**PATIENT**

Dante Parkhill

SPECIES

Canine

BREED

American Bulldog

SEX

Neutered Male

AGE

8 Yrs. 10 months

WEIGHT

55.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Potomac Mobile
Veterinary Ultrasound

HOSPITAL NAME

Silver Spring AH

REFERRING VET

Dr. Cathy Jarrett

INVOICE

12971

DATE

2/8/22

PRESENTING CLINICAL SIGNS

History: 6 lb weight loss in 6 months. Chronic constipation.

Abnormal PE/Chem/CBC/UA Results: Last CBC/Chem was done in June 2021 and it was WNL. U/A: USG 1.013.

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 (1.80 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 (6.73 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (6.99 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. A cortical infarct is observed at the caudolateral aspect. A few small cortical cysts are seen. There is no evidence of pyelectasia, nephroliths or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.55 cm at cranial pole) (0.71 cm at caudal pole) (3.11 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.

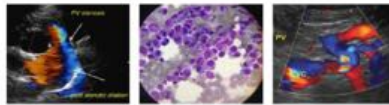
The right adrenal gland is normal size (0.80 cm at cranial pole) (0.62 cm at caudal pole) (3.42 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (2.49 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. The echotexture is diffusely coarse in appearance. 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/not seen.

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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 ileocecal colic junction and colonic wall are normal. The colonic lumen contains shadowing fecal material. No obstructive disease is noted.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 2.70 x 0.87 cm lymph node is observed at the aortic trifurcation. A 1.54 cm colic lymph node is also seen.

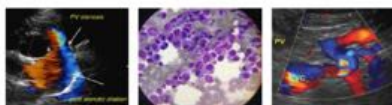
ULTRASONOGRAPHIC FINDINGS

- Right renal cortical infarct
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

*An obvious cause for the patient's weight loss is not identified in this study. Considerations include maldigestion/malabsorption, low-grade pancreatitis, underlying metabolic issue, occult neoplasia, inadequate caloric intake, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Evaluation of the patient's daily caloric intake is recommended to ensure adequate calories are being consumed.
- Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest.
- A thorough neurologic evaluation is recommended as weight loss can be the sole clinical sign for primary brain tumors.
- Baseline labwork including a CBC chemistry panel, urinalysis and T4 is recommended to evaluate overall metabolic function.
- Other diagnostic considerations include:
 1. Malabsorption panel including serum cobalamin, folate, TLI and PLI
 2. A fecal evaluation for ova/Giardia
 3. Ultimately, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.



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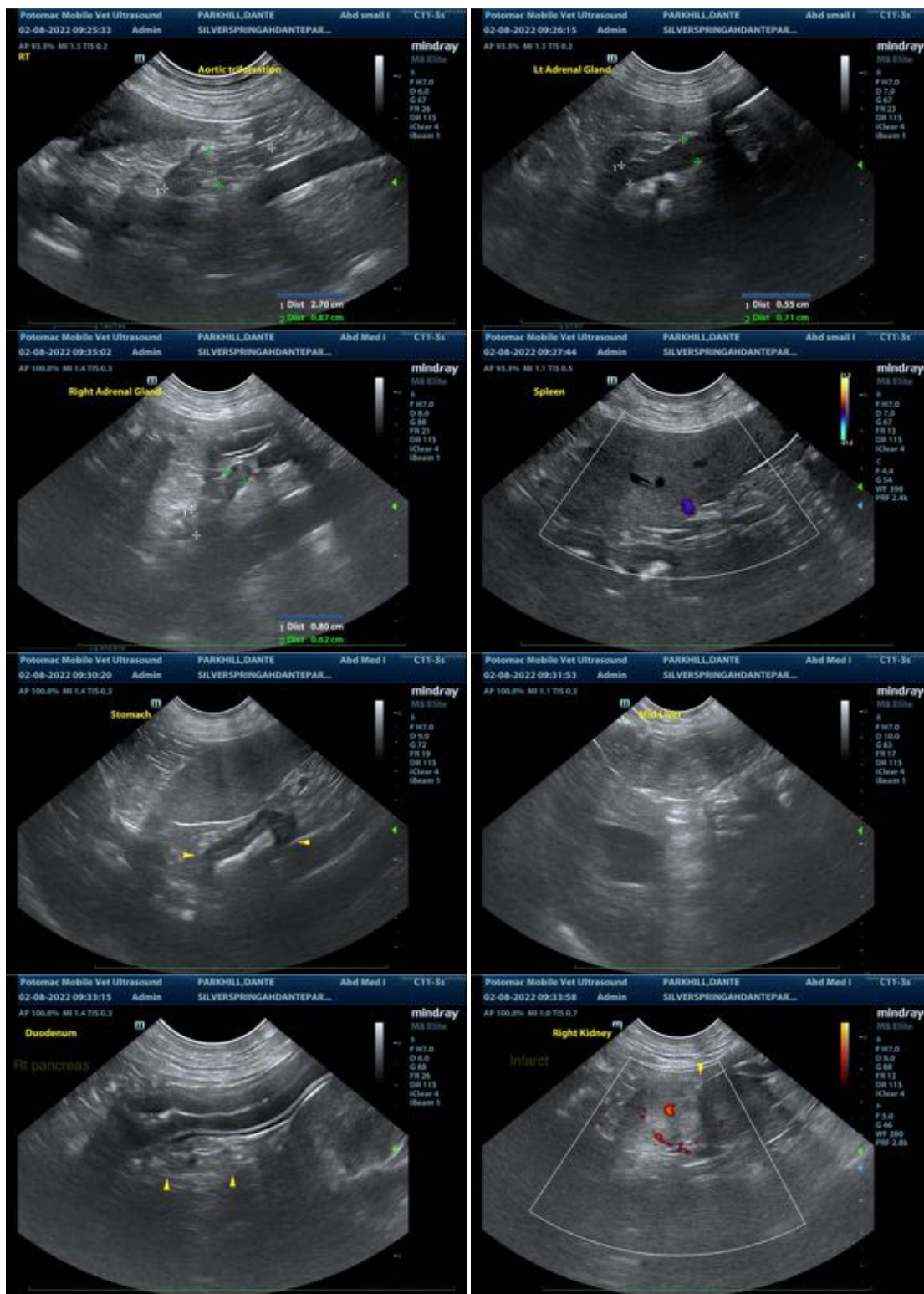
Dr. Cathy Jarrett

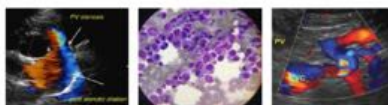
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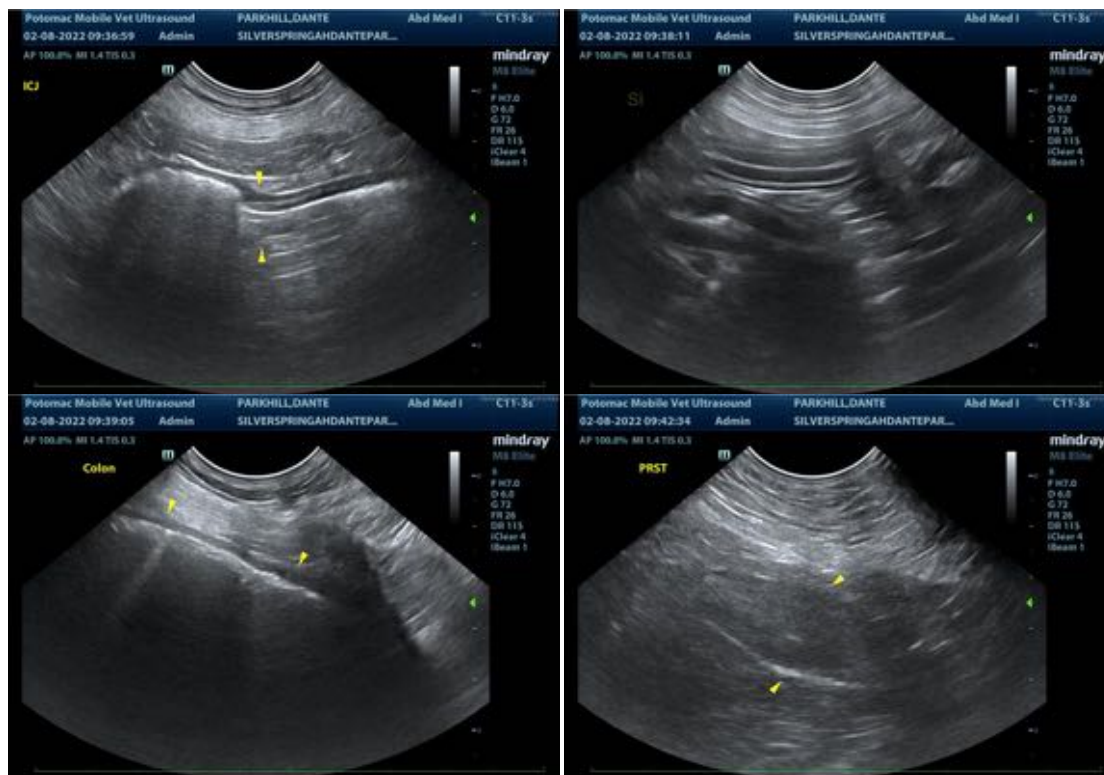
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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