



**PATIENT**

Georgia Kim

**PRESENTING CLINICAL SIGNS**

Weight loss of 6 lbs over 1 year despite adequate intake of kcal, no sick signs. No reported meds. No current bloods.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: U/A: pH 5.5, USG 1.053.

**BREED**

Golden Retriever

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The 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.

**SEX**

Spayed Female

The right kidney is normal in size (6.61 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. A subtle/mild hyperechoic band parallel to the corticomedullary border is present.

**AGE**

6 Years

The left kidney is normal in size (5.18 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. A subtle/mild hyperechoic band parallel to the corticomedullary border is present.

**WEIGHT**

57.8 Pounds

**Adrenal Glands**

The right adrenal gland is normal in size (2.0 cm long x 1.59 cm at the cranial pole and 0.67 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

The left adrenal gland is normal in size (0.92 cm at the cranial pole and 0.90 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**IMAGING PERFORMED BY**

Kelly Vazquez

**Spleen**

The 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.

**HOSPITAL NAME**

Animal General  
on the Hudson

**Liver**

The 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.

**REFERRING VET**

Dr. Vivian Ng

**INVOICE**

42505

The 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.

**Gastrointestinal**

**DATE**

11/2/22

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



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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.

**SPECIES**

Canine

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

**Pancreas**

**BREED**

Golden Retriever

The 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.

**SEX**

Spayed Female

**Free Abdomen**

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

**AGE**

6 Years

**ULTRASONOGRAPHIC FINDINGS**

- **Subtle/mild bilateral medullary rim sign** - This finding is of unknown clinical significance and can be a normal variant, often idiopathic. Medullary rim sign can be present with renal disease including FIP, lymphoma, hypercalcemic nephropathy, Leptospirosis, tubular disease, other and should be interpreted in combination with other more specific indications of kidney disease such as isosthenuria, proteinuria, azotemia, etc. This is a common incidental finding in patients with diabetes mellitus.

**WEIGHT**

57.8 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

A general metabolic health screen in the form of a CBC/Chem panel and electrolytes is recommended with close attention paid to kidney values as well as blood glucose, given the subtle medullary rim sign.

**IMAGING PERFORMED BY**

Kelly Vazquez

Additionally, given this patient's reported weight loss, a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

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A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

Finally, while atypical/rare in dogs, if another reason is not found for this patient's weight loss despite reportedly normal caloric intake, a thyroid panel would be recommended to rule out hyperthyroidism.

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**SPECIES**

Canine

**BREED**

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**SEX**

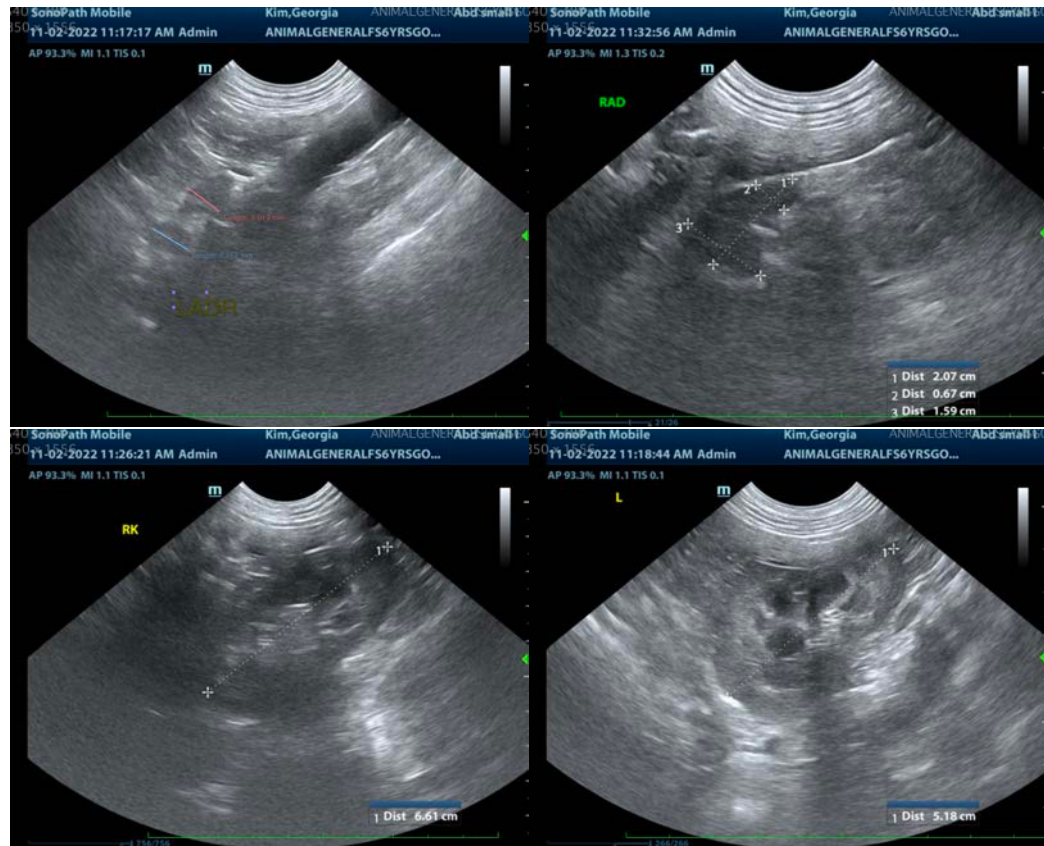
Spayed Female

**AGE**

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**WEIGHT**

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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.

**Beth Johnson, DVM, DACVIM**  
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