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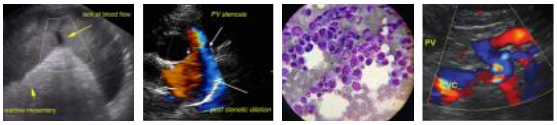

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT
Mister Malin

SPECIES
Canine

BREED
DSH

SEX
Neutered Male

AGE
11 Years

WEIGHT
9.3 Lbs.

INTERPRETED BY
Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY
Sara Hansen

HOSPITAL NAME
West Hills AH

REFERRING VET
Dr. Remcho

DATE
1/13/22

INVOICE
13414

PRESENTING CLINICAL SIGNS

History: Unexplained weight loss. PE- overall normal. GI panel pending

Abnormal PE/Chem/CBC/UA Results: Persistently elevated T4 (4.7 to 4.8 for > 6mos)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (3.80 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.99 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.98 cm length; 0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.75 cm length; 0.42 cm width) with a normal shape and smooth peripheral contours. A few hyperechoic foci are observed within the gland. The remaining parenchyma is homogeneous. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.68 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

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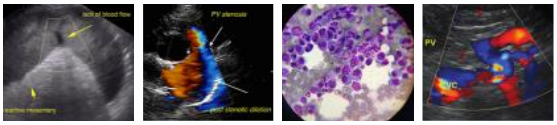

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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

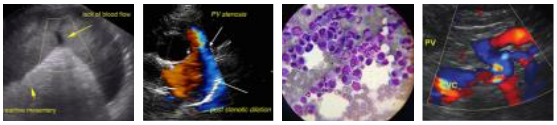
- Bilateral age-related renal changes
- The hyperechoic foci in the right adrenal gland are likely benign age-related incidental finding

*An obvious cause for the patient's weight loss is not identified in the study. Considerations include microscopic gastrointestinal disease (i.e., inflammatory bowel disease), low-grade pancreatitis, underlying metabolic issue (i.e., hyperthyroidism), occult neoplasia, primary brain tumor.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A thorough neurologic examination is recommended, as weight loss can be the sole clinical sign in patients with brain tumors.
- Other diagnostic considerations include the following:

1. A free T4 by equilibrium dialysis, if not already performed +/- initiation of hyperthyroid treatment.
2. Fecal evaluation for ova and Giardia
3. Hypoallergenic diet trial, if patient will tolerate it
4. Three-view thoracic radiographs to assess for occult neoplasia in the chest
5. Ultimately, endoscopic or surgical gastrointestinal biopsies may be necessary to get



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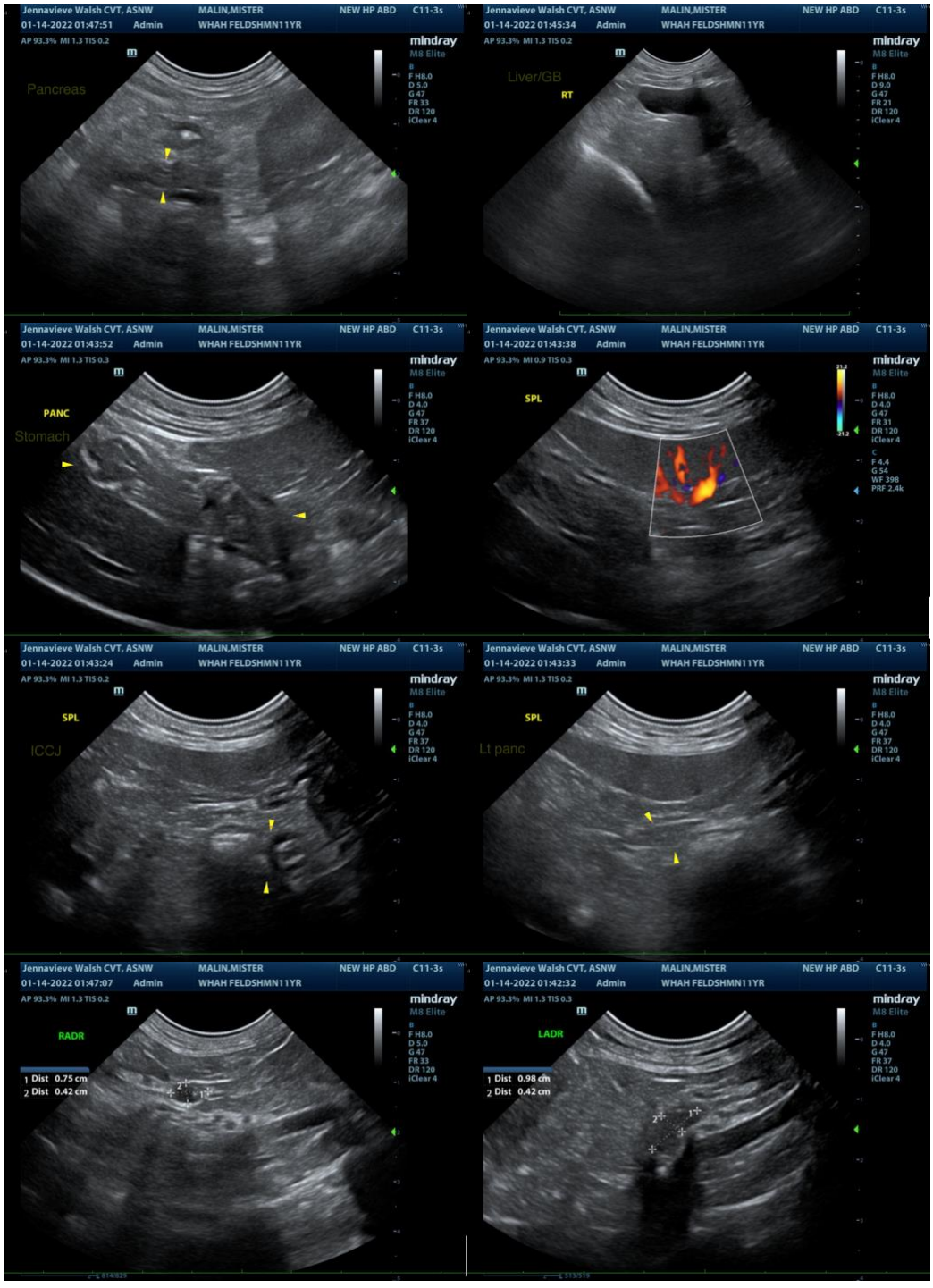
a definitive diagnosis.



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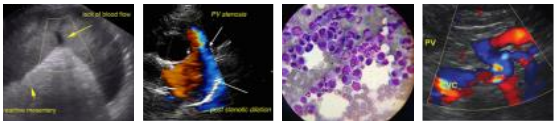

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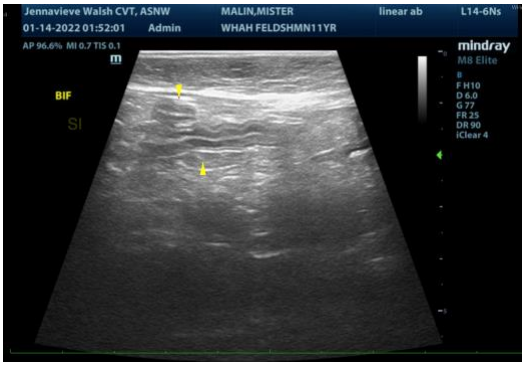

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

andrea_nicastro2@hotmail.com