



PATIENT PRESENTING CLINICAL SIGNS

Ginger Goff
SPECIES Canine
BREED Cocker Spaniel

Over the past few weeks, patient has been exhibiting hyporexia. Patient is normally a great eater and has now started to not want to eat her breakfast. Owner originally thought it could be due to the heat, however, despite changes to the weather and diet and adding toppers to entice patient to eat, patient will still not eat all her meals in the day. Upon exam, patient has multiple diffuse benign lipomas varying in size, moderate to severe periodontal disease, osteoarthritis (history of right TPLO), and BCS 7/9. Patient receives acupuncture and laser therapy every 3-4 weeks. Normally patient is very excited to eat frozen baby food treats provided during her acupuncture session, however, this last session patient initially seemed uninterested in eating the treat and took about half the session before she started to eat the treat. Free T4 by ED WNL. USG 1.035. See attached CBC and chem.

SEX Spayed Female
Abnormal PE/Chem/CBC/UA Results: LABs attached- BP 170mmHg MEDS: Gabapentin 100mg PO q8-12hrs and Galliprant 30mg PO SID PRN for pain

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE 12 Years
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.

The right kidney is normal in size (5.78 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.

The left kidney is normal in size (5.51 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

The right adrenal gland is normal in size (0.74 cm at the cranial pole and 0.66 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.67 cm at the cranial pole and 0.67 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). Several small 0.70-0.80 cm non-capsule disrupting hypo- to anechoic nodules are seen. Splenic vasculature appears normal.

Liver

The liver is subjectively mildly enlarged in size with mildly irregular margins. Parenchyma is moderately to markedly heterogeneous, characterized primarily by multiple poorly defined hypoechoic nodules within an otherwise hyperechoic liver parenchyma. Additionally, however, discrete homogeneous

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Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

LuxPetVet

REFERRING VET

Dr. Kristin Lee

INVOICE

44630

DATE

8/3/23



PATIENT

Ginger Goff

hyperechoic nodules are noted, and in the deep right liver there is a 2.5-3.0 in diameter mixed heterogeneous nodule. Visible vasculature and biliary tree appear normal without distention or congestion.

SPECIES

Canine

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.

Gastrointestinal

BREED

Cocker Spaniel

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

SEX

Spayed Female

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.

AGE

12 Years

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

WEIGHT

16.1 kg

Pancreas

The area of the pancreas contains irregular hyperechoic pancreatic remodeling.

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Free Abdomen

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

The mesenteric 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.

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There is no evidence of heart base or pericardial pathology noted in these images at this time. If cardiac function evaluation is desired a full echocardiogram is recommended.

ULTRASONOGRAPHIC FINDINGS

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- Hyperechoic pancreas – This finding is suggestive of pancreatic fibrosis, possibly secondary to chronic pancreatitis. A TLI is recommended to rule out exocrine pancreatic insufficiency (EPI), especially if clinical signs (weight loss, diarrhea, etc.) are present.

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- Reactive mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.
- The bulk of the heterogeneous liver changes are most consistent with benign processes such as nodular hyperplasia, steroid or vacuolar hepatopathy, extramedullary hematopoiesis, with concurrent myelolipomas or fibrosed old hematoma, granulomas, etc. However, the deep mixed nodule is slightly more concerning, and while it could absolutely represent these benign changes as well, infiltrative neoplasia, even metastatic disease, can't be definitively ruled out without tissue sampling.

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- Hypo to anechoic splenic nodules – likely represent benign lesions such as cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc., however while considered less likely, infiltrative neoplasia can mimic benign lesions, and cannot be ruled out.

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient’s decreased appetite, pancreatic changes, enlarged lymph nodes, etc., 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.

BREED

Cocker Spaniel

A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

SEX

Spayed Female

The deep liver nodule may be difficult to reach, but if it can safely be reached and patient’s coagulation status is appropriate, fine needle aspirate could be considered.

AGE

12 Years

Alternatively, monitoring of the liver for changes ultrasonographically could be planned.

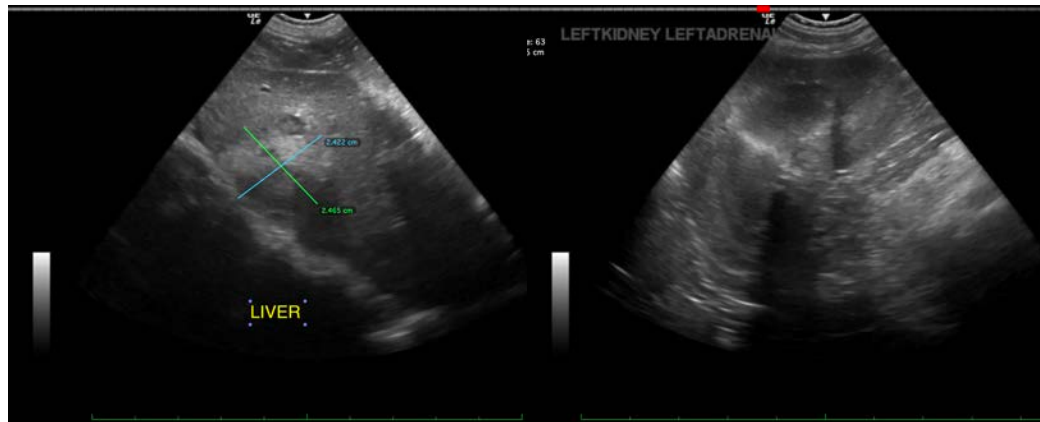
In the meantime, while awaiting results, supportive/symptomatic medical management of possible gastritis/gastroenteritis is recommended in the form of antiemetics, gastroprotectants, appetite stimulants, and empirical deworming with a 5-day course of Panacur.

WEIGHT

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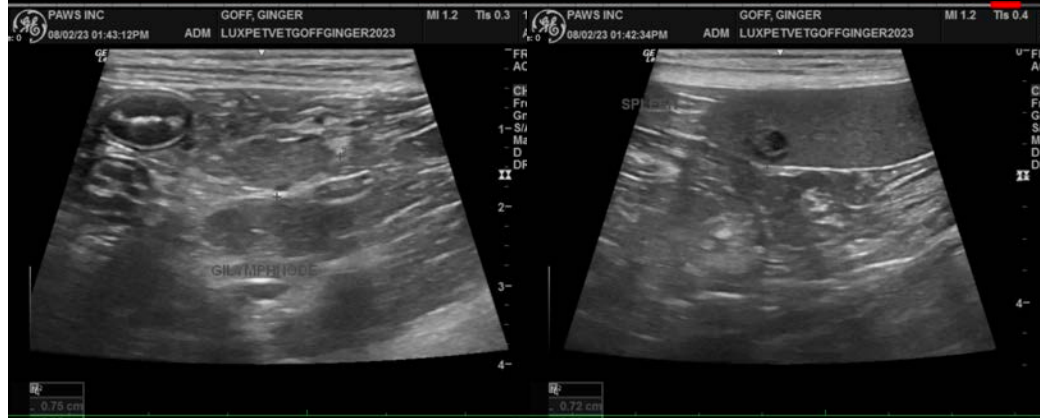


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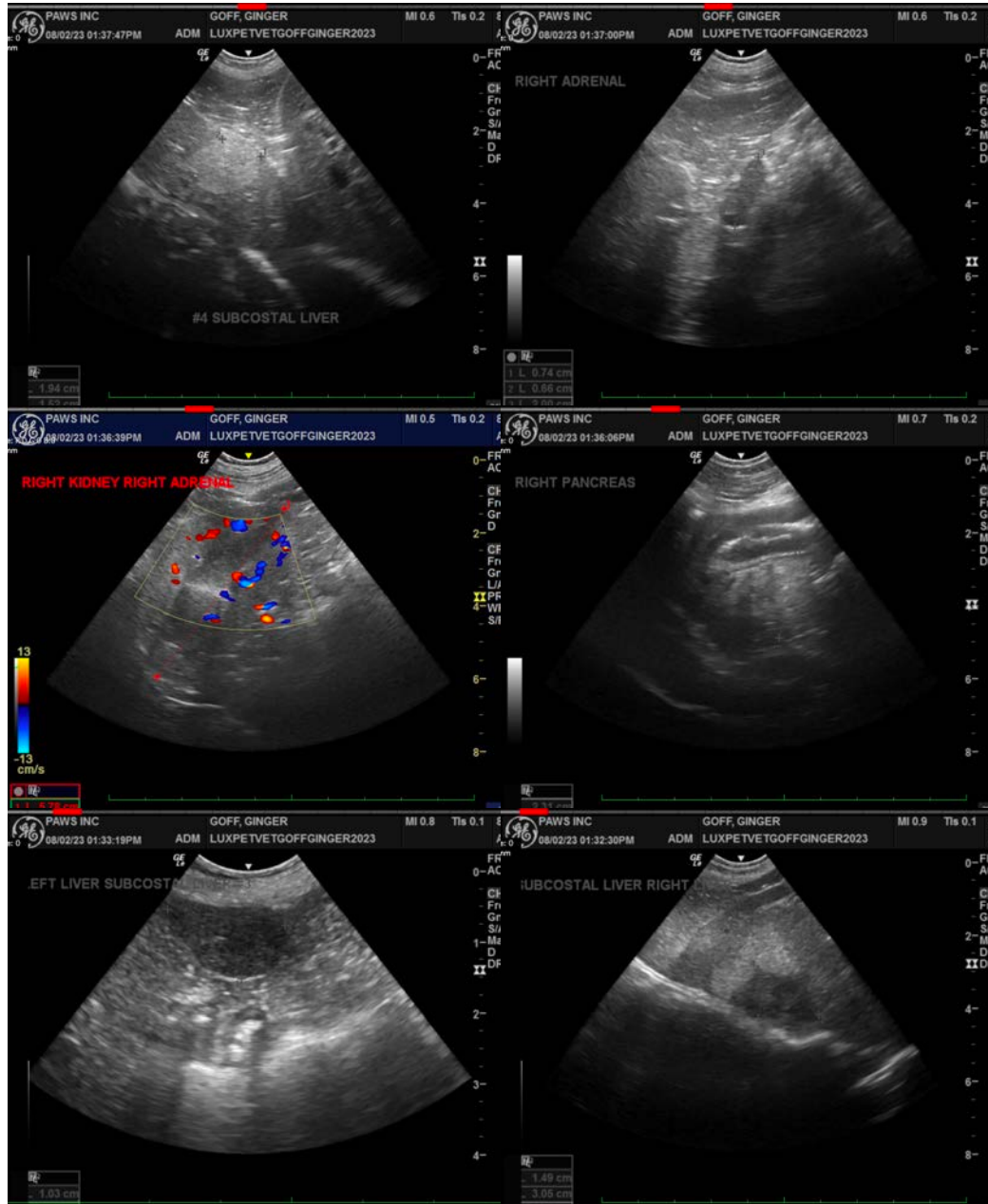
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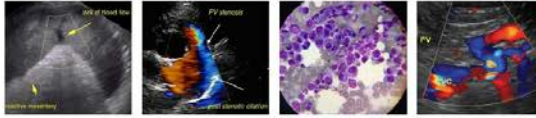
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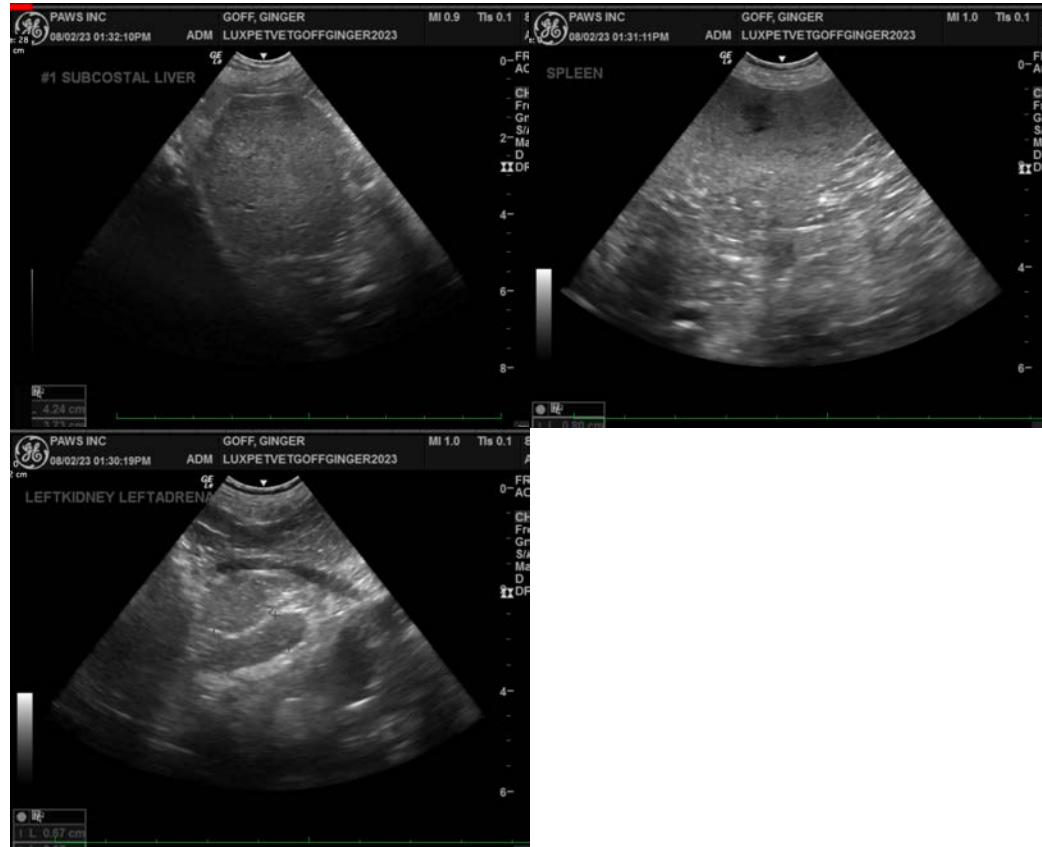
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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