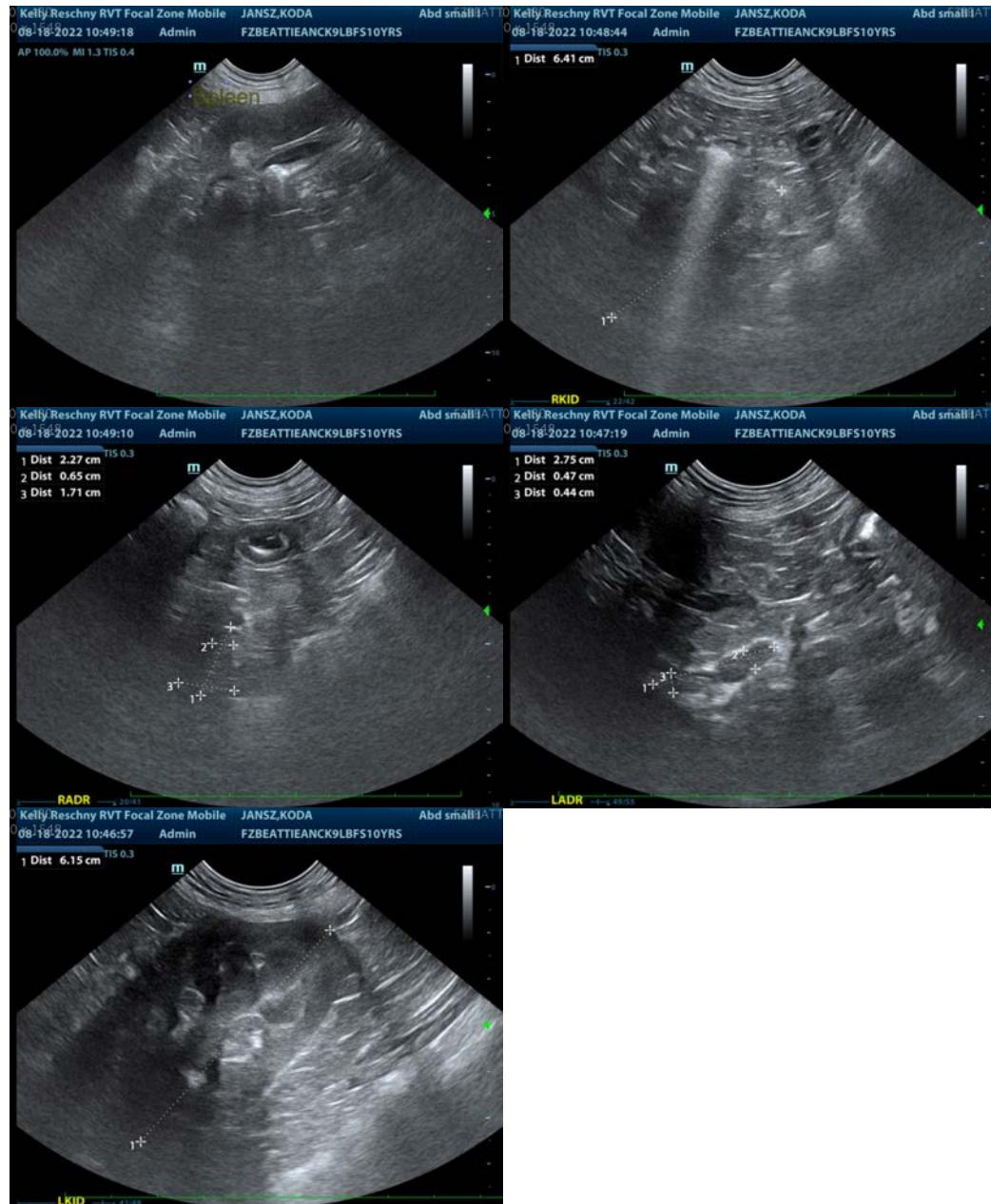
Dr. Williams

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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