



PATIENT

Jasper Gulick

SPECIES

Canine

BREED

Doodle

SEX

Neutered Male

AGE

5 Years

WEIGHT

88 Pounds

INTERPRETED BY

Karen Ebersole, DVM,
DABVP (Canine and
Feline)

**IMAGING
PERFORMED BY**

Jessica Miller, RDMS

HOSPITAL NAME

AH of Roxbury

REFERRING VET

Dr. Hickenbottom

INVOICE

44806

DATE

8/18/23

PRESENTING CLINICAL SIGNS

Episodes of vomiting / diarrhea. Decreased appetite. Radiographs WNL. Lab work WNL. Doing ACTH stim today.

Abnormal PE/Chem/CBC/UA Results: WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder**, trigone and visible pelvic urethra were normal in tone and thickness. The bladder contents were mainly anechoic with echogenic sediment, without visible discrete urolith formation. There was no visible inflammation in the bladder or urethra. The ureters were not visible, which is normal. The urethra was visualized to a distance of 3.0 cm post-prostate beyond the cystourethral junction.

The residual **prostate** was visualized and found to be normal in size and echogenicity.

Both **kidneys** were subjectively normal in size for breed and body weight. The capsule contour was smooth. Normal corticomedullary distinction was present with a normal 1:3 cortex to medulla ratio. The cortex was normal in echogenicity. There was no evidence of pyelectasia or renoliths. The renal perfusion and vascularity were normal on power doppler. The left kidney measured 6.8 cm. The right kidney measured 6.6 cm.

Adrenal Glands

Both **adrenal glands** were visualized and found to be normal in size and shape for breed. The capsule of each gland was smooth with no evidence of capsular expansion. The echogenicity and echotexture of each gland was normal. There was no evidence of vascular invasion or inflammation around either adrenal gland. The left adrenal gland measured 0.60 cm at the caudal pole, 0.50 cm at the cranial pole, and 3.4 cm in length. The right adrenal gland measured 0.60 cm at the caudal pole, 1.2 cm at the cranial pole, and 2.2 cm in length.

Spleen

The **spleen** was normal size and shape with a smooth capsule contour. The spleen was in a normal position. The parenchyma had a finely textured and homogenous echogenicity. The vasculature was normal in structure, with no evidence of thrombus on power doppler examination.

Liver

The **liver** was normal in size and shape with a smooth capsule contour. The liver lobe edges were appropriately sharp. The parenchyma had a normal coarse and homogenous texture. A hepatic cyst was present, with thin and well-defined walls, anechoic contents, and distal acoustic enhancement. The cyst measured 2.0 cm x 1.4 cm and was located on the caudal aspect of the central liver. This is generally benign, incidental finding unless it become severe enough to replace normal liver parenchyma. The hepatic and portal vasculature were normal in size and volume.

The **gallbladder** was normal in size and shape. The gallbladder wall was thin and echogenic, with no sign of luminal or surrounding inflammation. The gallbladder contents were largely anechoic. The cystic duct and common bile duct were visualized and found to be normal in size and shape.



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Gastrointestinal

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The **stomach** was largely empty with normal size, shape, and position. The stomach wall was normal in thickness and maintained appropriate layering. The **small intestine** walls were mildly thickened diffusely with intact wall layering. The increase in thickness is primarily due to mucosal hypertrophy. Normal peristalsis was present. The visible **colon** was mildly thickened with maintained layering as well. There was no evidence of obstruction, nodules or masses in the GI tract. The duodenum measured 5.0 mm in width. The jejunum measured 4.0 mm in width. The colon measured 3.0 mm in width.

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Pancreas

The left limb, body and right limb of the **pancreas** were visualized and found to be normal in size and shape. The pancreatic capsule was smooth, without deviation or expansion. The parenchyma was isoechoic to the surrounding mesentery. The pancreatic duct was normal in size and appearance. There was no evidence of discrete masses or inflammation.

Free Abdomen

No peritoneal effusion or lymphadenopathy was noted on examination of the peritoneal cavity.

ULTRASONOGRAPHIC FINDINGS

- Single hepatic cyst – benign, incidental finding.
- Enteritis pattern, moderate

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The sonographic appearance of the small intestine is non-specific, and could be seen with dietary indiscretion, food sensitivity, GI parasites and/or IBD without significant visible wall changes. A GI panel is recommended (PLI, TLI, Cobalamin and Folate; [TAMU GI assays](#)), and a fresh fecal smear.

Treatment recommendations are any or all of the following, depending on severity of clinical signs:

- GI support as needed (IV or SQ fluid therapy, Cerenia, Omeprazole, etc.)
- Strict diet trial with hydrolyzed protein diet, response typically within 1-2 weeks
- High colony count probiotic such as Visbiome
- Empirical 5 day course of Fenbendazole, despite negative fecal testing
- Cobalamin supplementation if Cobalamin is low normal (<400) [Link TAMU Cobalamin](#)

GI biopsies may be indicated if clinical signs persist despite medical therapy.

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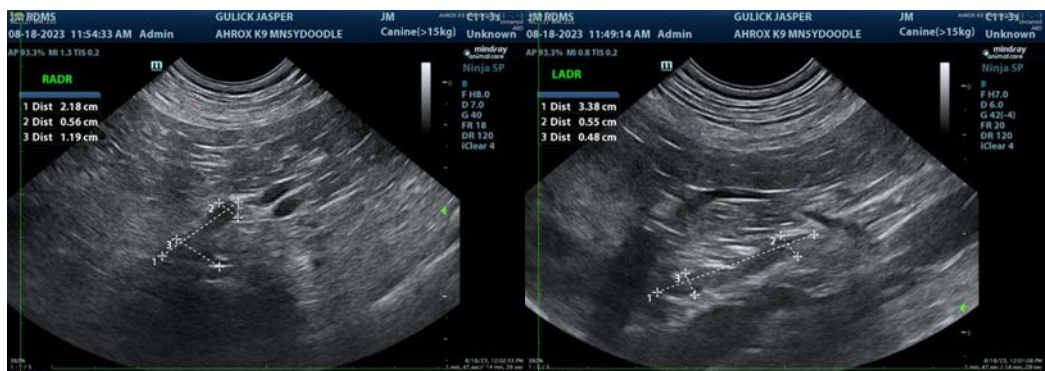
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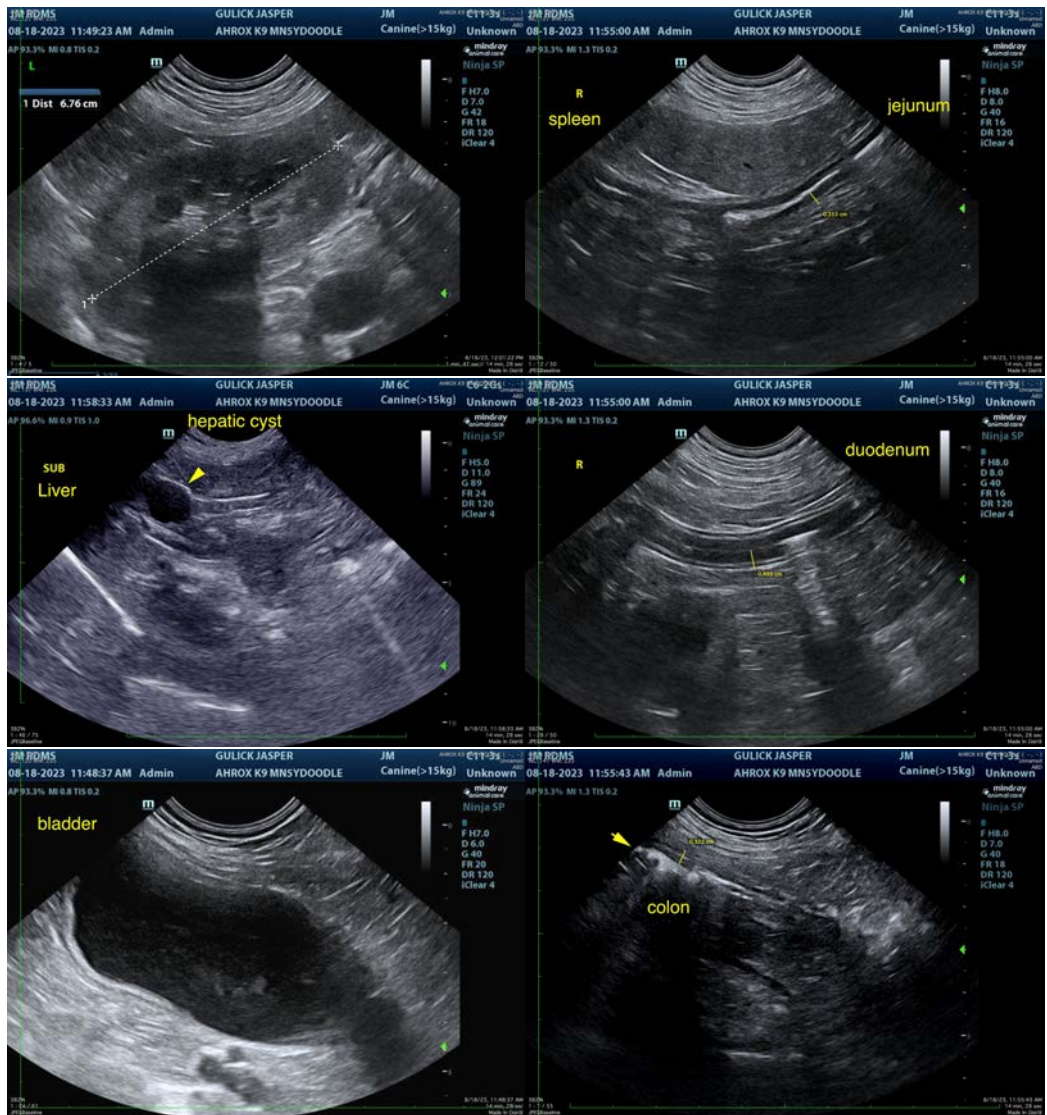
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)
info@SonoPath.com