



PATIENT

Ivy Hunter

SPECIES

Canine

BREED

Border Collie

SEX

Female Spayed

AGE

10 years

WEIGHT

49 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Brita Kiffney

HOSPITAL NAME

Northshore VH

REFERRING VET

Brita Kiffney

INVOICE

14029

DATE

8.10.23

PRESENTING CLINICAL SIGNS

History: Rapid weight loss and muscle wasting despite a ravenous appetite. No change in thirst, urination or energy level. Normal BM's. Has lost 10# without explanation in the last couple months.

Abnormal PE/Chem/CBC/UA Results: CBC: WNL Chem: slight SDMA elevation, otherwise normal - suspect dehydration, stress panting Urine needed to complete test

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. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (6.04 cm in length) with a normal shape, architecture and 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.

The right kidney is normal in size (5.39 cm in length) size with a normal shape and smooth peripheral contours. 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.

Adrenal Glands

The region of the adrenal glands is evaluated. The glands are not definitively visualized. However, no obvious abnormalities are observed in this region.

Spleen

The spleen is normal in size (1.61 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 gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The lumen is minimally fluid-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. The abdominal lymph nodes are normal/not visible.



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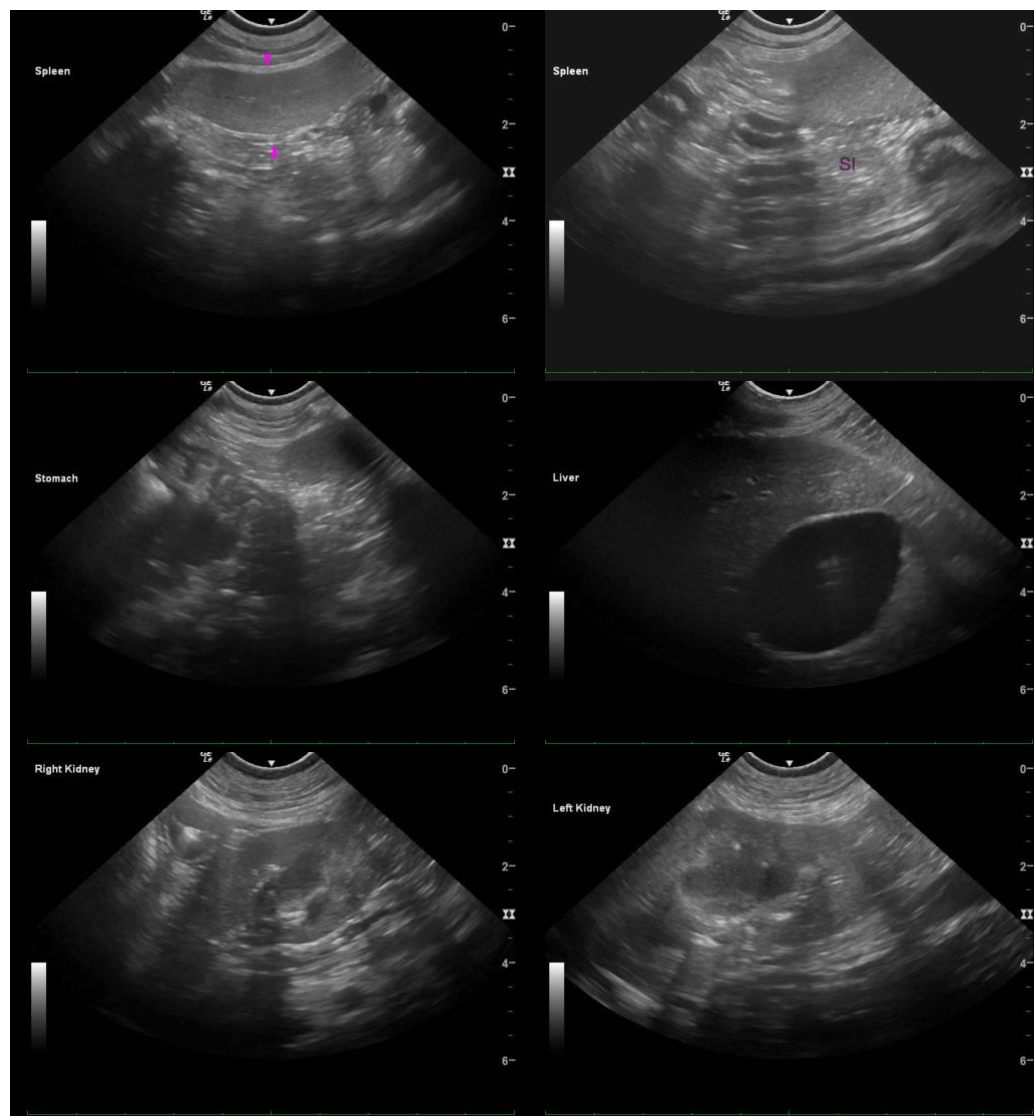
ULTRASONOGRAPHIC FINDINGS

- Minor age-related renal and pancreatic changes

*An obvious cause for the patient's weight loss is not definitively identified in this study. Considerations include maldigestion/malabsorption, occult neoplasia, sarcopenia, orthopedic and neurologic disease, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If the patient's thoracic radiographs were unremarkable, consider the following:
 1. Orthopedic and neurologic examinations to assess for nonmetabolic causes of weight loss.
 2. Texas GI panel including serum cobalamin and folate, TLI, PLI and resting cortisol level.
 3. Fecal evaluation for internal parasites
 4. Depending on the results of the above diagnostics, endoscopic or surgical GI biopsies may be indicated.





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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)
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