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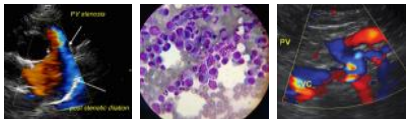

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DATE
12/8/21

PATIENT

Chip Dorey

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

1/26/2009

WEIGHT

67.3 Lbs.

INTERPRETED BY
Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Paradise AH

REFERRING VET

Dr. Twardzik

INVOICE

12860

PRESENTING CLINICAL SIGNS

History: Patient presented on 11/16 for nystagmus, ataxia. On exam, a15 lb weight loss was noted, along with rotary nystagmus, ataxia, a tense abdomen, periodontal disease, and resistance to extension of hips. Multiple cutaneous and SQ masses were noted, including new cutaneous nodule near left elbow. Patient was treated with meclizine and Cerenia, and the vestibular signs resolved after several days. He was seen again on 12/2; further weight loss was noted. The nodule near the left elbow was now ulcerated, as patient had been licking it.

Current Medications: Gabapentin 300 mg PO BID (chronic), L-thyroxine 0.8 mg PO BID (chronic), Simplicef 200 mg PO SID (started 12/2), Diphenhydramine 50 mg PO TID (started 12/2).
Lab Results: CBC: Decreased MCHC, retic HGB. Chem: Decreased AST, T4: 0.9 ug/dL, Spec cPL: WNL.
Radiographs: Possible mass effect in region of spleen.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

*The gastric overdistention obscures a portion of the cranial abdomen. Therefore, some pathology may be missed.

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 prostate is normal in size (1.46 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney presented normal size (6.80 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney presented normal size (6.52 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.73 cm at cranial pole) (0.72 cm at caudal pole) (3.20 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.

The right adrenal gland is normal size (0.61 cm at cranial pole) (0.82 cm at caudal pole) (2.51 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 normal in size (1.69 cm 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 curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature 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. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. 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 colonic wall is normal. No obstructive or overt infiltrative disease is noted.

Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portions, no obvious pathology is seen.

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 >10 cm subcutaneous lipoma is present on the patients right side.

ULTRASONOGRAPHIC FINDINGS

- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- Right subcutaneous lipoma

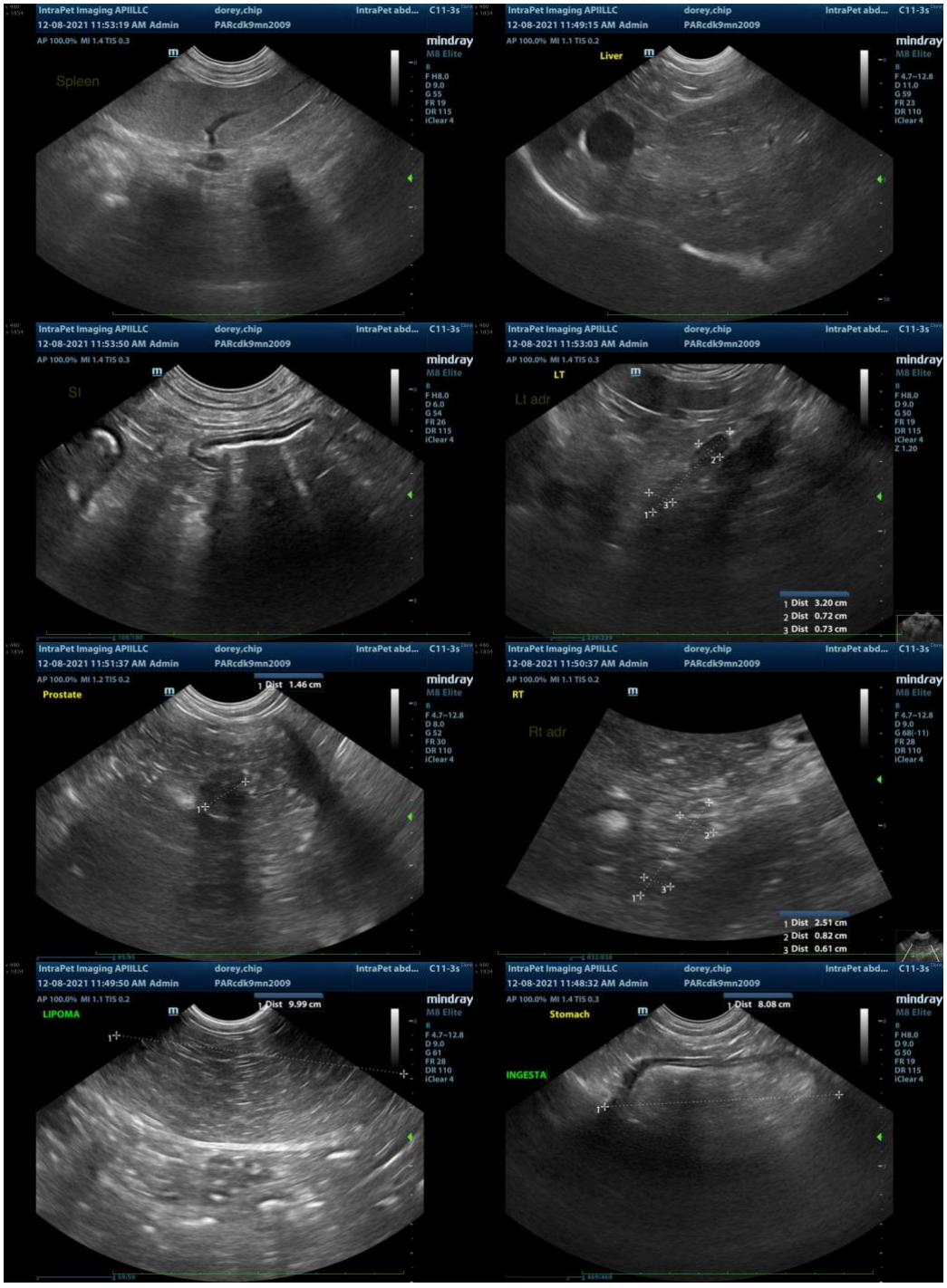
  *An obvious cause for the patients' weight loss is not identified in the study. Considerations include microscopic gastrointestinal disease (i.e., maldigestion/malabsorption), occult neoplasia, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for neoplasia in the chest.
- Consider a fecal evaluation for ova and giardia as well as a GI panel (send to Texas A & M) to

further assess for underlying gastrointestinal and pancreatic disease.

- A thorough neurologic evaluation is also recommended to assess for the presence of subtle deficits as weight loss can be the sole clinical sign for primary brain tumors.



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 DACVIM (Small Animal Internal Medicine)
info@SonoPath.com