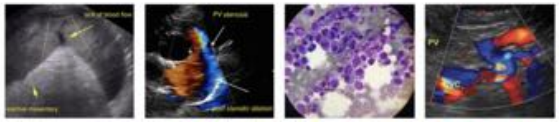


PATIENT

Dalton Chapman

SPECIES

Canine

BREED

Lab

SEX

Neutered Male

AGE

10/23/2008

WEIGHT

61.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Sun Dog Cat Moon VC

REFERRING VET

Dr. Kelsey Pruitt

INVOICE

11841

DATE

10.17.22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: weight loss, slowing down
Current Medications: adv. multi and Seresto

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A scant amount of suspended, echogenic debris is observed within the lumen. 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 prostate is normal in size (1.05 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The **left kidney** is normal size (6.69 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with 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 (6.87 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with 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 (0.69 cm at cranial pole) (0.63 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The **right adrenal gland** is normal size (1.25 cm at cranial pole) (0.89 cm at caudal pole) (2.96 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The **spleen** is prominent to enlarged (2.51 cm in width at the level of the hilus) with normal curvilinear peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

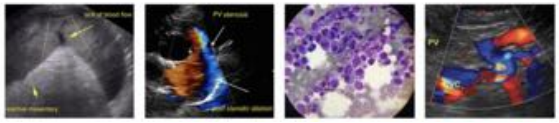
Liver

The **liver** is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is hypoechoic relative to the spleen and slightly mottled in appearance. No focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The **gall bladder** is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No cholelithsare observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The **gastric lumen** is distended with ingesta, consistent with a post-prandial presentation. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is



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patent. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

A portion of the **pancreas** is obscured by the gastric distention. In the visualized portion of the right limb, the pancreas is slightly prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

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

Other

A **brief echocardiogram** reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The splenomegaly could be consistent with a benign process (i.e., antigenic stimulation, splenitis, lymphoid hyperplasia or extramedullary hematopoiesis). Alternatively, emerging neoplasia (i.e., round cell tumor) is possible.
- The hepatic parenchymal changes are nonspecific and could be secondary to a benign age-related process (i.e., regenerative nodular hyperplasia, age-related remodeling). Alternatively, an underlying hepatopathy may be present. Correlation with the patient's liver values is recommended.

Secondary Findings

- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A fine-needle aspirate of the spleen +/- liver can be considered (if clotting status is appropriate), particularly if the bloodwork does not reveal an underlying cause for the patient's weight loss.

Three-view thoracic radiographs are also recommended to assess for occult disease in the chest.

Depending on the above diagnostics, a malabsorption panel including serum cobalamin and folate, TLI and PLI should be considered to assess for maldigestion/malabsorption as a cause for weight loss.

A neurologic examination should also be considered, as brain tumors can sometimes present with weight loss as the sole clinical sign.

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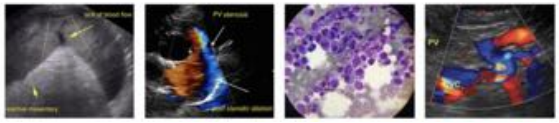

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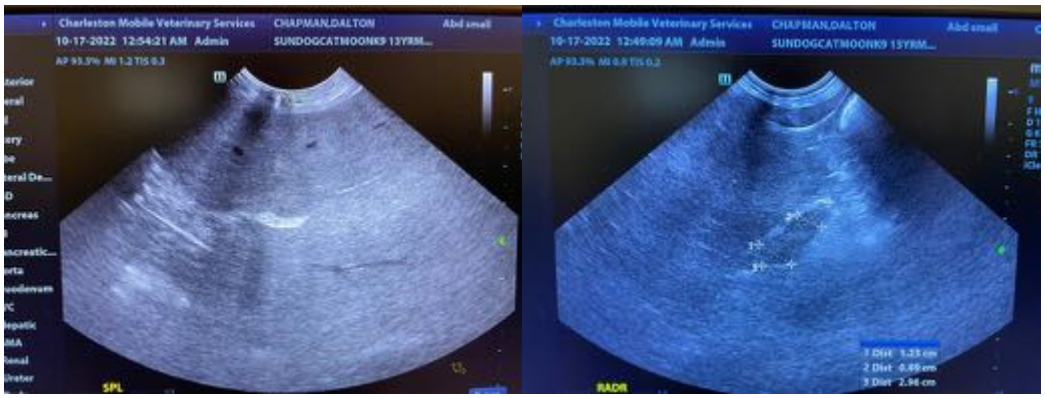

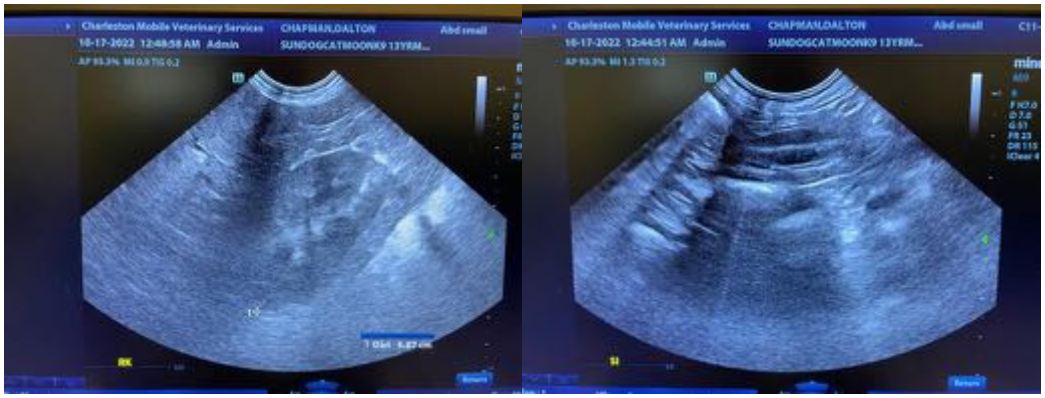

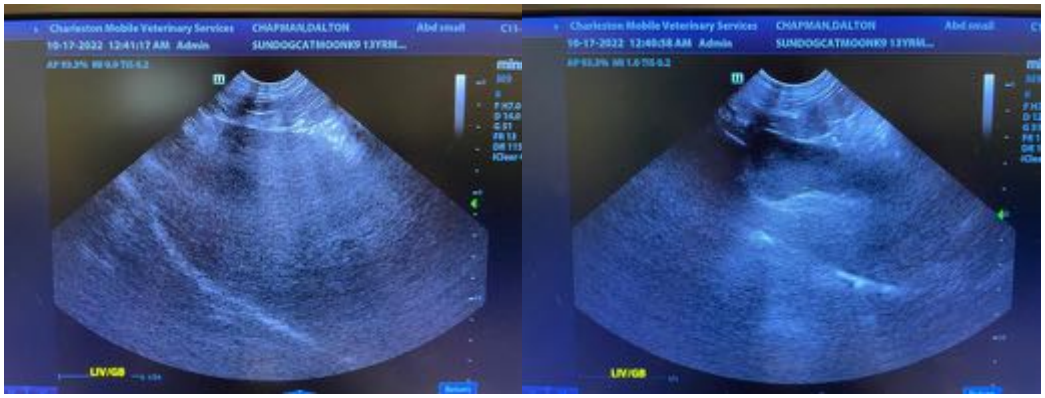

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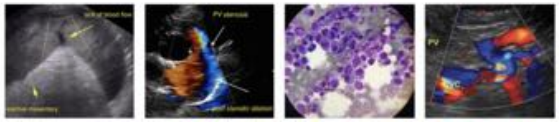

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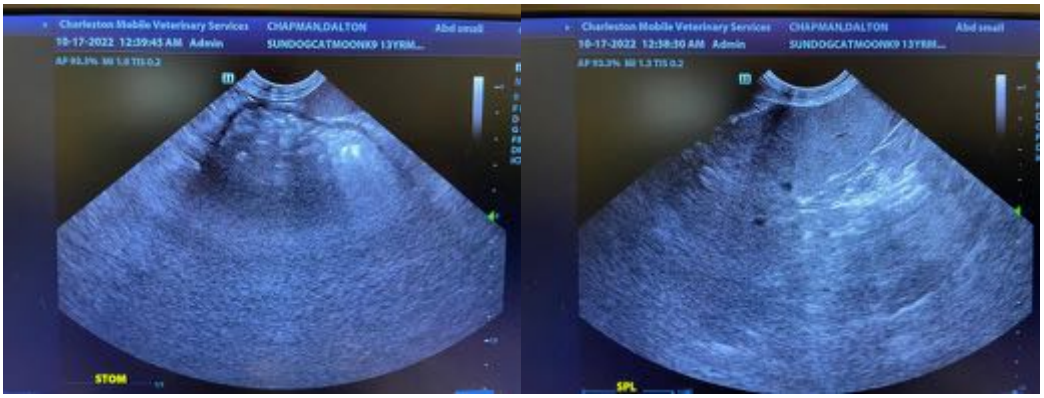

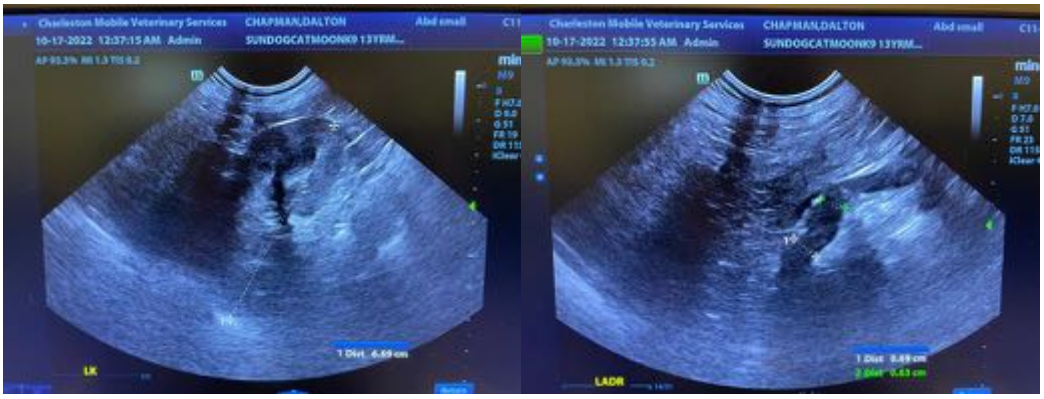

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.
Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com