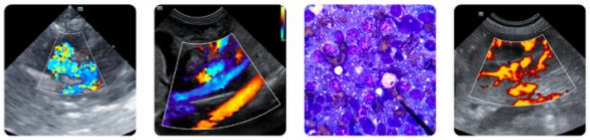


PATIENT

Griffiin Matthews

SPECIES

Canine

BREED

German Wirehaired Pointer

SEX

Male

AGE

5 Years

WEIGHT

80 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Christina, CVT

HOSPITAL NAME

Animal Health VC

REFERRING VET

Dr. Rodriguez

INVOICE

35948

DATE

2/24/26

PRESENTING CLINICAL SIGNS

- Past 3 weeks P has been losing weight (Usually 90#), painful (Dx of Discospondylitis early 2025 - treated w/ 12 week Enrofloxacin and recovered well)
- Increased food to 8 cups a day of Purina Sport but continued to lose weight
- Currently on Rimadyl, Amantadine, Pregabalin and Fortiflora
- Started severe diarrhea last night, no vomiting
- Abnormal PE/Chem/CBC/UA Results: Superchem and CBC all WNL GI Panel - TLI - >50 Pancreatic Lipase Immunoreactivity - 490 Cobalamin - 573 Folate - 14.8 Cortisol - 1.2

**The exam was partially limited by artifact, that may be rib artifact versus gas from GI tract, and/or poor contact.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately 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.

The prostate is unable to be visualized in these images.

Left kidney is normal in size (7.52 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.

Right kidney is normal in size (6.9 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.

Adrenal Glands

Left adrenal gland is normal in size (0.67 cm at cranial pole and 0.72 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

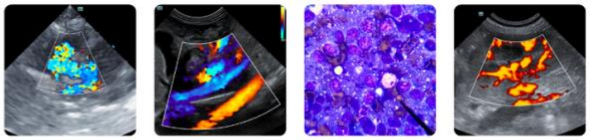
Right adrenal gland is unable to be visualized.

Spleen

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.

Liver

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



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homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. 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.

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

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- There is not a definitive ultrasonographically visible intraabdominal explanation for patient's reportedly unintentional weight loss noted in these images at this time.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the reported baseline cortisol result, if indicated, a full ACTH stimulation test may be appropriate.

If not recently evaluated, with special attention paid to possible proteinuria, urinalysis, and if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

Overall, a largely unremarkable ultrasound does not rule out emerging gastrointestinal disease/malabsorption. Therefore, if another diagnosis for unintentional weight loss is not found, malabsorption may remain a differential.

Otherwise, further evaluation for possible cardiac disease and/or neurologic disease versus other could be considered as a possible less common cause of unintentional weight loss.

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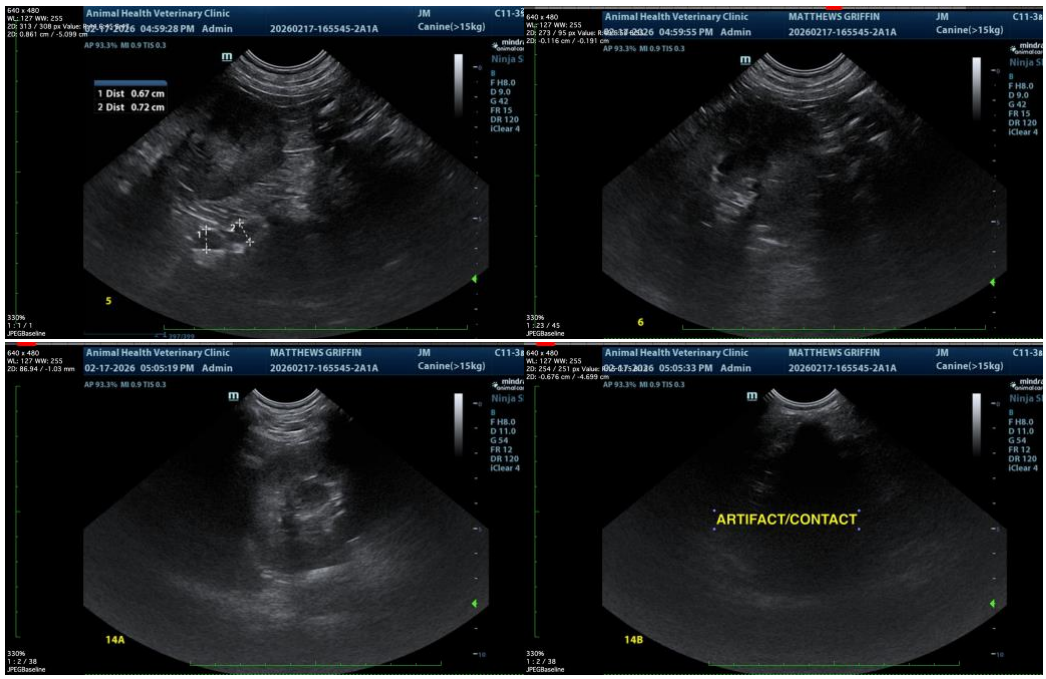

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@sonopath.com