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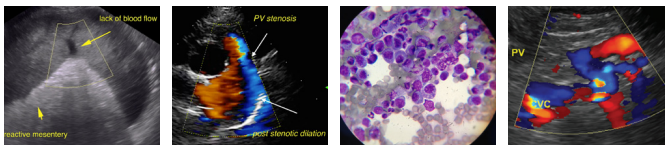


PATIENT

Teddy Hockenberry

SPECIES

Canine

BREED

Goldendoodle

SEX

Neutered Male

AGE

10 Years

WEIGHT

59 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Jack Reese

HOSPITAL NAME

Willow Run VC

REFERRING VET

Dr. Jack Reese

INVOICE

36712

DATE

4/6/22

PRESENTING CLINICAL SIGNS

Recent history of weight loss and dirt ingestion outside. O reports urinary accidents in house and grass and dirt ingestion when outside. Recent episode of lethargy and weakness at home. Labwork performed, recommend abdominal ultrasound
Abnormal PE/Chem/CBC/UA Results: Urinalysis - significant cocci present in sediment Bloodwork - mild elevation of cholesterol, no other significant changes

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 (neutered) is normal in size, echotexture and echogenicity for a neutered male.

The right kidney is normal in size (5.4 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 (6.5 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 mildly uniformly enlarged with a diffusely coarse heterogeneous parenchyma, but no deviation of capsule, no capsular expansion, and no vascular invasion apparent. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (2.6 cm long x 0.30 cm at the cranial pole and 0.39 cm at the caudal pole), but is subjectively flat in appearance. 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.

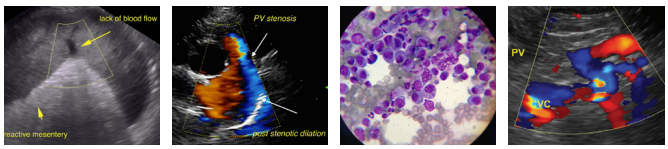
Liver

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 mildly distended with echogenic non-shadowing luminal contents and gas consistent



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with normal ingesta. There is 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 (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.

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

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.

Free Abdomen

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

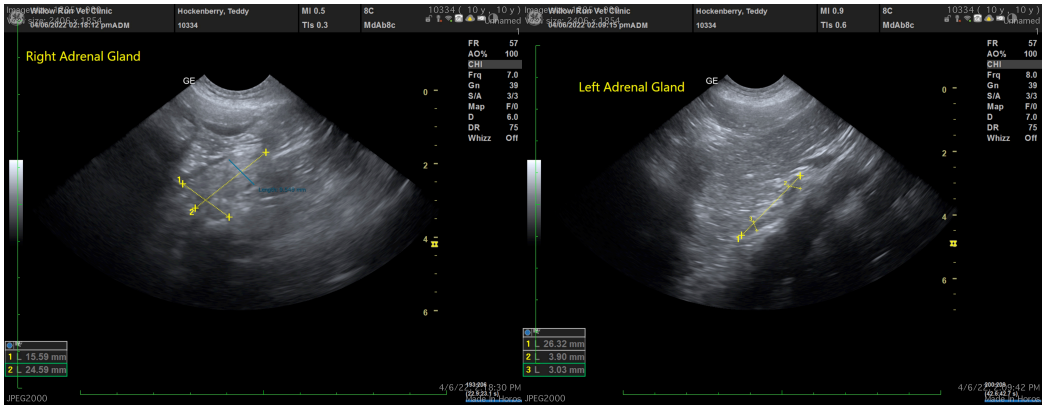
ULTRASONOGRAPHIC FINDINGS

- Mildly enlarged right adrenal gland with age related changes
- Subjectively small/flat left adrenal gland

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the reported weight loss and PICA, recommendations include further evaluation of the gastrointestinal tract with a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory. An ACTH stimulation test could also be considered, given the subjectively flat left adrenal gland, patient breed, and gastrointestinal signs. Urine culture is recommended if not recently evaluated to dictate treatment of reported bacteriuria.

In the meantime, empirical therapeutic recommendations include a 5-day course of Panacur for deworming as well as diet trials with monitoring for effect. Diet trials could begin with a novel or hydrolyzed protein diet or potentially a high fiber diet, potentially a bland, easy to digest diet. Use each for 3-4 weeks exclusively while monitoring for improvement in clinical signs.



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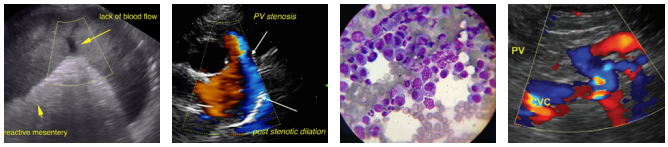

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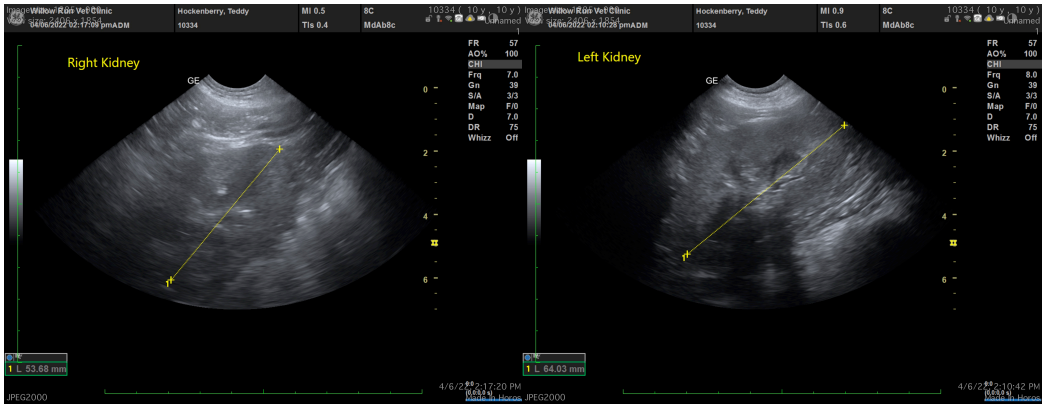

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Beth.Johnson@sonopath.com