



**PATIENT**

Potter McCann

**SPECIES**

Canine

**BREED**

Vizsla

**SEX**

Neutered Male

**AGE**

9 Years 1 Month

**WEIGHT**

44.6 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Carissa Rhoades

**HOSPITAL NAME**

Elizabeth AH

**REFERRING VET**

Dr. Leon Anderson,  
DVM

**INVOICE**

17113

**DATE**

8/29/22

**PRESENTING CLINICAL SIGNS**

History: Last week, Thurs., he started limping on his back leg and then it was his front. He has been limping on different legs. He seems in pain his back is hunched and his tail is tucked. He needs help getting up on things. His stool looks black and tarry. He is shaking a little bit here and there. His eyes seem more goopy - autoimmune He had his glands expresses a while back but he is still leaking and they look blood tinged - on going.

Abnormal PE/Chem/CBC/UA Results: PE: BOTH EYES RED, LEFT IS WORSE, LID MARGINS INFLAMMED AND LOSS OF PIGMENT, PERIPHERAL CORNEAL EDEMA AS WELL, MILD RIGHT LOWER MID-LID ECTROPION. NOSE TYPICAL OF MILD / EARLY DISCOID LUPUS WITH LOSS OF PIGMENT AND SUPPERFICIAL ERROSIONS TO NARES MARGINS.NO ISOLATABLE PAIN IN JOINTS. MILDLYHUNCHED MID-BACK, BUT NOT PAINFULL TO DEEP PALPATION AND NO PROPRIOCEPTIVE LOSS. LABS ARE PENDING

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Urinary bladder is adequately 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.

Left kidney is normal is size (6.3 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.

Right kidney is normal is size (5.5 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**

Left adrenal gland is normal in size (1.95 cm long x 0.87 cm at cranial pole and 0.73 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (1.9 cm long x 0.71 cm at cranial pole and 0.76 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

**Spleen**

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**

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



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

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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.

Canine

**Gastrointestinal**

**BREED**

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. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

Vizsla

**SEX**

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.

Neutered Male

**AGE**

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

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**Pancreas**

**WEIGHT**

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

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**Free Abdomen**

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

Beth Johnson, DVM  
DACVIM

**ULTRASONOGRAPHIC FINDINGS**

**IMAGING PERFORMED BY**

- 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.

Carissa Rhoades

**HOSPITAL NAME**

- Otherwise, this is a normal/unremarkable abdomen without a definitively obvious cause for this patients pain and reported melena.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Dr. Leon Anderson,  
DVM

Given the reported shifted leg, lameness and hunched back, a polyarthritis is suspected, and recommendations include joint taps for cytology +/- culture, if indicated based on cytology results, if possible. Concurrent thrombocytopenia or other coagulopathy could be present resulting in the melena, therefore, full labs, which are reportedly pending, including PT and PTT are recommended.

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In the meantime, supportive/symptomatic medical management of the pain and potential gastritis/gastroenteritis with gastroprotectants, including sucralfate is recommended. Empirical deworming with a 5-day course of Panacur is also warranted. If this is determined to be immune mediated polyarthritis +/- additional immune mediated thrombocytopenia, comprehensive infectious

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disease testing, especially tick borne disease testing is recommended.

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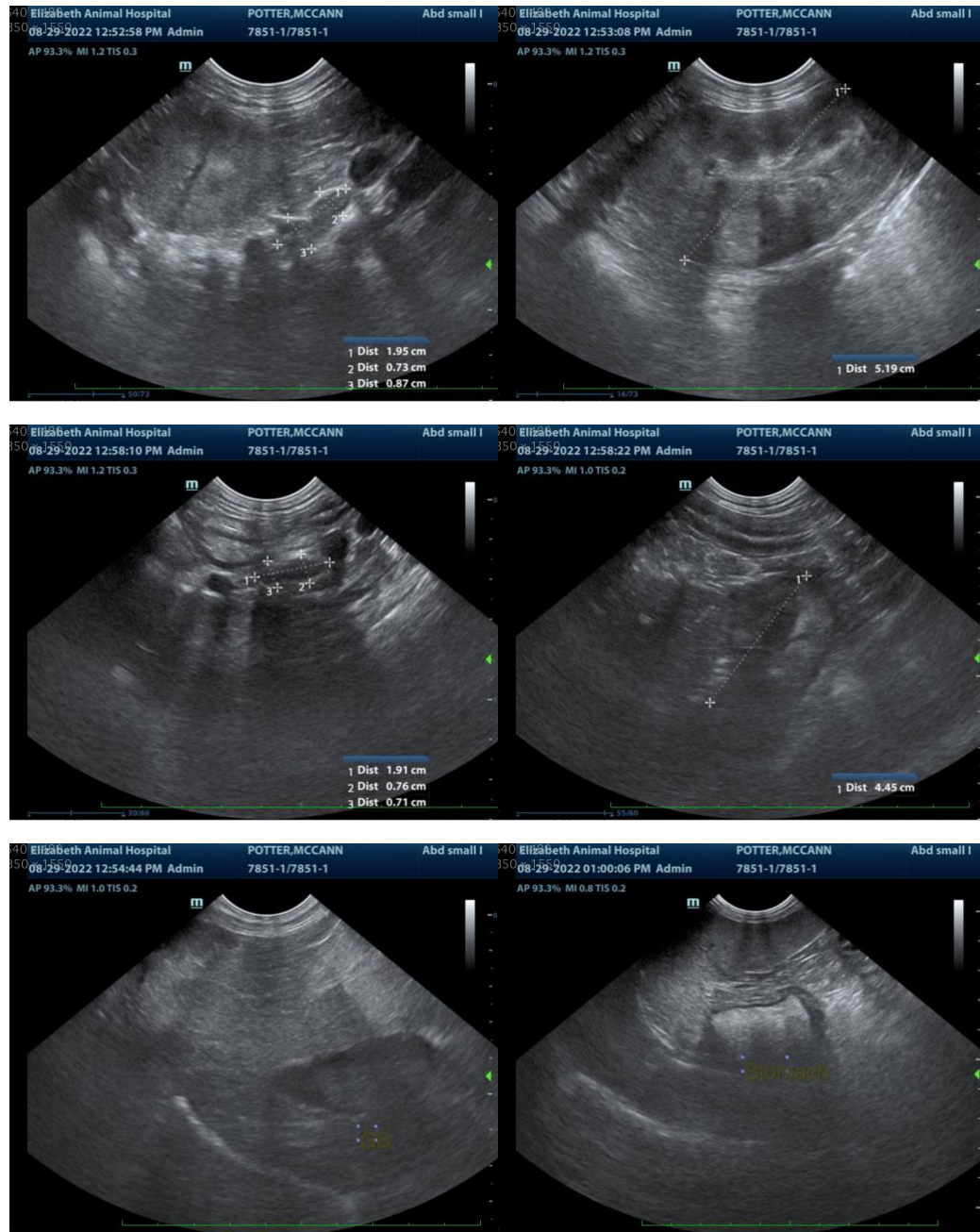
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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**Beth Johnson, DVM DACVIM**

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