



PATIENT PRESENTING CLINICAL SIGNS

Tally Rose Johnson History: Vomiting daily for the last 2 weeks. No abnormal findings on PE.

SPECIES Abnormal PE/Chem/CBC/UA Results: SDMA-19 ALT-2526 AST-411 ALP-417 GGT- 21 Cholesterol- 359

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Papillion Mix

The urinary bladder was overall normal in size and tone with anechoic urine. No sediment or calculi present. Focally thickened urinary bladder wall in the subjective area of the ureteral papilla noted, measuring approximately 0.7 cm x 0.4 cm. No evidence of associated mineralization noted. The urethra was normal to a depth of 2.0 cm. Aortic trifurcation was normal.

SEX

Spayed Female

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint to mild dystrophic medullary mineral noted in both kidneys. The left kidney measured 3.2 cm in length. The right kidney measured 3.3 cm in length.

AGE

14 Years

WEIGHT

6.44 Pounds

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.3 cm in length x 0.45 cm width in the caudal pole. The right adrenal gland measured 1.1 cm in length x 0.41 cm width in the caudal pole.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent to subtle echogenic nodules were present consistent with probable benign myelolipomas. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Reid VH

Liver

The liver was normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

REFERRING VET

Dr. Sawyer Reid

INVOICE

15905

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

DATE

6/6/22



PATIENT	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The ventral gastric body wall measured 0.32 cm.
Tally Rose Johnson	
SPECIES	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Intermittent duodenojejunal mucosal speckling noted. The duodenum wall measured 0.33 cm. The jejunum wall measured 0.28 cm.
Canine	
BREED	Normal visible colon wall layers were present with subjective semi-formed feces in lumen.
Papillion Mix	
SEX	<i>Pancreas</i>
Spayed Female	The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.
AGE	<i>Free Abdomen</i>
14 Years	No overt lymphadenopathy or peritoneal effusion was present.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
6.44 Pounds	<ul style="list-style-type: none"> • Mildly thickened urinary bladder in the area of the ureteral papilla- nonspecific. • Chronic renal changes with mild dystrophic medullary mineral • Nonhomogeneous bilateral adrenal glands- suspect mild adenomatous change • Mild gastroenteritis pattern- possible inflammatory bowel • Hepatopathy- subjectively benign
INTERPRETED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The mildly thickened urinary bladder in the area of the ureteral papilla may indicate patient variant or focal age-related urinary bladder changes. Potential focal cystitis, while the possibility of emerging mass cannot be definitively excluded. Screening BRAF assay could be considered. Sonographic monitoring of the focal thickened urinary bladder wall for evidence of progression is recommended with initial recheck in 4 weeks.
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HOSPITAL NAME	
Reid VH	
REFERRING VET	Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.
Dr. Sawyer Reid	
INVOICE	Concurrent monitoring of the bilateral adrenal glands for evidence of progressive nonhomogeneous to potential nodular changes also recommended.
15905	
DATE	The overall liver was nonspecific yet without overt evidence of neoplastic criteria, which is thought unlikely. Inflammatory/immune mediated disease (i.e., cholangiohepatitis or similar) is suspected, given the significant and primarily elevated ALT/AST combination with potential for primary or concurrent vacuolar hepatic changes and nonobstructive cholestasis, given the ALP/GGT combination.
6/6/22	



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Tally Rose Johnson

SPECIES

Canine

BREED

Papillion Mix

SEX

Spayed Female

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REFERRING VET

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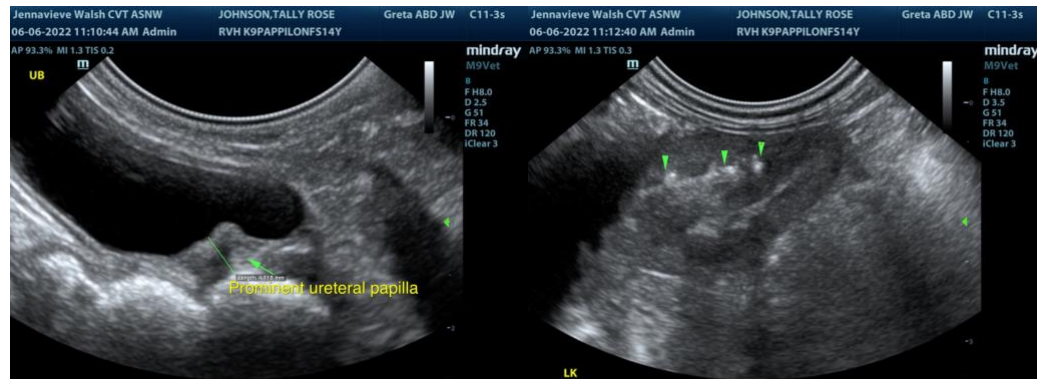
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Further assessment of the liver may include ultrasound guided FNA for screening cytology, assuming normal clotting status +/- Leptospirosis titers/PCR if potential exposure. Hepatosupportive medications may prove beneficial. Some or all of the following protocol may be considered empirically.

Helicobacter/Gastritis protocol

A clinical trial of **Zithromax (Dogs: 5-10 mg/kg p.o. q24h. May increase dosing interval to q48h after 3-5 days of treatment)**, **Metronidazole (10-20 mg/kg p.o. b.i.d.)**, **Pepcid (0.5-1 mg/kg s.i.d.)** and **Sucralfate (0.5-2 g/dog PO)** or **Omeprazole (1 mg/kg p.o. s.i.d.)** over the next 3 weeks along with a **novel-protein or hydrolyzed diet** with slurry feeding b.i.d./t.i.d. over the next 2-4 days and then increase to canned diet bid. Dry food should be avoided over the next 4 weeks. A recheck sonogram to assess GI improvement or progression would be ideal in 4 weeks.





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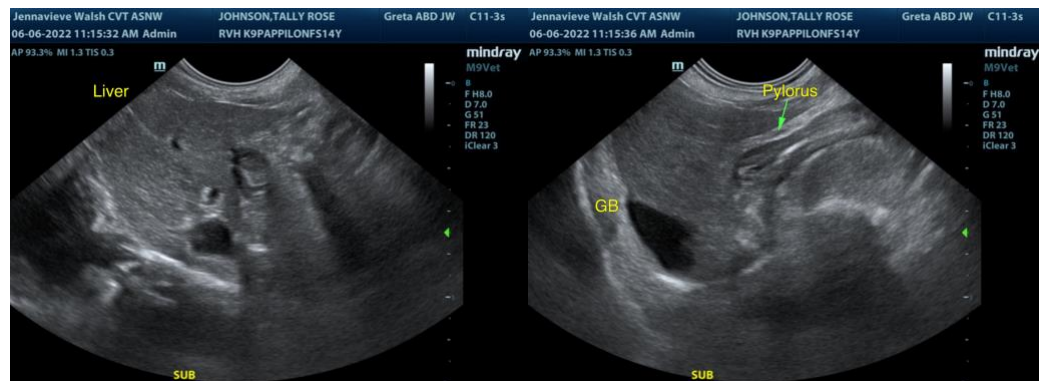
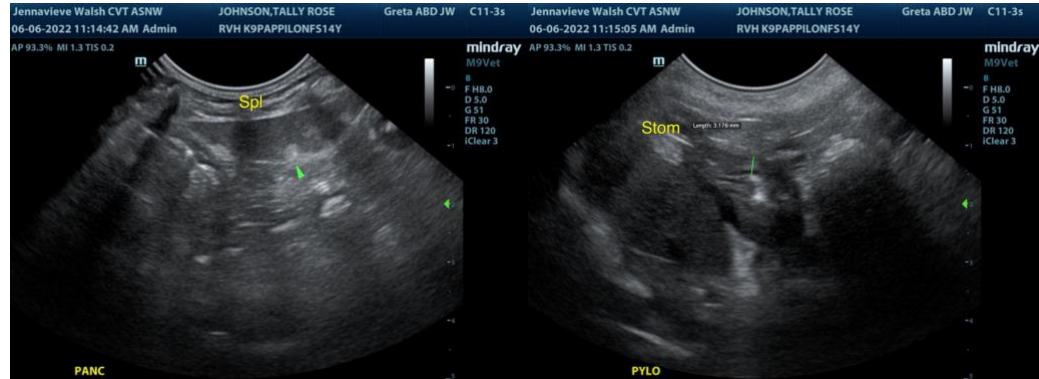
Dr. Sawyer Reid

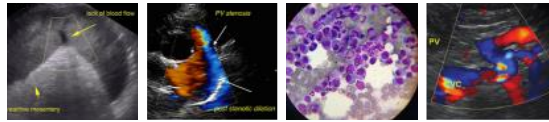
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PATIENT

Tally Rose Johnson

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

SPECIES

Canine

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.

BREED

Papillion Mix

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

SEX

Spayed Female

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WEIGHT

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