



**PATIENT PRESENTING CLINICAL SIGNS**

**Blue Kern** Significant weight loss, head tremurs, staring at wall. Recommended U/S and neuro consult (owner wants to start with ultrasound) Not eating. Current meds: entyce 1.0ml SID, gabapentin 1c q 8hrs PRN, thyroid tabs 0.4mh 1T BID

**SPECIES** Abnormal PE/Chem/CBC/UA Results: T4 4.3, cholesterol 483, CPK 46

**Canine ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED** Urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Mastiff X

**SEX**

The prostate is mildly enlarged for a reportedly neutered dog, measuring 2.3 cm thick. Parenchyma is diffusely homogeneous and relatively hyperechoic. Normal distinct margins and symmetrical bilobed shape are maintained.

Neutered Male

**AGE**

Right kidney is normal in size (6.42 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

5 Years

Left kidney is normal in size (6.01 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

**WEIGHT**

**Adrenal Glands**

43 Pounds

Right adrenal gland is normal in size (2.9 cm long x 1.29 cm at cranial pole and 0.84 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**INTERPRETED BY**

Left adrenal gland is normal in size (2.95 cm long x 0.78 cm at cranial pole and 0.73 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Beth Johnson, DVM  
DACVIM

**Spleen**

**HOSPITAL NAME**

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

ACC Flanders

**REFERRING VET**

**Liver**

Dr. Villari

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

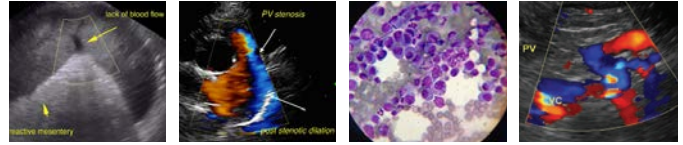
**INVOICE NUMBER**

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

33957

**DATE**

1/4/22



**PATIENT** *Gastrointestinal*

Blue Kern

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

**SPECIES**

Canine

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

**BREED**

Mastiff X

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

**SEX**

Neutered Male

**Pancreas**

Pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

**Free Abdomen**

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

**AGE**

5 Years

**ULTRASONOGRAPHIC FINDINGS**

- Slightly large, hyperechoic prostate for a reportedly neutered dog – If this patient is intact or was recently neutered, these findings are most consistent with benign prostatic hyperplasia.

**WEIGHT**

43 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If this patient was neutered as a puppy, recommendations are routine monitoring of the prostate for changes suggestive of pathology, especially if any urinary signs develop. If urinary signs develop and/or the prostate changes, and/or if this dog was neutered as a puppy and the desire is to be aggressive in ruling out disease, submission of urine to look for BRAF gene mutation (which is associated with urinary bladder/prostate cancer) could be considered. However, neoplasia is considered very unlikely given the appearance of the prostate.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**HOSPITAL NAME**

ACC Flanders

Given the reported decreased appetite, weight loss and neurologic signs, other recommendations include a blood pressure (if not already performed) as well as gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory. A baseline cortisol is also recommended to rule out hypoadrenocorticism followed by a full ACTH stimulation test if the baseline cortisol is <2.0.

**REFERRING VET**

Dr. Villari

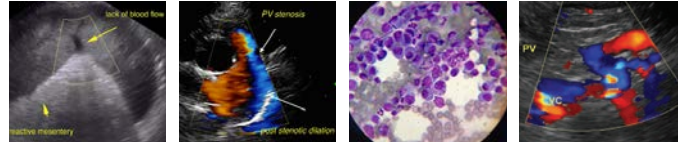
If not already evaluated, a urinalysis to rule out proteinuria is also recommended. If there is protein in the urine, a follow up urine protein/creatinine ratio would be recommended, as protein loss can lead to a hyperthrombotic state, which can result in vascular events and neurologic signs associated with them. Thoracic radiographs are also recommended to further assess cardiopulmonary status, followed ultimately by consultation with a neurologist if another medical underlying cause cannot be determined.

**INVOICE NUMBER**

33957

**DATE**

1/4/22



**PATIENT**

Blue Kern

**SPECIES**

Canine

**BREED**

Mastiff X

**SEX**

Neutered Male

**AGE**

5 Years

**WEIGHT**

43 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**HOSPITAL NAME**

ACC Flanders

**REFERRING VET**

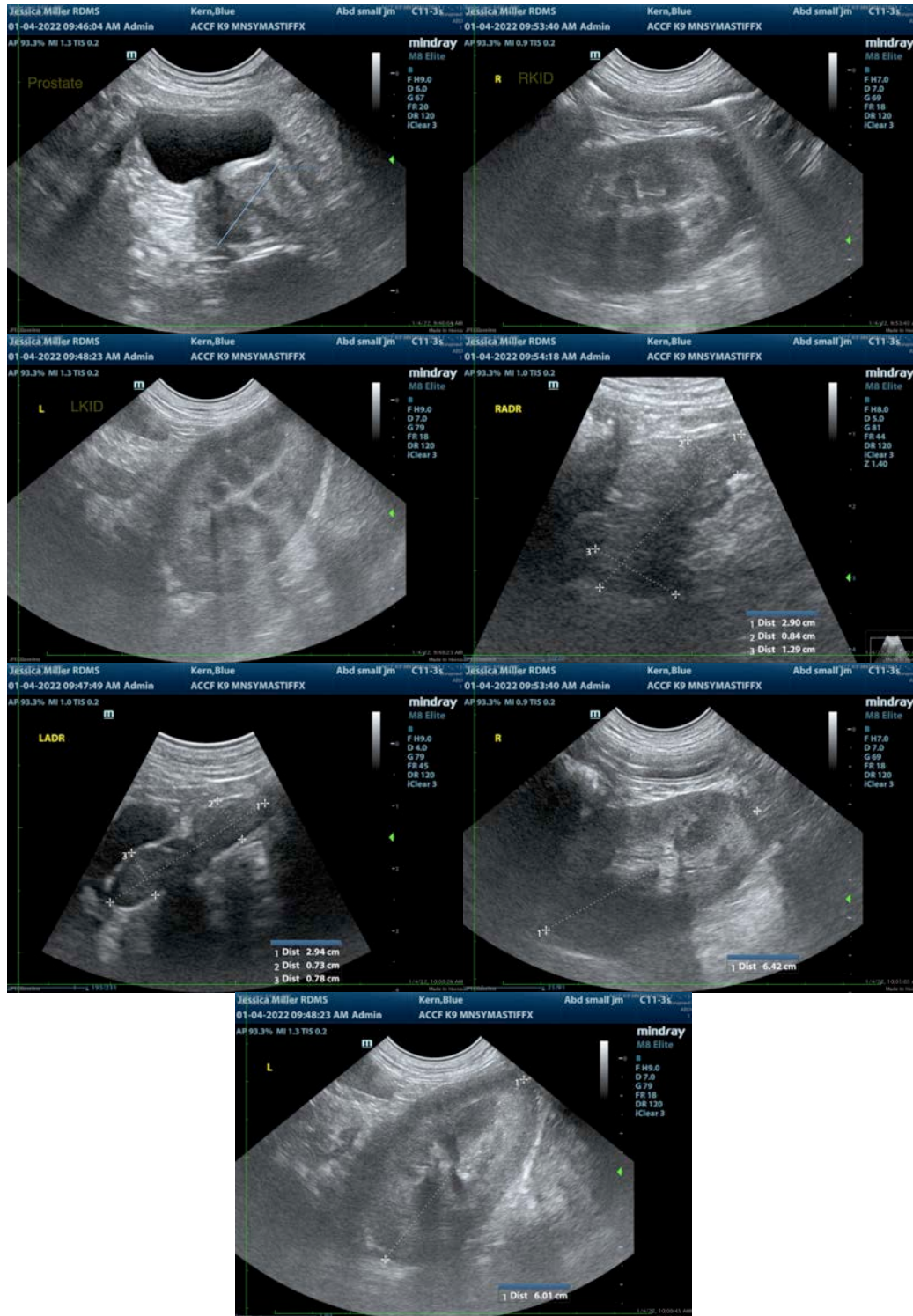
Dr. Villari

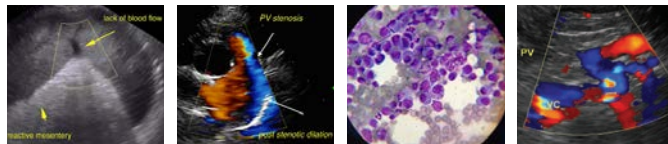
**INVOICE NUMBER**

33957

**DATE**

1/4/22





**PATIENT** 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.

Blue Kern

**SPECIES**

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.

Canine

**Beth Johnson, DVM, DACVIM**  
Beth.Johnson@sonopath.com

**BREED**

Mastiff X

**SEX**

Neutered Male

**AGE**

5 Years

**WEIGHT**

43 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**HOSPITAL NAME**

ACC Flanders

**REFERRING VET**

Dr. Villari

**INVOICE NUMBER**

33957

**DATE**

1/4/22