

**DATE PRESENTING CLINICAL SIGNS**

3/31/2022 Being treated for respiratory issue and losing weight despite Pred and increase in food.

PATIENT

Brock DeLozier

Current Medications: Clavamox, Panacur, Prednisone, Zeniquin.
 Lab Results: See attached.
 CB.C chemistry unremarkable. 4dx negative. T4 normal.

SPECIES

Canine

Radiographs: Significant bronchial densities around heart base and R cranial lung field- some alveolar pattern noted, minimal response to medications.
 Date of Previous IntraPet Ultrasound:
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.

BREED

American Staffordshire Terrier

Imaging Performed By: Andi Parkinson, RDMS.

SEX

Neutered Male

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.

AGE

2/15/2016

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

WEIGHT

6 lbs

The left kidney is normal size (8.38 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.

INTERPRETED BY

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

The left kidney is normal size (6.91 cm in length); normal shape and architecture with 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.

HOSPITAL NAME

Bayside Animal Medical Center

Adrenal Glands

The left adrenal gland is normal size (0.66 cm at cranial pole) (0.64 cm at caudal pole) (3.13 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. DeLozier

The right adrenal gland is normal size (1.15 cm at cranial pole) (0.73 cm at caudal pole) (2.90 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.

INVOICE

10640

Spleen

The spleen is normal in size (1.96 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. There is appropriate echogenicity and echotexture. 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.

Gastrointestinal

The gastric lumen is moderately 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

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. 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

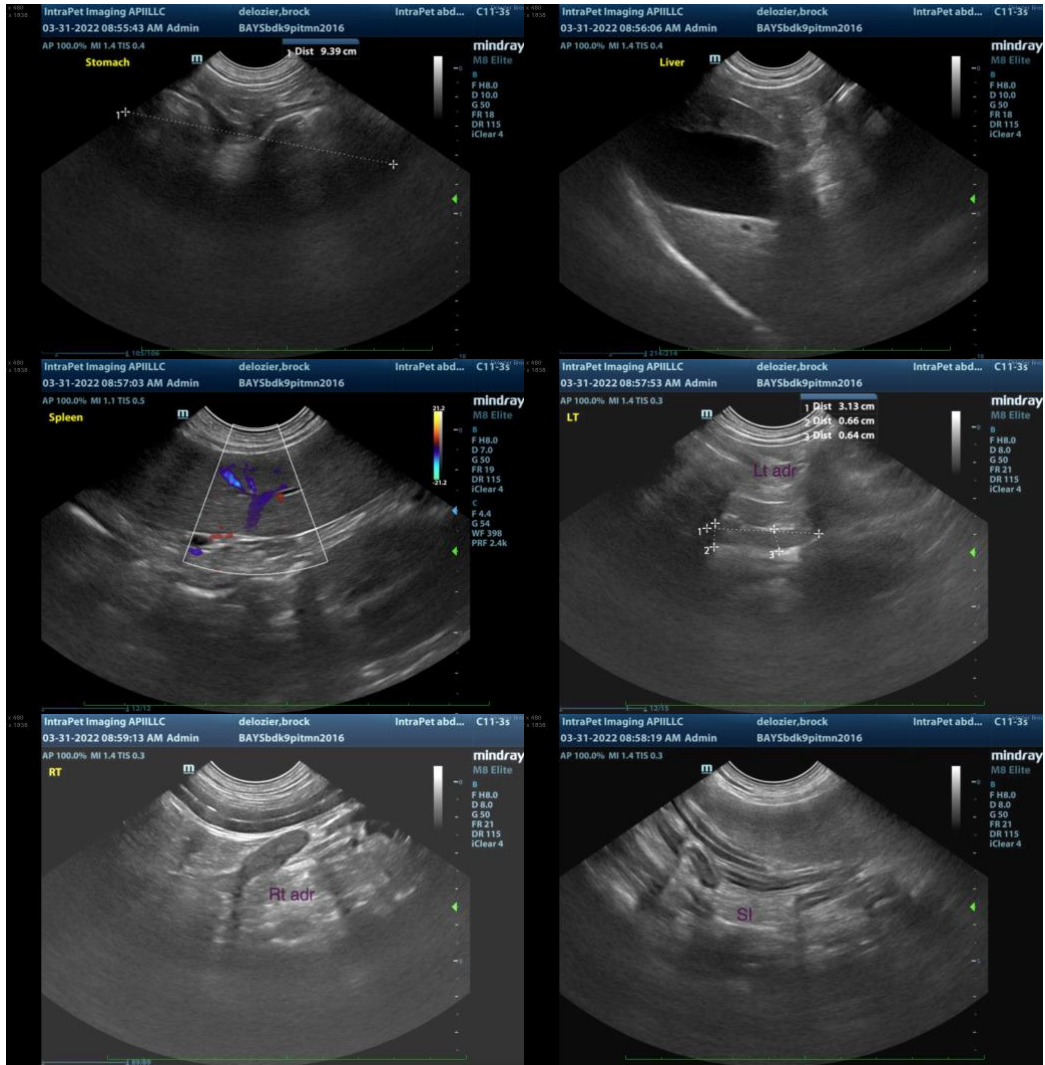
Primary Findings

- Minor chronic age-related renal changes. The remainder of the abdomen is unremarkable.

**An obvious cause for the patient's clinical signs is not identified in this study. Considerations include maldigestion/malabsorption, respiratory disease, underlying metabolic issue, occult neoplasia, primary neurologic disease, , other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's history of respiratory disease, consider a thoracic CT and bronchoalveolar lavage to further evaluate the underlying pathology.
- A thorough neurologic examination is also recommended, as primary brain tumors can sometimes present with weight loss as the sole clinical sign.
- A malabsorption panel, including serum cobalamin and folate, TLI and PLI, should also be considered.
- Further testing should be based on the results of the above diagnostics.



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