



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Leonidas Llewellyn	PP for eval of intermittent drooling, vomiting, diarrhea and loss of appetite since July (on and off symptoms not consistent). P has a hx of thoracic lumbar pain and arthritis. Current rx: gaba 200mg BID, Robaxin 500mg BID, Carprofen 50mg BID, Metronidazole 500mg BID, Famotidine 20mg BID, Dasuquin advanced SID.
<b>SPECIES</b>	
Canine	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
Mixed	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.
<b>SEX</b>	Prostate is normal in size, echotexture and echogenicity for a neutered male.
Neutered Male	The right kidney is normal in size (6.0 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 or infarcts observed. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.
<b>AGE</b>	The left kidney is normal in size (6.2 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 or infarcts observed. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.
13 Years	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
64 Pounds	The area of the right adrenal gland is examined without evident pathology.
<b>INTERPRETED BY</b>	The left adrenal gland is normal in size (0.71 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Beth Johnson, DVM DACVIM	
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Dr. Alyssa Carver	Spleen is generally normal in size and shape with a smooth capsular contour. Parenchyma is diffusely nodular in appearance characterized by small discrete hypoechoic nodules. Splenic vasculature appears normal.
<b>HOSPITAL NAME</b>	<b>Liver</b>
Animal Emergency Hospital	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.
<b>REFERRING VET</b>	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.
Dr. Alyssa Carver	
<b>INVOICE</b>	<b>Gastrointestinal</b>
40676	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.
<b>DATE</b>	
8/24/22	



<b>PATIENT</b>	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.
Leonidas Llewellyn	
<b>SPECIES</b>	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
Canine	
<b>BREED</b>	<b>Pancreas</b>
Mixed	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.
<b>SEX</b>	<b>Free Abdomen</b>
Neutered Male	There is no evidence of free peritoneal effusion noted in these images. There is no apparent lymphadenopathy noted in these images.
<b>AGE</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
13 Years	<ul style="list-style-type: none"> <li><b>Splenic micronodular hyperplasia pattern</b> – This nodular change is often associated with benign aging nodular hyperplasia. Infiltrative neoplasia, however, including both early hemangiosarcoma as well as round cell neoplasia cannot be ruled out.</li> <li>Non-obstructive dystrophic mineralization in both kidneys</li> <li><b>Gallbladder debris</b> - 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.</li> </ul>
<b>WEIGHT</b>	
64 Pounds	
<b>INTERPRETED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Beth Johnson, DVM DACVIM	There is no obvious ultrasonographically visible reason to explain this patient's intermittent drooling and nausea/diarrhea.
<b>IMAGING PERFORMED BY</b>	Further evaluation of this patient's gastrointestinal tract could be considered with a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory.
Dr. Alyssa Carver	However, given the reported drooling that accompanies the vomiting and diarrhea, as well as the reported history of pain management, etc., gastritis and potentially microulcerations are considerations, and therefore empirical transition from Famotidine to twice daily Omeprazole as a stronger antacid, as well as the addition of Sucralfate to the gastrointestinal therapy, may help.
<b>HOSPITAL NAME</b>	Empirical deworming with a 5-day course of Panacur could also be considered if not recently done.
Animal Emergency Hospital	
<b>REFERRING VET</b>	Additionally, different diets could be tried on a trial and error basis, beginning with a bland, easy to digest diet, or potentially a novel or hydrolyzed protein diet.
Dr. Alyssa Carver	
<b>INVOICE</b>	
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<b>DATE</b>	
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**PATIENT**

Leonidas Llewellyn

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

64 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Alyssa Carver

**HOSPITAL NAME**

Animal Emergency  
Hospital

**REFERRING VET**

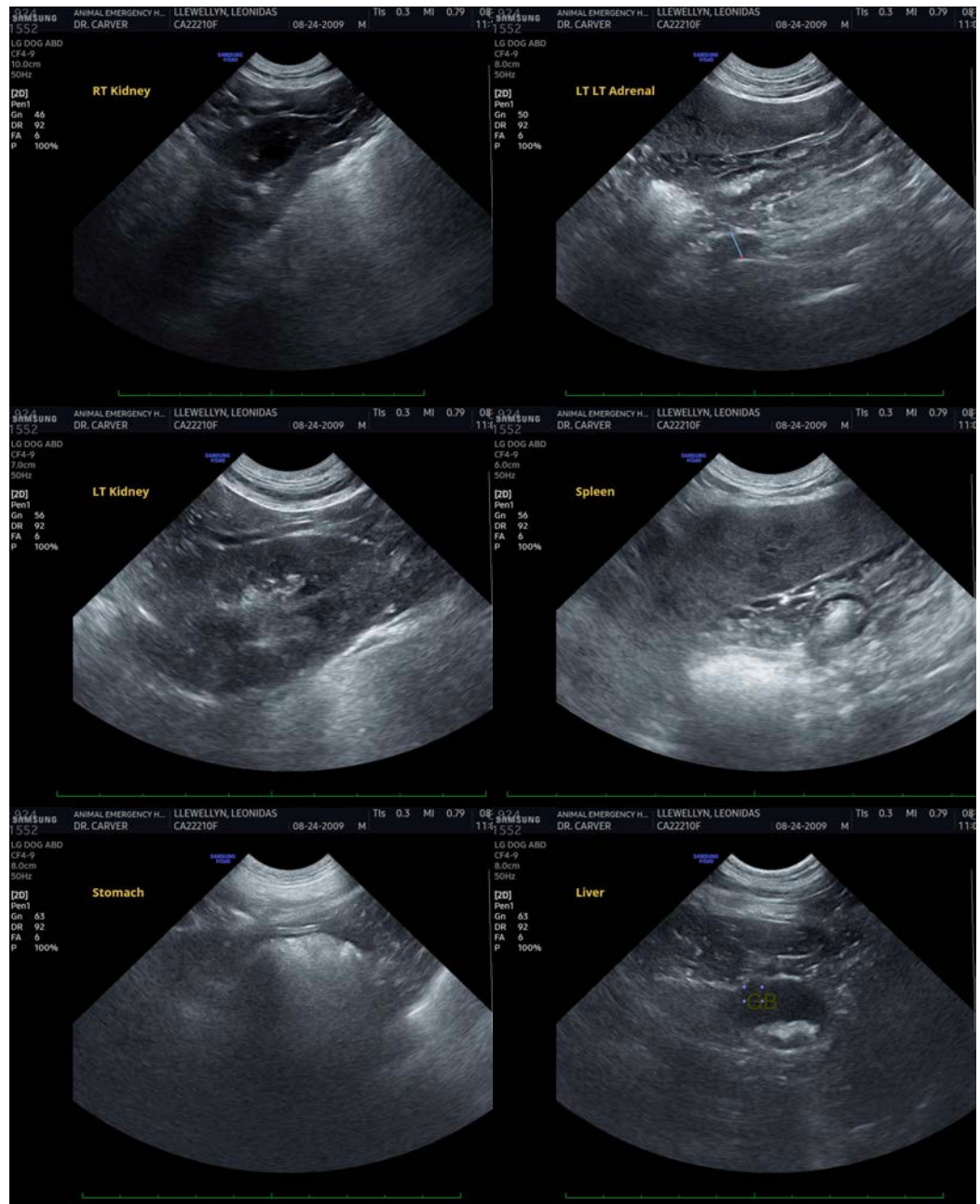
Dr. Alyssa Carver

**INVOICE**

40676

**DATE**

8/24/22



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**  
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