



PATIENT

Panhead Slaymaker

SPECIES

Canine

BREED

Cane Corso

SEX

Neutered Male

AGE

6 Years

WEIGHT

111 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jack Reese

HOSPITAL NAME

Willow Run VC

REFERRING VET

Dr. Katie Newcamp

INVOICE

47296

DATE

5/10/23

PRESENTING CLINICAL SIGNS

O reports decreased appetite and energy level at home with significant, gradual weight loss noted over last year. Significant muscle wasting diffusely, owner reports prior to last few weeks has seemed normal at home despite weight loss. 155 lbs in January 2020, 111 lbs today.

Abnormal PE/Chem/CBC/UA Results: RBC 4.16 (5.39 – 8.70 M/ μ L) Hematocrit 28.8 (38.3 – 56.5 %) Hemoglobin 9.2 (13.4 – 20.7 g/dL) Non-regenerative anemia IDEXX SDMA 18 (0 – 14 μ g/dL) Albumin 1.6 (2.7 – 3.9 g/dL) Globulin 5.6 (2.4 – 4.0 g/dL) AST 93 (16 – 55 U/L) Bilirubin -Conjugated 0.2 (0.0 – 0.1 mg/dL) Total T4 0.7 (1.0 – 4.0 μ g/dL)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The area of the prostate is examined without evident prostatic pathology.

The right kidney is normal in size (8.0 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 (6.91 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

Adrenal glands are small (flattened contour). Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The left adrenal gland measures 0.37 cm at the caudal pole. The cranial pole is unable to be well visualized. The right adrenal gland measures 0.64 cm at the caudal pole. The cranial pole is unable to be well visualized.

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.



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Gastrointestinal

The area of the stomach includes a lot of free fluid and gas, and the stomach is difficult to fully assess. The visible gastric wall appears normal in thickness and layering, and contents appear to be fluid and gas plus debris, consistent with normal ingesta. However, full assessment of the stomach is difficult to make.

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 a moderate to large amount of free fluid throughout the abdomen.

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- **Flat adrenal glands** – This can be a normal patient variant and/or a sign of exogenous cortisol administration. If exogenous steroids are not being administered, hypoadrenocorticism (either relative or absolute) should be considered.
- **Large amount of free fluid** – May be secondary to this patient's reported hypoalbuminemia versus other.
- Urinary bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include a further workup of this patient's hypoalbuminemia, beginning with:

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

If not recently evaluated and to look for evidence of proteinuria, a urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.

Pending those results, 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.

In the meantime, additional diagnostic considerations could include cytology of the free fluid, serum electrophoresis to further assess this patient's hyperglobulinemia to help differentiate possible infectious disease causes versus neoplastic versus other.



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Additionally, given the reported muscle wasting and mildly increased AST without increases in other liver enzymes, if not already evaluated, an CK is recommended to help further investigate a possible myopathy.

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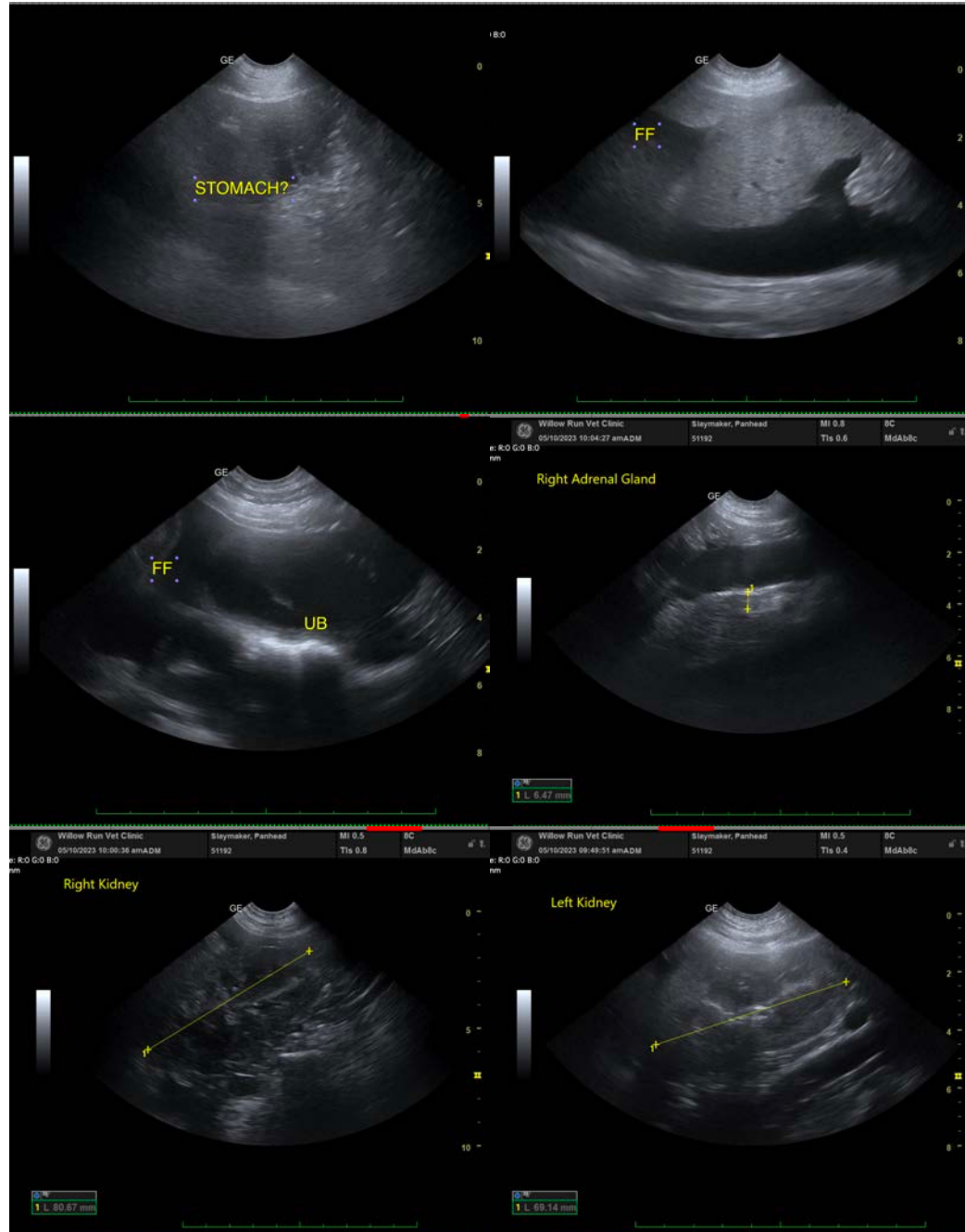
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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