

PATIENT PRESENTING CLINICAL SIGNS

Daisy Iovio History: Having diarrhea. Not lethargic. was given metronidazole and fortiflora but nothing is working. Med were helping a bit but did not clear up. Eating ok but not eating dog food. meds: Metronidazole, Fortiflora

SPECIES Abnormal PE/Chem/CBC/UA Results: Slight elevation in ALKP otherwise WNL

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Beagle 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.

SEX

Spayed female

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney contains approximately 3.0 cm cortical cyst. The left kidney measured 6.32 cm and the right kidney measured 7.16 cm.

AGE

12 years

WEIGHT

28.2 kg

Adrenal Glands

Adrenal glands are plump/swollen in size. Normal shape and contour are maintained without evidence of capsular invasion. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The left adrenal gland measured 2.5 cm long, 0.73 cm at the cranial pole and 0.77 cm at the caudal pole. The right adrenal gland measured 3.2 cm long, 2.4 cm at the cranial pole and 1.1 cm at the caudal pole.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

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.

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Beattie Pet Hospital of
Stoney Creek

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Several small, 1-2 cm cysts were noted throughout the parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.

REFERRING VET

Dr. Mellish

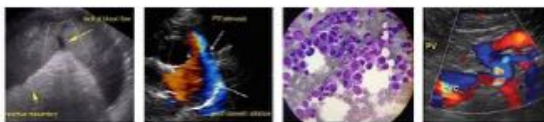
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Gallbladder is mildly overdistended with a moderate amount of non-dependent, mildly aggregated/inspissated sludge. Hypo to anechoic cystic areas are noted between the gallbladder sludge and luminal wall. The wall is otherwise smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion.

DATE

10/6/22



PATIENT

Gastrointestinal

Daisy Iovio

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.

SPECIES

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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 empty with no evidence of obstruction, foreign material or infiltrative disease.

BREED

Beagle

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 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.

AGE

12 years

Free Abdomen

WEIGHT

28.2 kg

There is no evidence of peritoneal effusion or apparent lymphadenopathy noted in these images.

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ULTRASONOGRAPHIC FINDINGS

- **Bilateral adrenomegaly** – consistent with adrenal hyperplasia secondary to pituitary dependent hyperadrenocorticism vs stress or normal variant. Interpret in combination with clinical signs of hyperadrenocorticism.
- **Heterogenous Liver** – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia. Several hepatic cysts are noted.
- **Emerging mucocele** – 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. The non-dependent nature of this sludge combined with the cystic areas are suggestive, however, of possible emerging cystic mucosal hyperplasia or early gallbladder mucocele.
- **Age related renal changes with a left cortical cyst.**

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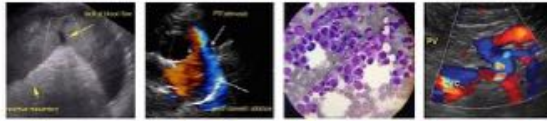
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If this patient's diarrhea is relatively acute then recommendations include fecal exam as well as empirical deworming with a 5 day course of Panacur even if fecal results are negative.

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Transition from Fortaflora to either proviable or Visbiome may be beneficial as may an alternative diet based on trial and error responses with options being hydrolyzed protein diet or potentially a bland,



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easy to digest or low fat diet.

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If diarrhea persists then 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.

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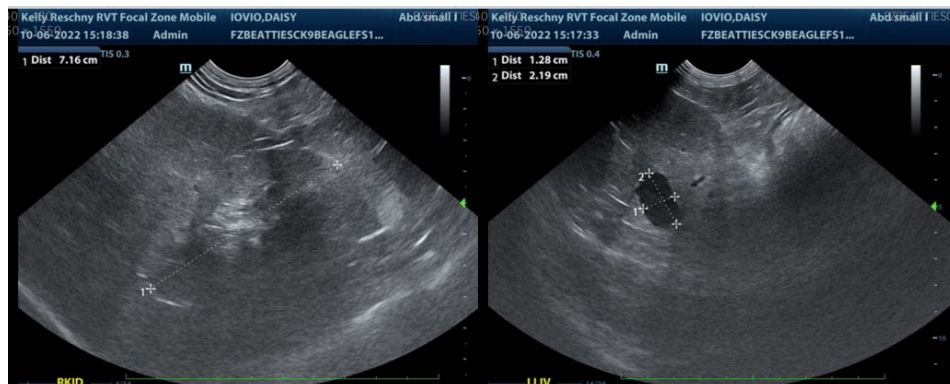
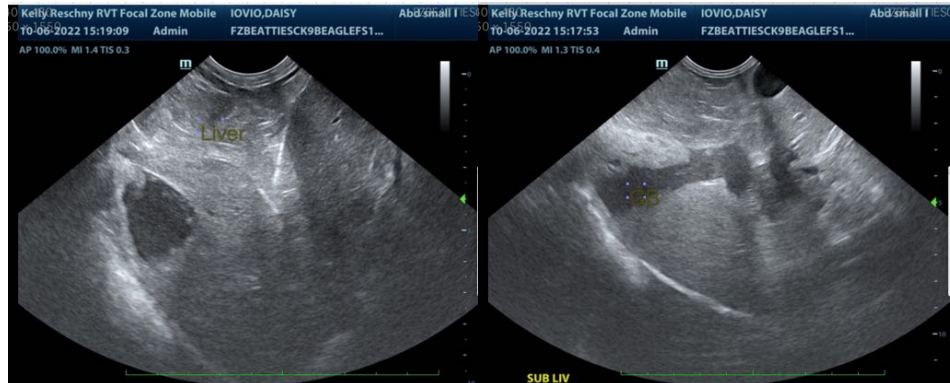
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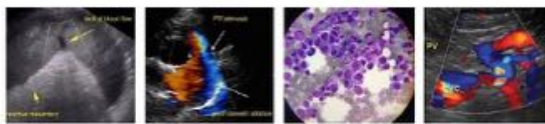
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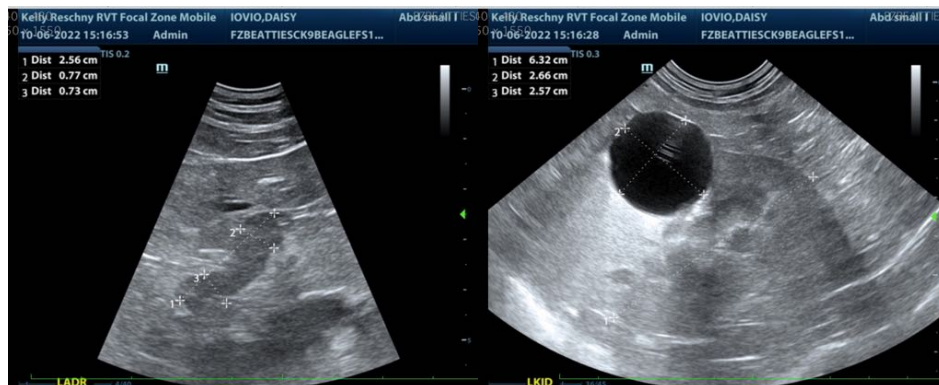
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

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