



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Missy Wanamaker	History: Chronic intermittent anorexia and diarrhea. No current meds. Abnormal PE/Chem/CBC/UA Results: WNL including ACTH stim.
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b>
<b>BREED</b>	Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.
Shih Tzu Mix	
<b>SEX</b>	Left kidney is normal in size (4.35 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.
Spayed Female	Right kidney is normal in size (4.44 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.
<b>AGE</b>	<b>Adrenal Glands</b>
3 years	Left adrenal gland is normal in size (1.4 cm long, 0.32 cm at cranial pole and 0.46 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.
<b>WEIGHT</b>	Right adrenal gland is normal in size (1.4 cm long, 0.73 cm at cranial pole and 0.56 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.
18 lbs	
<b>INTERPRETED BY</b>	<b>Spleen</b>
Beth Johnson, DVM DACVIM	Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.
<b>IMAGING PERFORMED BY</b>	<b>Liver</b>
Shari Reffi CVT	Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. GB is moderately distended with anechoic bile and gravity dependent echogenic sediment. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.
<b>HOSPITAL NAME</b>	
VCA Blirstown AH	
<b>REFERRING VET</b>	
Dr. Clegg	
<b>INVOICE</b>	<b>Gastrointestinal</b>
30890	The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.
<b>DATE</b>	The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.
6/7/22	Colon is normal in wall thickness (< 0.2 cm) and layering.



**PATIENT**

**Pancreas**

Missy Wanamaker

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

**SPECIES**

Canine

**Free Abdomen**

Lymph nodes are normal with no observed enlargement. No free fluid was noted including no pericardial effusion noted in the heart check.

**BREED**

Shih Tzu Mix

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

**PRIMARY FINDINGS:**

Spayed Female

- 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.

**AGE**

3 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

18 lbs

Gastrointestinal disease can be present with an unremarkable ultrasound. Therefore, given this patient's clinical signs recommendations include a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory. A fecal PCR enteropathogen panel can also be considered to Texas A&M GI laboratory. In the meantime, therapeutic recommendations include empirical deworming with a 5 day course of Panacur if not recently and a transition to a novel or hydrolyzed protein diet as a trial.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Shari Reffi CVT

**HOSPITAL NAME**

VCA Blirstown AH

**REFERRING VET**

Dr. Clegg

**INVOICE**

30890

**DATE**

6/7/22





**PATIENT**

Missy Wanamaker

**SPECIES**

Canine

**BREED**

Shih Tzu Mix

**SEX**

Spayed Female

**AGE**

3 years

**WEIGHT**

18 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Shari Reffi CVT

**HOSPITAL NAME**

VCA Blirstown AH

**REFERRING VET**

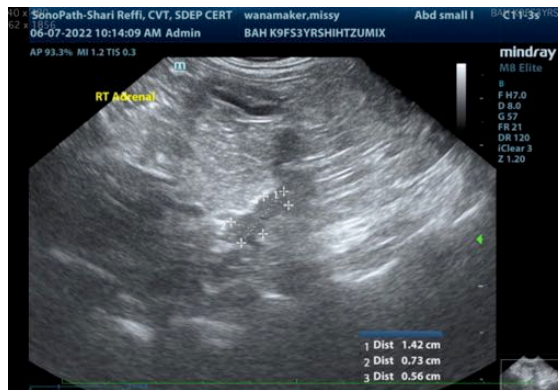
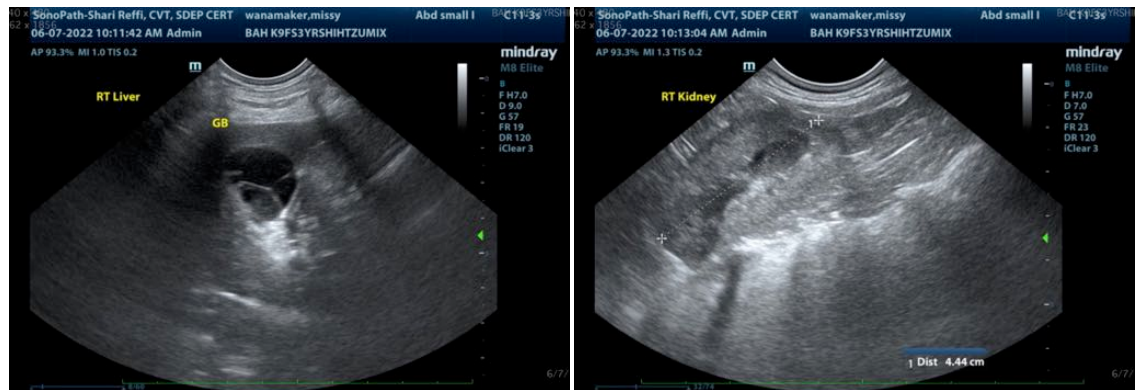
Dr. Clegg

**INVOICE**

30890

**DATE**

6/7/22



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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