



PATIENT

Ziomek Czyzewski

SPECIES

Canine

BREED

Schnauzer, Giant

SEX

Neutered Male

AGE

8 Years 8 Months

WEIGHT

84.2 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kaitlyn Rudie, DVM

HOSPITAL NAME

Sherwood Family PC

REFERRING VET

Kaitlyn Rudie, DVM

INVOICE

22299

DATE

5/3/23

PRESENTING CLINICAL SIGNS

History: P presented on 4/25 for gradual weight loss despite caloric excess (2100 Kcal per day). P had been exercising a lot the month prior, but had been at home with no improvement in weight since that time. Currently eating a raw diet mixed with kibble. Has a good appetite. Energy has been normal, no V/D. On long term Doxycycline, Niacinamide and Pentoxifylline for Lupoid onchodystrophy, well controlled currently.

Abnormal PE/Chem/CBC/UA Results: Fecal WNL, Chem 27, CBC, UA WNL Thoracic radiographs: thoracic discospondylosis, normal cardiac silhouette, end on pulmonary vessels, mild bronchointerstitial pattern.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. Luminal contents are mostly anechoic. No masses, inflammatory changes or calculi are observed. The region of the trigone and visible portion of the proximal pelvic urethra are normal.

The left kidney presented normal in size (8.01 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 hydronephrosis. Renal vasculature is normal.

The right kidney presented normal in 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 minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.62 cm at cranial pole) (0.58 cm at caudal pole); 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 region of the right adrenal gland is evaluated. The gland is not definitively visualized. However, no obvious abnormalities are observed in this region.

Spleen

The spleen is normal in size (2.19 cm) 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.



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Gastrointestinal

The gastric lumen is not distended. 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. There is no evidence of an obstructive pattern.

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.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

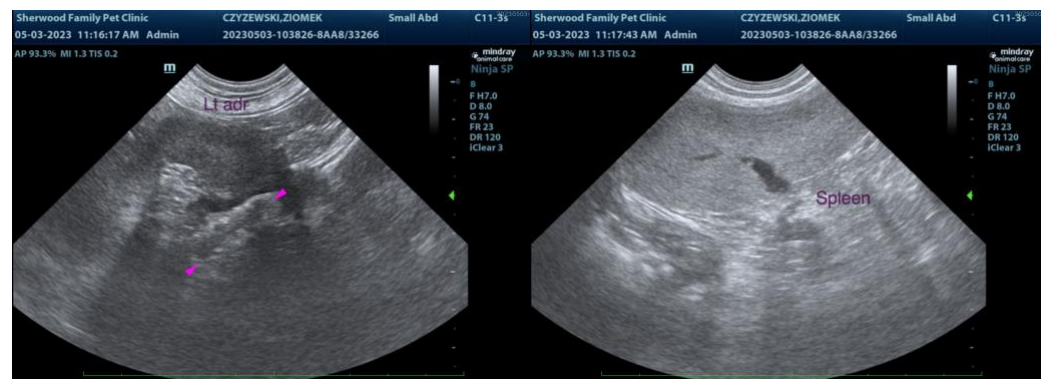
ULTRASONOGRAPHIC FINDINGS

- Unremarkable abdomen

*An obvious cause for the patients weight loss is not definitively identified in this study. Considerations include maldigestion/malabsorption, occult neoplasia, underlying metabolic issue (orthopedic or neurologic disease), other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider orthopedic and/or neurological examination to assess for non-metabolic causes of weight loss.
- A malabsorption panel, including serum cobalamin, folate, TLI and PLI is recommended to assess for maldigestion/malabsorption and pancreatic disease.
- If the above diagnostics are inconclusive, GI biopsies may be warranted to assess for a microscopic enteropathy.





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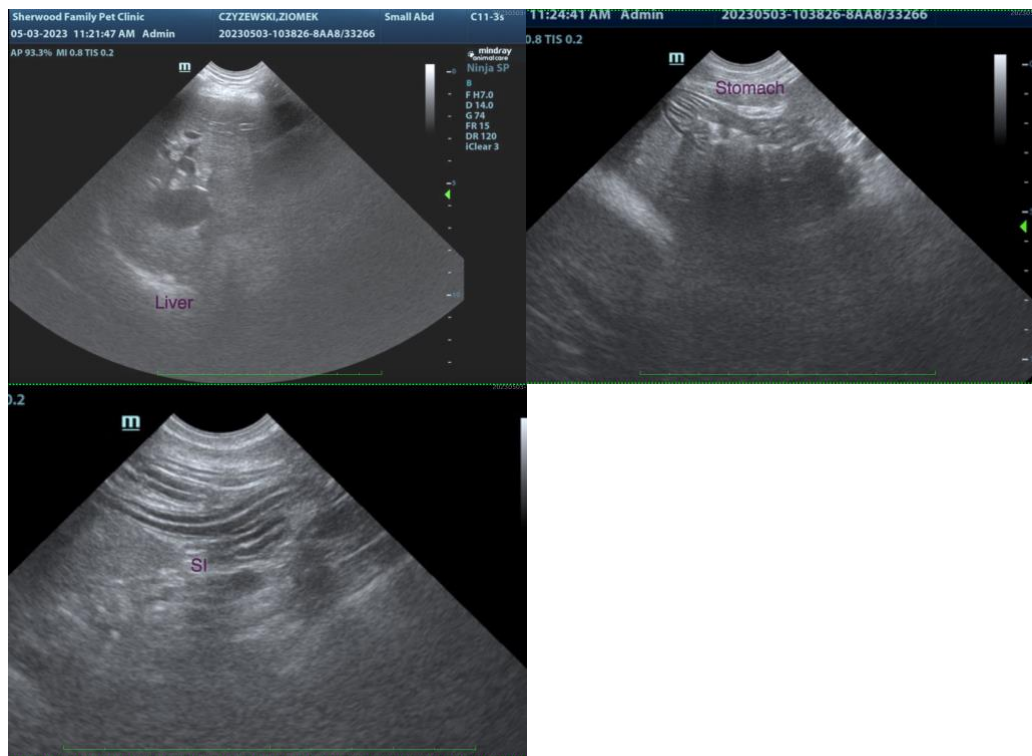
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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