

**DATE PRESENTING CLINICAL SIGNS**

8/20/21

Weight loss.

PATIENT

Max Coker

Lab Results & Radiographs: Mild leukopenia with a neutropenia this past May. BUN 34, T4 normal, 4DX negative.

Most recent urinalysis from August USG 1.022, no protein, inactive sediment

Date of Previous IntraPet Ultrasound: No previous

Sedation: declined, patient tense

Stat Report: not requested

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

Papillon Mix

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension.

The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone is normal.

SEX

Male, neutered

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

AGE

2009

The left kidney is normal size (3.42 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. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

7.2 lbs.

The right kidney is normal size (3.87 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. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.59 cm at cranial pole) (0.52 cm at caudal pole) (1.53 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.

HOSPITAL NAME

Animal Medical Center

The right adrenal gland is normal size (0.48 cm at cranial pole) (0.46 cm at caudal pole) (1.36 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. Chaudhry

Spleen

The spleen is normal in size (0.81 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few small myelolipomas are visualized at the hilus. Splenic vasculature is normal.

INVOICE

11933

Liver

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely heterogeneous in appearance with numerous varying sized hypoechoic nodules throughout the organ. 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 to moderate amount of echogenic debris is observed within the lumen, some of which is gravity-dependent and some of which is aggregated and suspended. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. 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 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.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Non-specific diffuse hepatopathy. Differentials include benign age-related pathology (i.e., regenerative nodular hyperplasia, vacuolar hepatopathy and/or age-related remodeling), infiltrative neoplasia (i.e., round cell tumor), other hepatopathy.
- Gallbladder debris- incidental.

Secondary Findings:

- Minor age-related renal pathology.

*An obvious cause for the patient's weight loss is not identified in this study. Considerations include occult neoplasia, microscopic gastrointestinal disease, liver disease, primary neurologic disease (i.e., brain tumor), other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the history of leukopenia/neutropenia, a CBC (send to an outside lab) with clinical pathology review is recommended.
- Also consider a comprehensive tick panel (send to North Carolina State University Vector Borne Disease Lab).
- A neurologic examination is recommended as brain tumors can present with weight loss as the sole clinical sign."
- Depending on the above results, a bone marrow aspirate may be warranted.
- Three-view thoracic radiographs are recommended to assess for occult neoplasia.
- Given the hepatic changes, an ultrasound guided liver aspirate can be considered (if clotting status is appropriate). A 25-gauge needle should be used.





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, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)
Andrea.nicastro@sonopath.com