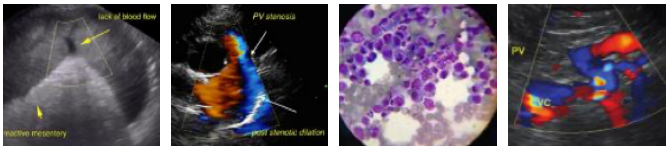


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Snoopy Robertson

SPECIES

Canine

BREED

Maltipoo

SEX

Male, intact

AGE

7 Yrs.

WEIGHT

7.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Harold Mike Beard

HOSPITAL NAME

Animal Care Veterinary Center

REFERRING VET

Dr. Wadley

INVOICE

15074

DATE

6/21/23

PRESENTING CLINICAL SIGNS

History: Weight loss and loss of mobility with a history of IVDS? RDVM was concerned about IBD because of the weight loss.
Abnormal PE/Chem/CBC/UA Results: Previous CBC revealed a lymphopenia and a monocytosis. The chemistry revealed an increased ALT, however the dog was on steroids at the time. Survey radiographs reveals a normal chest, 3 views, the abdomen = stool in colon and food in stomach, no suggestion of disc disease on the lat or VD films. CBC, chemistry, UA today are pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (1.01 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 (3.80 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. Renal vasculature is normal.

The right kidney is normal size (xxx 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.38 cm at cranial pole) (0.43 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. No obvious pathology is observed in this region.

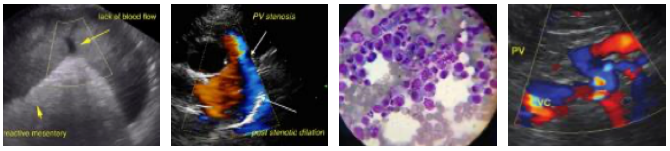
Spleen

The spleen is normal in size (0.79 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 enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular 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 adhered echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



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The gastric lumen is mildly 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. 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. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

- The hepatic parenchymal changes are non-specific and may be secondary to vacuolar hepatopathy (i.e., endocrine, idiopathic), inflammatory disease (i.e., chronic hepatitis, bacterial cholangiohepatitis), hepatotoxicosis (i.e., copper), Leptospirosis, other hepatopathy or some combination thereof.

*An obvious cause for the patient's weight loss is not definitively identified in this study. Considerations include microscopic gastrointestinal disease, occult neoplasia, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the history of weight loss, consider the following:

1. Fecal evaluation for internal parasites
2. Texas GI panel including serum cobalamin, folate, TLI, PLI and resting cortisol level
3. Neurologic examination to assess for evidence of neuro deficits, as dogs with brain tumors can present with weight loss as the sole clinical sign
4. Depending on the results of the above diagnostics as well as the baseline lab work, GI biopsies (i.e., endoscopic or surgical) may be necessary to get a definitive diagnosis. If surgical biopsies are pursued, also consider liver biopsies with aerobic and anaerobic bile cultures as well as hepatic copper quantitation.

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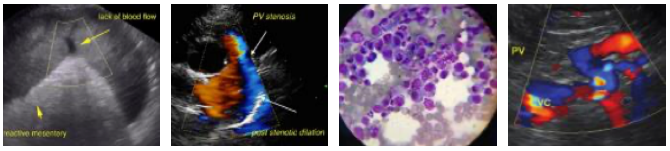

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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