



**PATIENT**

Reiner Hoffman

**SPECIES**

Canine

**BREED**

Husky

**SEX**

Intact Male

**AGE**

1 Year 7 Months

**WEIGHT**

40.7 Pounds

**INTERPRETED BY**

Kathleen Sennello DVM,  
MS, Diplomate ACVIM  
(Small Animal Internal  
Medicine)

**IMAGING PERFORMED BY**

Kevin Moon, DVM

**HOSPITAL NAME**

Shiloh Vet Hospital

**REFERRING VET**

Coleen Andrews, DVM

**INVOICE**

45731

**DATE**

3/7/23

**PRESENTING CLINICAL SIGNS**

BCS 4/9 P presented 2/3/23 for chronic weight loss. P has lost about 6lbs in 4 months, despite still being young. Appetite is finicky. O's are offering him up to 3 cups of sensitive stomach OTC food per day, but p rarely eats more than 2 cups

Abnormal PE/Chem/CBC/UA Results: CBC/Chem/T4/UA from 2/3 normal

**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.

Prostate is normal in size for an intact male (2.8 cm wide). Parenchyma is diffusely homogenous and relatively hyperechoic. Normal distinct margins and symmetrical bilobed shape are maintained.

The right kidney is normal in size (5.6 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.

The left kidney is normal in size (5.1 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**

The right adrenal gland is unable to be well visualized in these images.

The left adrenal gland is normal in size (0.35 cm at the cranial pole and 0.55 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**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.

**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.

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**

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.



**PATIENT**

Reiner Hoffman

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.

**BREED**

Husky

**Pancreas**

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**

Intact Male

**Free Abdomen**

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

**AGE**

1 Year 7 Months

The mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

**WEIGHT**

40.7 Pounds

**ULTRASONOGRAPHIC FINDINGS**

- **Reactive mesenteric lymph nodes** – infiltrative neoplastic disease cannot be ruled out but is considered less likely.
- Otherwise, relatively unremarkable/normal abdomen without an evident cause for the patient's reported inappetence.

**INTERPRETED BY**

Kathleen Sennello DVM,  
MS, Diplomate ACVIM  
(Small Animal Internal  
Medicine)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A fecal exam is recommended if not recently evaluated.

**IMAGING PERFORMED BY**

Kevin Moon, DVM

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.

**HOSPITAL NAME**

Shiloh Vet Hospital

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

**REFERRING VET**

Coleen Andrews, DVM

In the meantime, empirical management of possible mild gastritis/gastroenteritis/GERD with antiemetics, gastroprotectants, an appetite stimulant if necessary, and empirical deworming with a 5-day course of Panacur is recommended to potentially address subclinical nausea.

**INVOICE**

45731

Finally, if not already evaluated, further evaluation of cardiopulmonary status/rule out concurrent thoracic or esophageal disease is recommended via three view thoracic radiographs for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

**DATE**

3/7/23



**PATIENT**

Reiner Hoffman

**SPECIES**

Canine

**BREED**

Husky

**SEX**

Intact Male

**AGE**

1 Year 7 Months

**WEIGHT**

40.7 Pounds

**INTERPRETED BY**

Kathleen Sennello DVM,  
MS, Diplomate ACVIM  
(Small Animal Internal  
Medicine)

**IMAGING  
PERFORMED BY**

Kevin Moon, DVM

**HOSPITAL NAME**

Shiloh Vet Hospital

**REFERRING VET**

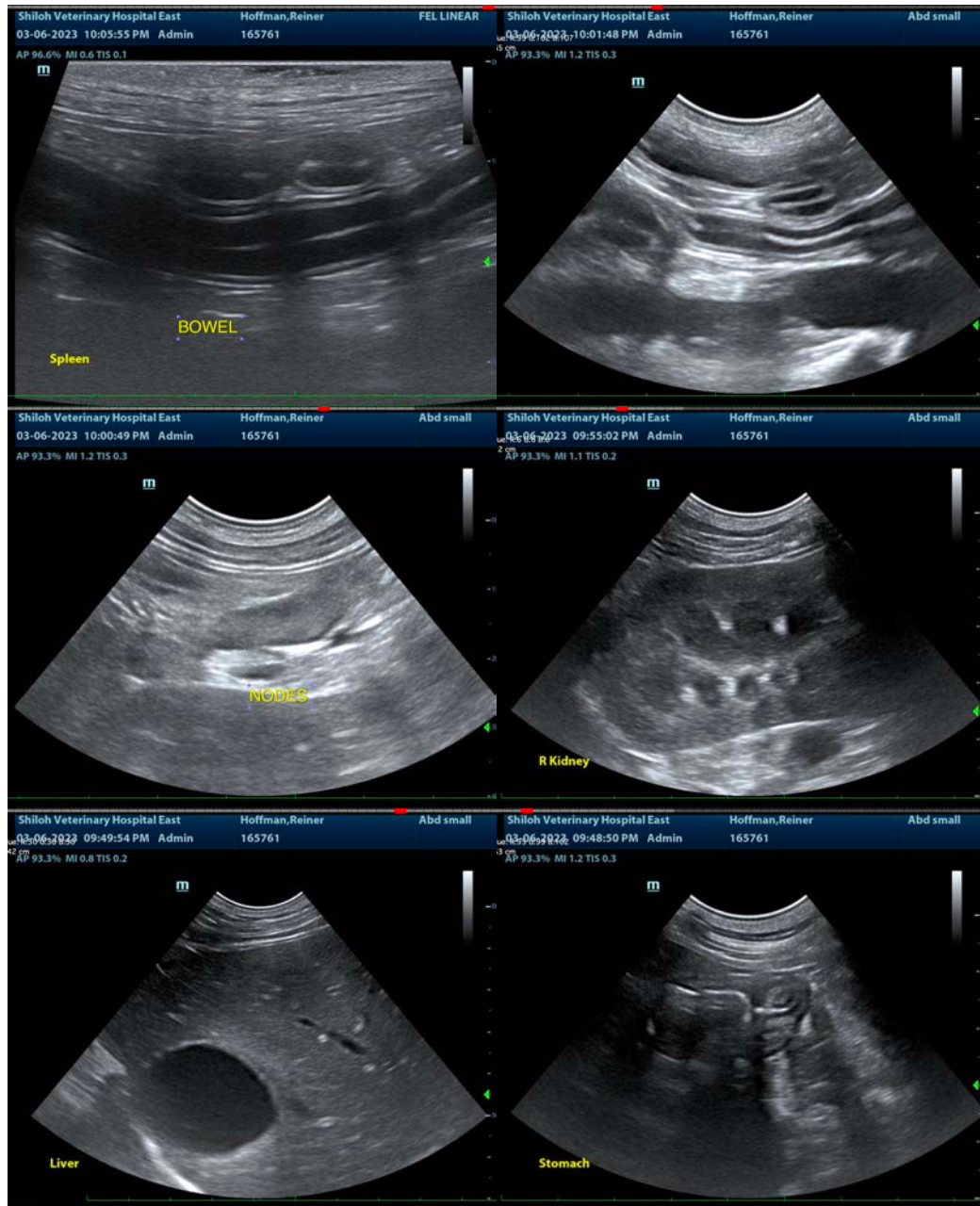
Coleen Andrews, DVM

**INVOICE**

45731

**DATE**

3/7/23





**PATIENT**

Reiner Hoffman

**SPECIES**

Canine

**BREED**

Husky

**SEX**

Intact Male

**AGE**

1 Year 7 Months

**WEIGHT**

40.7 Pounds

**INTERPRETED BY**

Kathleen Sennello DVM,  
MS, Diplomate ACVIM  
(Small Animal Internal  
Medicine)

**IMAGING PERFORMED BY**

Kevin Moon, DVM

**HOSPITAL NAME**

Shiloh Vet Hospital

**REFERRING VET**

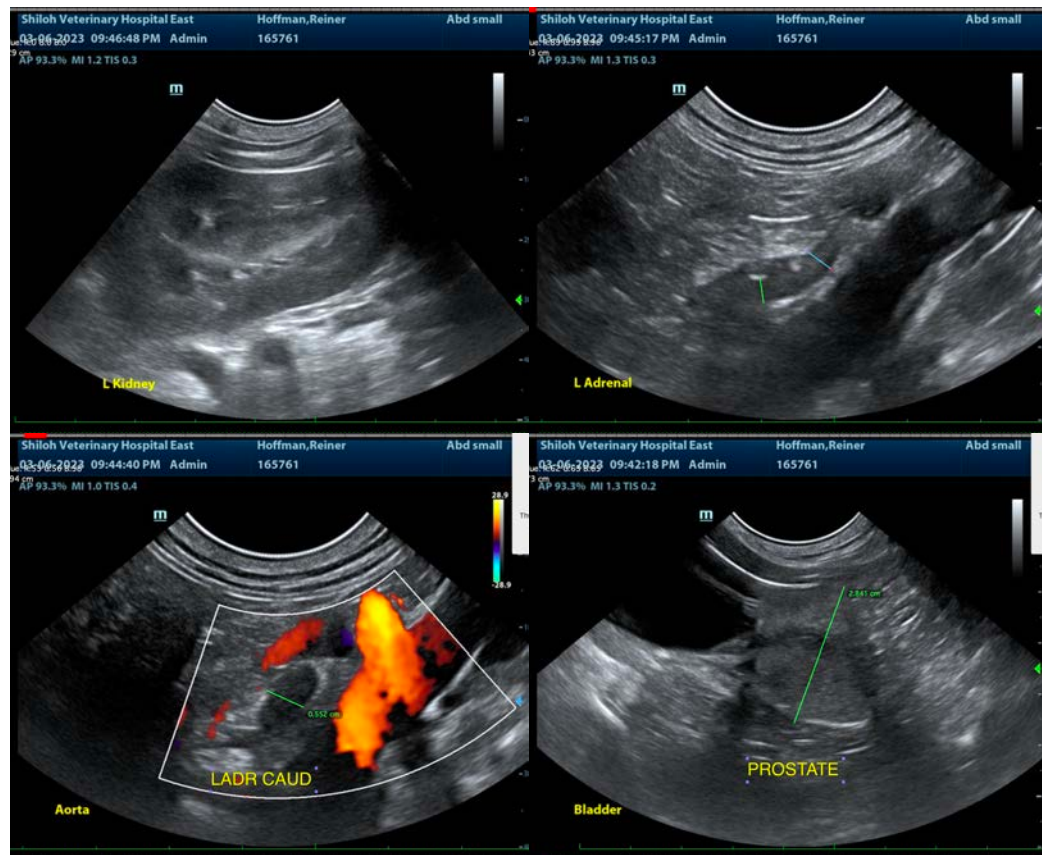
Coleen Andrews, DVM

**INVOICE**

45731

**DATE**

3/7/23



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**  
Beth.Johnson@sonopath.com