



PATIENT	PRESENTING CLINICAL SIGNS
Daisy Bellizzi	History of large bowel diarrhea, arthritis, high liver enzymes and high PSL. No current meds. Abnormal PE/Chem/CBC/UA Results: ALT 197, ALP 386, PSL 310.
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	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.
Beagle	The right kidney is normal in size (4.18 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.
SEX	The left kidney is normal in size (5.2 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, mineral or infarcts observed.
Spayed Female	
AGE	Adrenal Glands
11 Years	The right adrenal gland is normal in size (1.64 cm long x 1.06 cm at the cranial pole and 0.76 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
WEIGHT	The left adrenal gland is normal in size (1.72 cm long x 0.42 cm at the cranial pole and 0.58 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
31.6 Pounds	
INTERPRETED BY	Spleen
Beth Johnson, DVM DACVIM	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	Liver
Kelly Vazquez	Liver is subjectively enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. In the mid left liver, there is a 3.0 cm discrete heterogeneous, primarily hypoechoic lesion surrounded by slightly hyperechoic tissue. Visible vasculature and biliary tree appear normal without distension or congestion.
HOSPITAL NAME	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.
Animal General on the Hudson	
REFERRING VET	Gastrointestinal
Dr. Stefanie Lang	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.
INVOICE	
40141	
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PATIENT

Daisy Bellizzi

The visible small intestines are normal in wall thickness and layering. Hyperechoic mucosal fogging or speckling is noted. Small intestinal motility appears adequate (1-3 contractions per min). The lumen is empty with no evidence of obstruction or foreign material.

SPECIES

Canine

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

Pancreas

BREED

Beagle

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.

Free Abdomen

SEX

Spayed Female

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

There is no apparent lymphadenopathy noted in these images.

AGE

11 Years

ULTRASONOGRAPHIC FINDINGS

- Heterogeneous, mixed mid liver lesion/nodule/mass – differentials include both benign and malignant infiltrative neoplasia such as a benign hepatoma, adenoma, or hepatocellular carcinoma, etc., as well as possible abscess, resolving hematoma, or marked nodular hyperplasia.
- **Mucosal speckling** – Mucosal speckling is often present with inflammatory bowel disease (IBD). It is not specific for type or severity of disease. Mild speckling change can occur as a normal patient variant in the post-prandial state.

WEIGHT

31.6 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

IMAGING PERFORMED BY

Kelly Vazquez

A fine needle aspirate of the liver mass for both cytology as well as potentially culture is recommended if patient's coagulation status is appropriate.

HOSPITAL NAME

Animal General
on the Hudson

Other diagnostic recommendations for further workup of this patient's diarrhea include a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory for further evaluation of GI and pancreatic function, a fecal exam, and a fecal enteropathogen PCR panel to Texas A&M GI Laboratory for further evaluation of possible infectious disease, if not recently evaluated.

REFERRING VET

Dr. Stefanie Lang

In the meantime, empirical therapies to address the diarrhea while further working up the liver nodule could include empirical deworming with a 5-day course of Panacur, a transition to a higher fiber diet or addition of fiber to the current diet, given the reported large bowel nature, as well as a course of Tylosin to address any potential antibiotic component. A probiotic is also indicated.

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SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

11 Years

WEIGHT

31.6 Pounds

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Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal General
on the Hudson

REFERRING VET

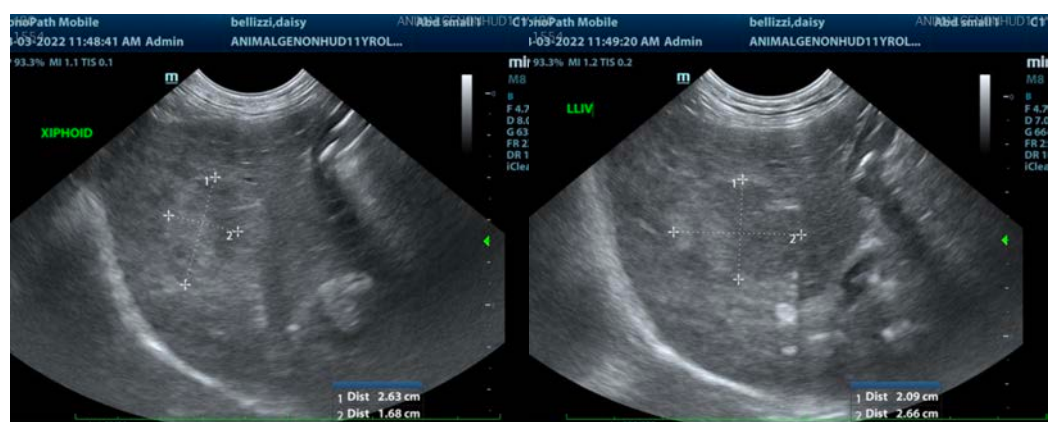
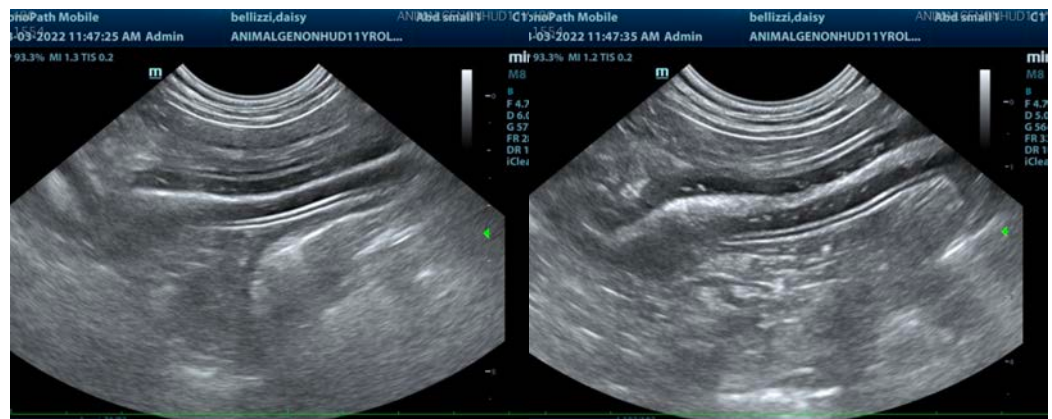
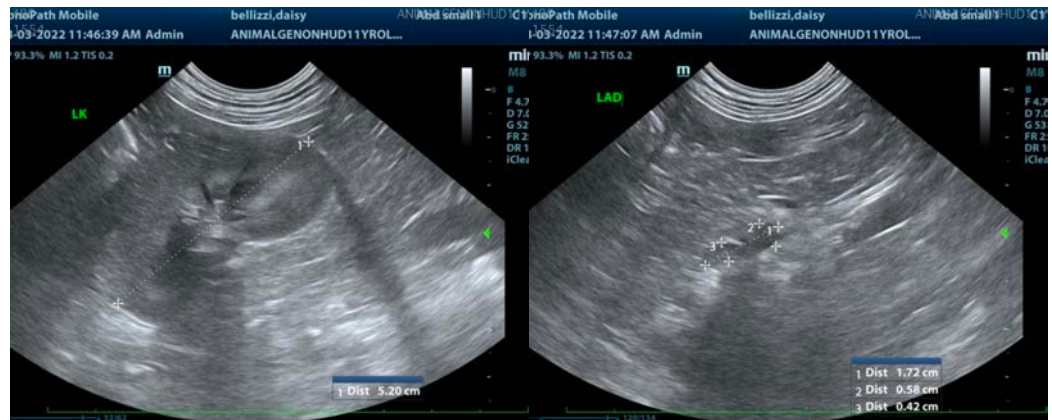
Dr. Stefanie Lang

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PATIENT

Daisy Bellizzi

SPECIES

Canine

BREED

Beagle

SEX

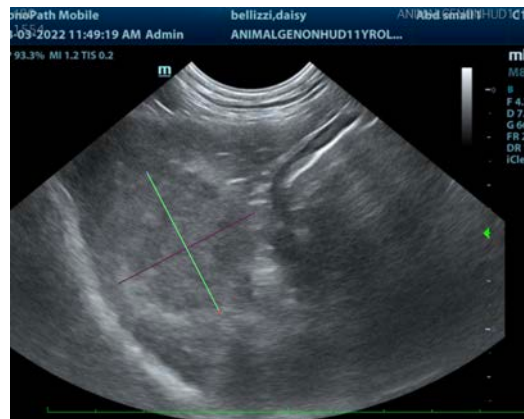
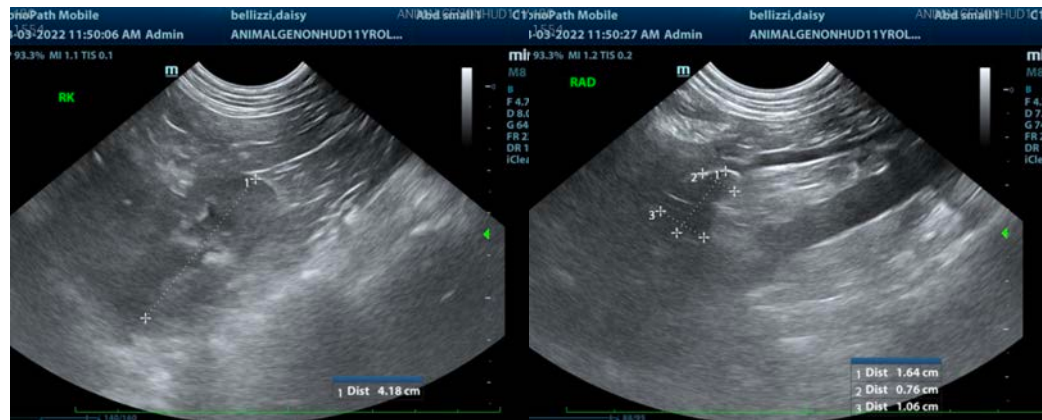
Spayed Female

AGE

11 Years

WEIGHT

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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