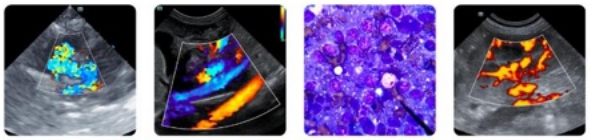

PATIENT

Taz Daily

SPECIES

Canine

BREED

Aussie/Border collie mix

SEX

Male, neutered

AGE

11.5 Yrs.

WEIGHT

23 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jessica Meloche

HOSPITAL NAME

Viking VH

REFERRING VET

Dr. Jessica Meloche

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13334

DATE

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PRESENTING CLINICAL SIGNS

History: weight loss few weeks. T4 0.6 (L) but unsure if euthyroid sick or true. profound lethargy. mild anemia (Hct 30), mildly elevated ALP, mild leukocytosis. Anorexic historically but is now eating due to being on Prednisone. dull mentation, dehydrated r/o Hypot4 but weight loss abnormal for this, non-specific neoplasia, malabsorptive disease

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is distended. The wall is normal in thickness with a smooth mucosal surface. A small amount of gravity-dependent mineralized sand vs tiny calculi are observed within the lumen. The remaining luminal contents are anechoic. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is not definitively visualized due to its pelvic location.

The left kidney is normal in size (7.03 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (7.22 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.99 cm at cranial pole) (0.87 cm at caudal pole) with a normal shape and 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 region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

Spleen

The spleen is normal in size (1.71 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.

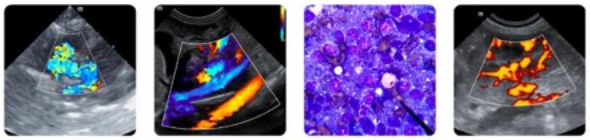
Liver

The liver is prominent to enlarged with smooth peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of suspended echogenic debris is observed within the lumen. 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 is normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall is normal in thickness with



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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, no obvious abnormalities are seen.

Lymph nodes
The abdominal lymph nodes are normal/not visible.

Free Abdomen
Trace free fluid is suspected.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The diffuse hepatic changes are most consistent with vacuolar hepatopathy (i.e., endocrine, idiopathic) with a lower possibility of inflammatory disease, infiltrative neoplasia, or other hepatopathy.
- Possible trace ascites

Secondary Findings:

- Urinary bladder sand +/- small distinct calculi

*An obvious cause for the patient's weight loss is not identified in this study. Considerations include maldigestion/malabsorption, occult neoplasia, orthopedic or neurologic disease, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult pathology in the chest.
- Regarding the anemia, consider:
    - Reticulocyte count along with a clinical pathology review.
    - A slide agglutination test to evaluate for autoagluttination.
    - A comprehensive tick panel, including PCR and serology
    - Depending on the results of the above diagnostics, a bone marrow aspirate may be indicated.
- Regarding the weight loss, other considerations include the following:
    1. Fecal evaluation for ova and Giardia
    2. GI panel including serum cobalamin, folate, TLI and PLI
    3. Orthopedic and neurologic examinations to assess for non-metabolic causes of weight loss
- Regarding the low total T4, consider a free T4 by equilibrium dialysis to further evaluate for hypothyroidism.

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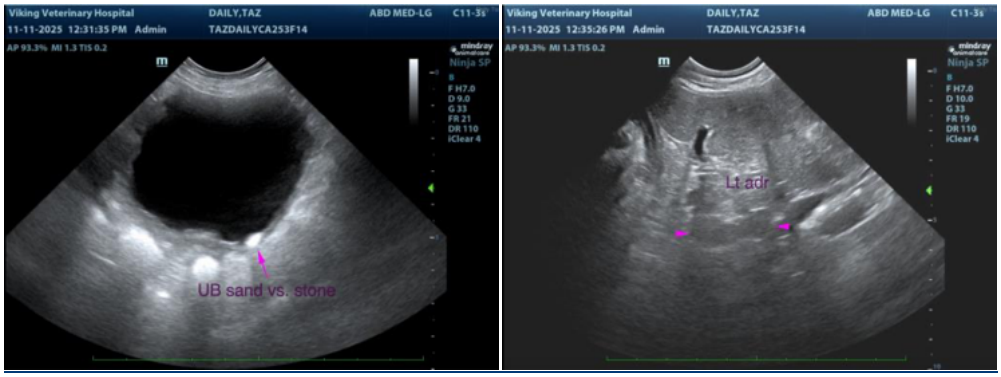

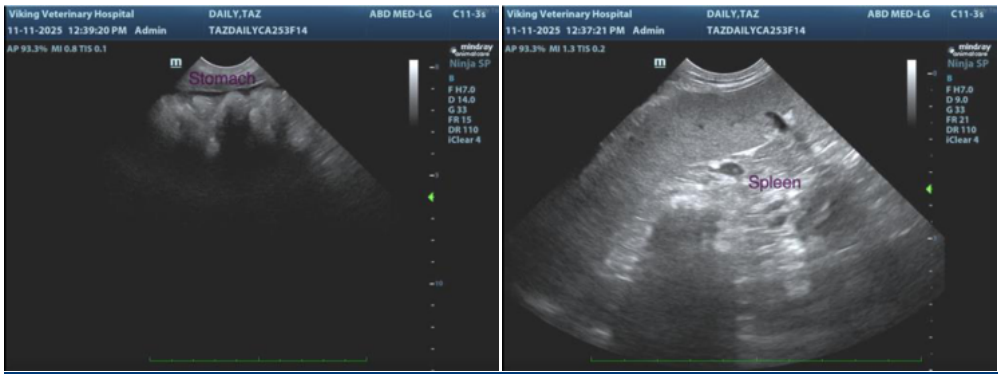

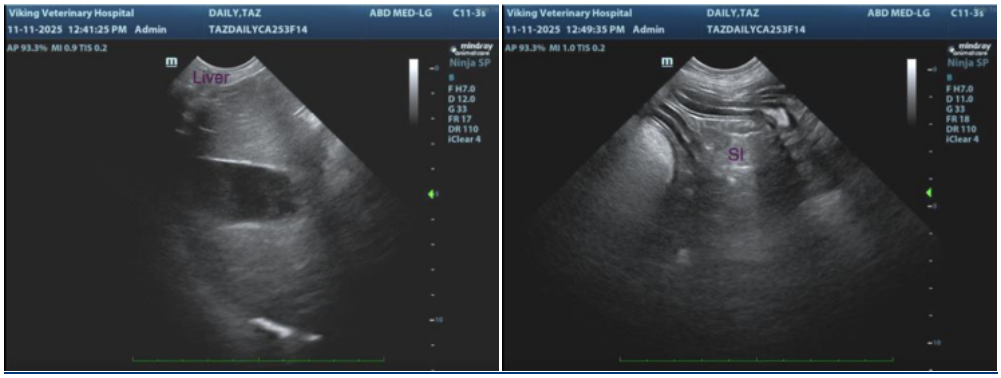

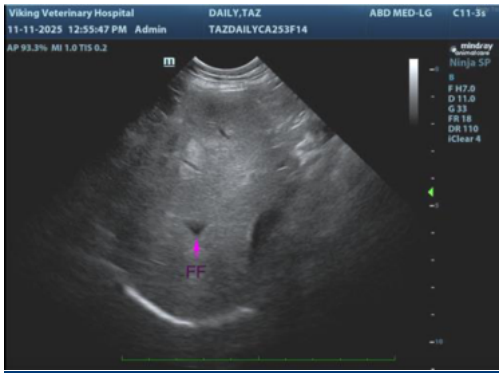

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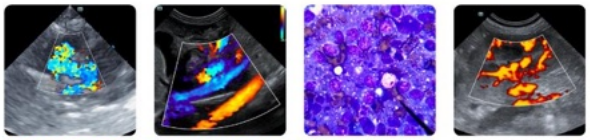

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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