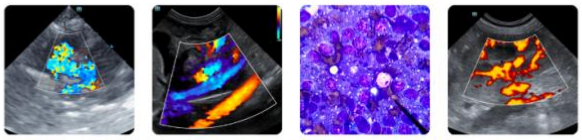

DATE

5-22-26

PATIENT

Jackson Willis

SPECIES

Canine

BREED

Lab

SEX

Neutered Male

AGE

7/1/2018

WEIGHT

52lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Madonna
Veterinary Clinic

REFERRING VET

Dr. Brockett

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PRESENTING CLINICAL SIGNS

Patient History: Patient has good appetite, eating normally. Losing excessive amount of weight. Bloodwork within normal limits. Abdominal radiographs are normal.

Current Medications: None at this time.
Labwork Results: Labwork attached and pending.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 4.0 cm, are normal.

The prostate is mildly enlarged (1.70 cm in width) with smooth peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and homogenous in appearance. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (6.41 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 (6.94 cm in length) with a normal shape, architecture and 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.87 cm at cranial pole) (0.67 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 right adrenal gland is normal in size (0.80 cm at cranial pole) (0.68 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.

Spleen

The spleen is normal in size (1.68 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 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 gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in

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thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The gastric lumen is moderately-distended with ingesta and some fragmented shadowing material. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is distended with chyme. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no obvious 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
There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying.
- The mild prostatomegaly could be consistent with late-in-life neutering (if applicable), prostatitis, emerging neoplasia (i.e., adenocarcinoma, transitional cell carcinoma), other.

Secondary Findings

- Minor age-related hepatic parenchymal remodeling

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Orthopedic and neurologic examinations are recommended to assess for nonmetabolic causes of weight loss.
- Three-view thoracic radiographs are recommended to assess for occult pathology in the chest.
- Also consider a fecal evaluation for ova and Giardia, along with a GI panel including serum cobalamin and folate, TLI, PLI and resting cortisol level.
- Depending on the results of the above diagnostics, further work-up (i.e., GI biopsies) may be indicated.
- Regarding the prostatomegaly, consider a urine BRAF test to further evaluate for lower urinary tract neoplasia, particularly if the clinical suspicion for disease is high. A positive test confirms neoplasia.

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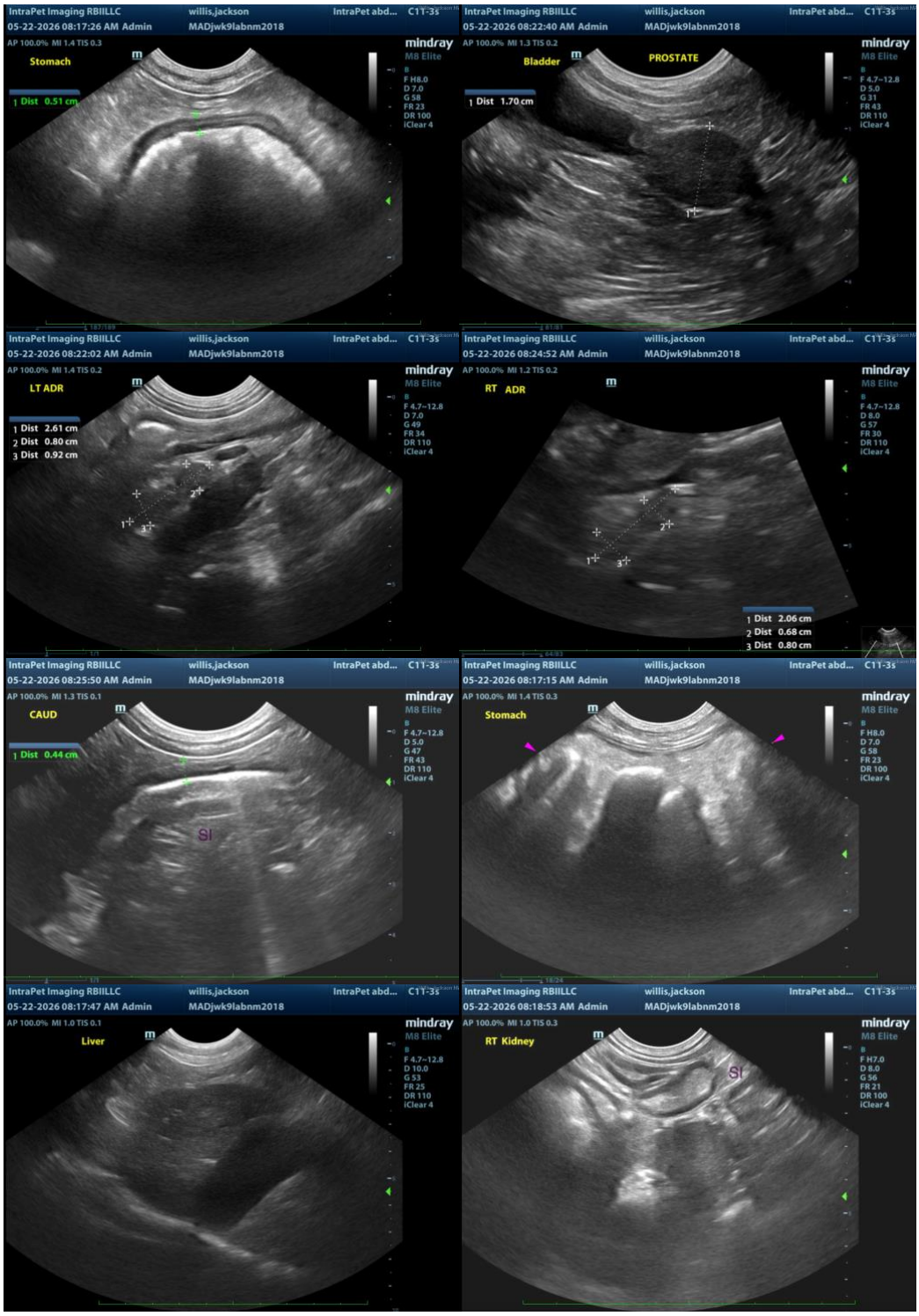
However, a negative test does not rule out the possibility of cancer, and further testing (i.e., biopsies) may be necessary to get a definitive diagnosis.



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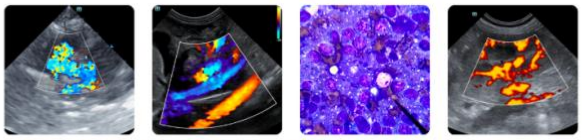
IntraPet.com



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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