

**DATE PRESENTING CLINICAL SIGNS**

3/16/2022

Consistent weight loss. Previous ultrasound done nsf, labs normal, currently pet on GI fiber response. About a year ago pet has mammary adenocarcinoma removed.

PATIENT

QQ Shang

Current Medications: None listed.

Lab Results: See attached.

Date of Previous IntraPet Ultrasound: 4/26/21. See attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SPECIES

Canine

BREED

Border Collie

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed Female

Urinary System

The bladder is moderately distended. A small to moderate amount of aggregated echogenic suspended debris as well as a small to moderate of gravity dependent mineralized sand 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.

AGE

12/22/2012

The left kidney presented normal size (5.81 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.

WEIGHT

33.5lbs

The right kidney presented normal size (4.62 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.

INTERPRETED BY

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Adrenal Glands

The left adrenal gland is normal size (0.52 cm at cranial pole) (0.50 cm at caudal pole) (2.93 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.

HOSPITAL NAME

Claws N Paws Animal
Hospital

The right adrenal gland is normal size (0.64 cm at cranial pole) (0.60 cm at caudal pole) (1.96 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.

REFERRING VET

Dr. Singh

Spleen

The spleen is normal in size (1.41 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.

INVOICE

10551

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. A small amount of suspended echogenic debris as well as a scant amount of mineralized sand is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is mildly gas distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern. There is mild thickening of the submucosal layer in some segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. 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

Primary Findings

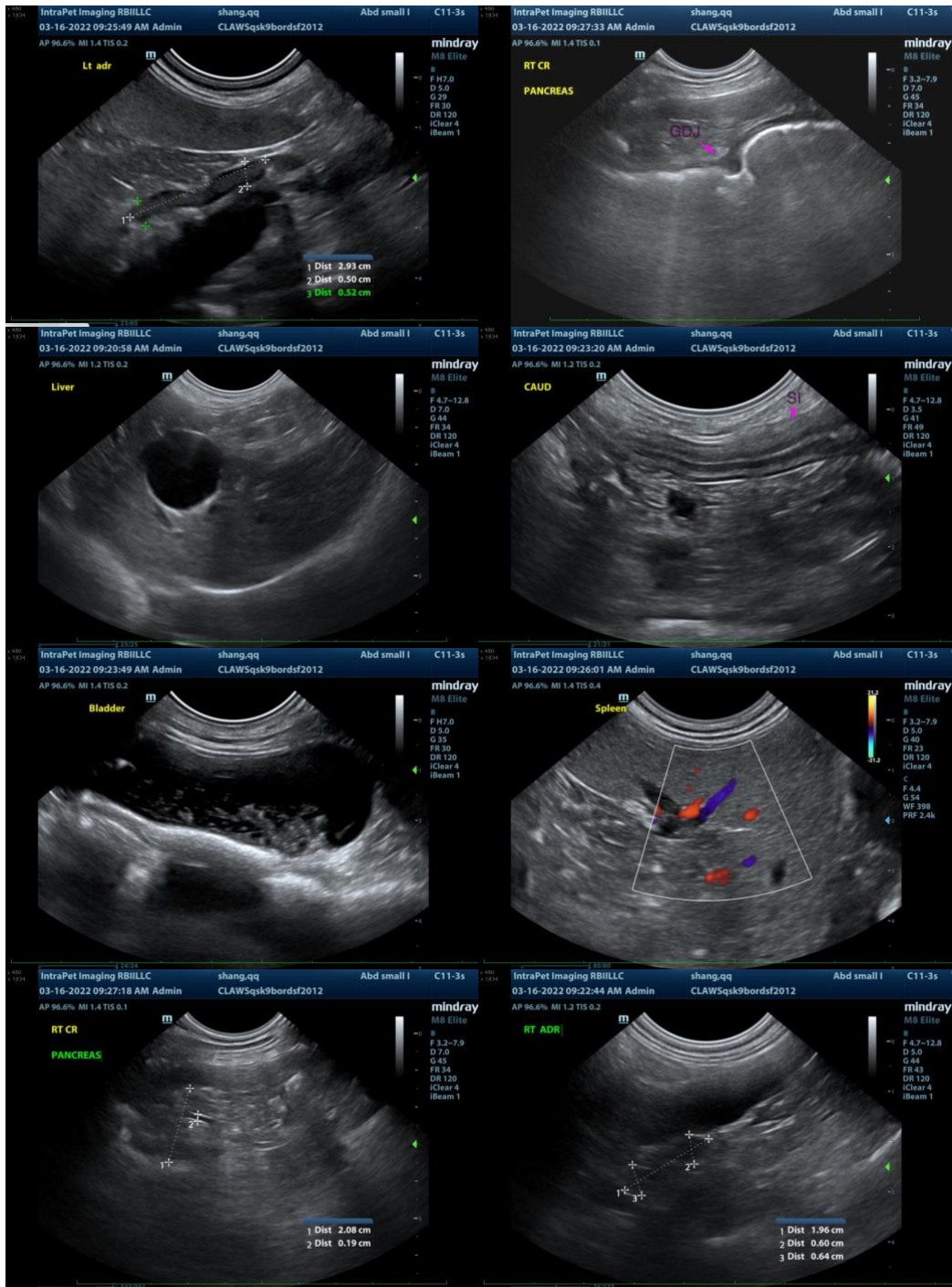
- Urinary bladder sand/debris
- Minor age-related hepatic changes, which are considered clinically insignificant.
- Mild age-related pancreatic remodeling in the right limb.
- The small intestinal wall changes could be with inflammatory bowel disease. However, correlation with clinical finding is recommended.

*Possible causes for the patient's weight loss include inadequate caloric intake, maldigestion/malabsorption, occult neoplasia, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Calculation of the patient's daily caloric intake is recommended to determine if weight loss is iatrogenic. If caloric intake is adequate, consider the following diagnostics:

1. Three-view thoracic radiographs to assess for occult neoplasia
2. GI panel (i.e., serum cobalamin, folate, TLI and PLI)
3. Fecal evaluation for ova and Giardia
4. +/- GI biopsies (endoscopic or surgical)



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 imaging interpretation does not parallel your findings or if I can be

of any further assistance, please contact me.

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