

**PATIENT**

Abby Hieb

**SPECIES**

Canine

**BREED**

Lab

**SEX**

Spayed Female

**AGE**

4 Years

**WEIGHT**

77 Pounds

**INTERPRETED BY**Beth Johnson, DVM  
DACVIM**IMAGING PERFORMED BY**

Amy Mayhew, LVT

**HOSPITAL NAME**

SVS Imaging MI

**REFERRING VET**

Briarwood Vet Hospital

**INVOICE**

41161

**DATE**

9/8/22

**PRESENTING CLINICAL SIGNS**

Recheck ultrasound - initial ultrasound done on 8/3/22. Completed course of Enrofloxacin. Currently doing well at home.

Abnormal PE/Chem/CBC/UA Results: NSF

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (7.98 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 (7.48 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 (0.75 cm at the caudal pole, cranial pole not able to be measured), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.68 cm at the cranial pole and 0.78 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). A 1.0 cm x 2.0 cm hypoechoic nodule/bulge is noted near the tail of the spleen. Splenic vasculature appears normal.

**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. A 2.5 cm x 3.0 cm solid, hyperechoic nodule is noted in the left caudal liver, in the place of where the previously measured 7.0 cm mass was. Visible vasculature and biliary tree appear normal without distension or congestion.

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.

**Gastrointestinal**

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.

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

**SPECIES**

Canine

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.

**BREED**

Lab

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

**SEX**

Spayed Female

***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.

***Free Abdomen*****AGE**

4 Years

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

There is no apparent lymphadenopathy noted in these images.

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77 Pounds

**PRIMARY FINDINGS**

- The previously described heterogeneous liver mass has markedly improved/shrunk and appears to have no cavitation or fluid accumulation following the reported course of antibiotics, consistent with a resolving abscessed or necrotic lesion. The remaining hyperechoic area may be a residual scar that will remain persistent, or it may continue to resolve, and continued monitoring is recommended.

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DACVIM

**SECONDARY FINDINGS**

- 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.
- Hypo to anechoic splenic nodule** - likely represents a benign lesion such as a cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc., however while considered less likely, infiltrative neoplasia can mimic benign lesions, and cannot be ruled out.
- Urinary bladder debris

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If this patient has clinically returned to normal, liver enzymes are normal, etc., then no further recommendations other than monitoring of the residual lesions are recommended, and in that case, a recheck ultrasound in another 4-6 weeks is recommended. If liver enzymes are still increased and/or there is any clinical suspicion of ongoing smoldering disease, then a longer course of antibiotics and/or a fine needle aspirate of the residual pathology is recommended to help determine duration of treatment.

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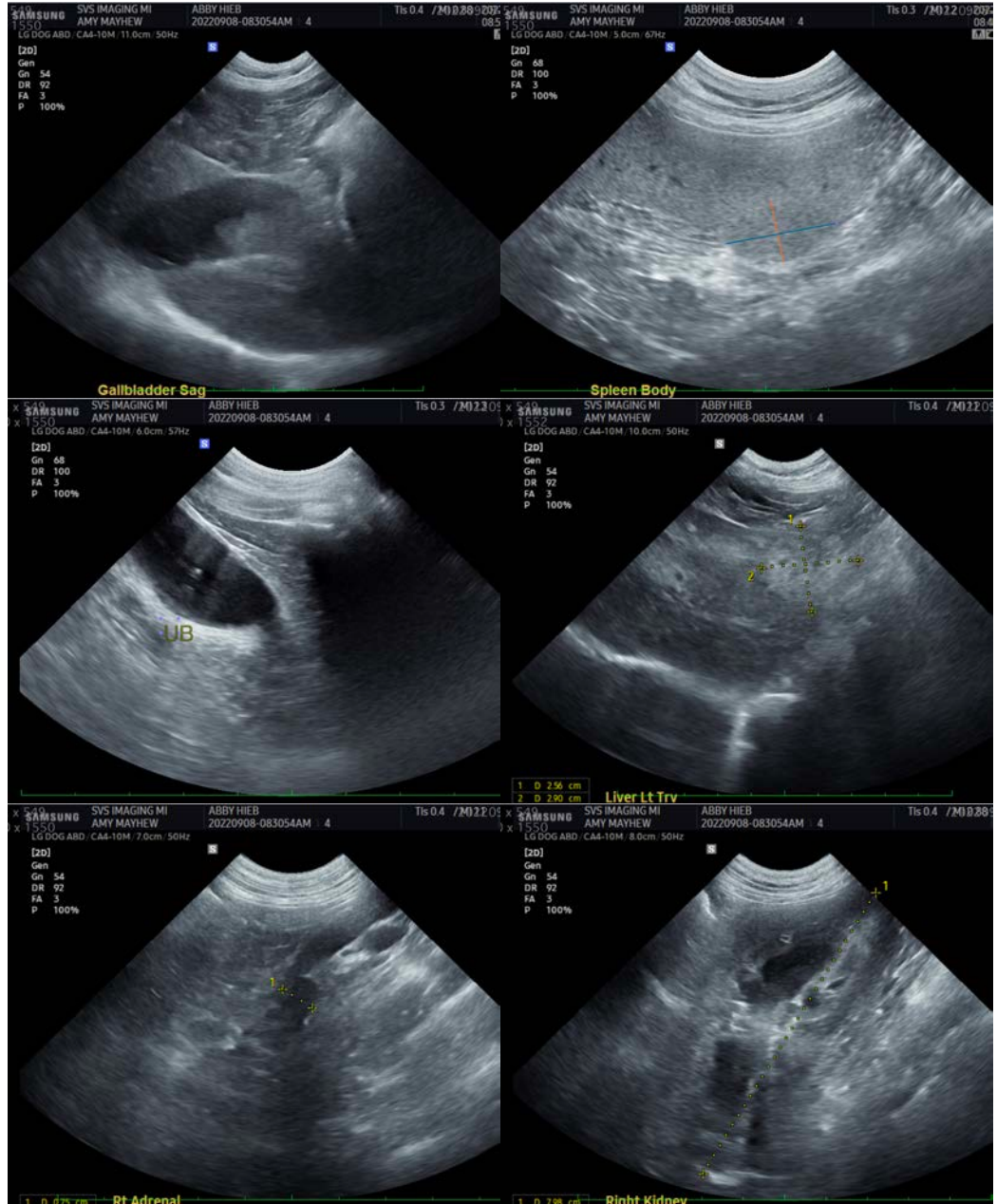
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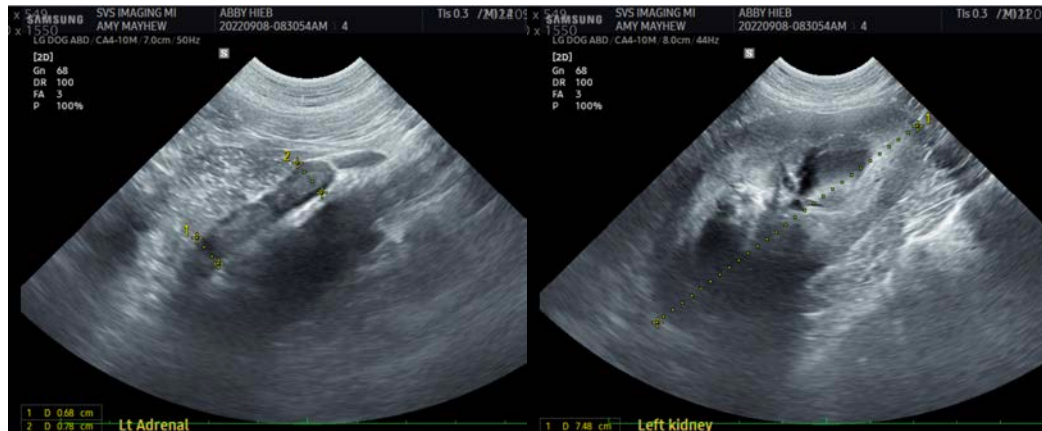
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Beth Johnson, DVM, DACVIM**  
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