

**DATE PRESENTING CLINICAL SIGNS**

8/10/22

Weight loss. Patient weight 84 lbs six weeks ago and now weights 71 lbs. Radiographs and Routine Health screen bloodwork unremarkable. No v/d. Stool looks normal per Ms. o. Currently eating 4 cups of RC Gastro Diet per day.

**PATIENT**

Gilda Childs

Current Medications: None.

Lab Results: See attached.

**SPECIES**

Canine

Radiographs: Chest Rads unremarkable. Abd Rads show possible thickened stomach and intestinal walls.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**BREED**

Labrador

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Spayed Female

**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.

**AGE**

8/1/14

The right kidney is normal in size (6.69 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.

**WEIGHT**

71 Pounds

The left kidney is normal in size (6.59 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.

**INTERPRETED BY**Beth Johnson, DVM  
DACVIM**Adrenal Glands**

The right adrenal gland is normal in size (3.0 cm long x 0.87 cm at the cranial pole and 0.86 cm at the caudal pole), shape and contour. A non-capsular expanding hyperechoic nodule is noted in the cranial pole. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

The left adrenal gland is normal in size (3.28 cm long x 0.74 cm at the cranial pole and 0.71 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**HOSPITAL NAME**

Northwind AH

**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.

**REFERRING VET**

Dr. Russ

**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.

**INVOICE**

40305

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 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. However, complete visualization of the far wall is partially inhibited by gas. 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 free peritoneal effusion noted in these images.

The medial iliac 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.

## **ULTRASONOGRAPHIC FINDINGS**

- **Hyperechoic adrenal nodule (cranial pole right adrenal gland)** – Differentials include primary adrenal cortical adenoma or adenocarcinoma, pheochromocytoma, myelolipoma, adrenal hyperplasia secondary to pituitary disease or metastatic disease. Ultrasound alone cannot differentiate between functional and non-functional nodules and/or between benign and malignant disease. Small nodules without other evidence of abdominal disease (to suggest metastatic disease) and/or clinical signs (to suggest adrenal disease) are most often incidental and should be monitored.
- **Reactive medial iliac lymph nodes** – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

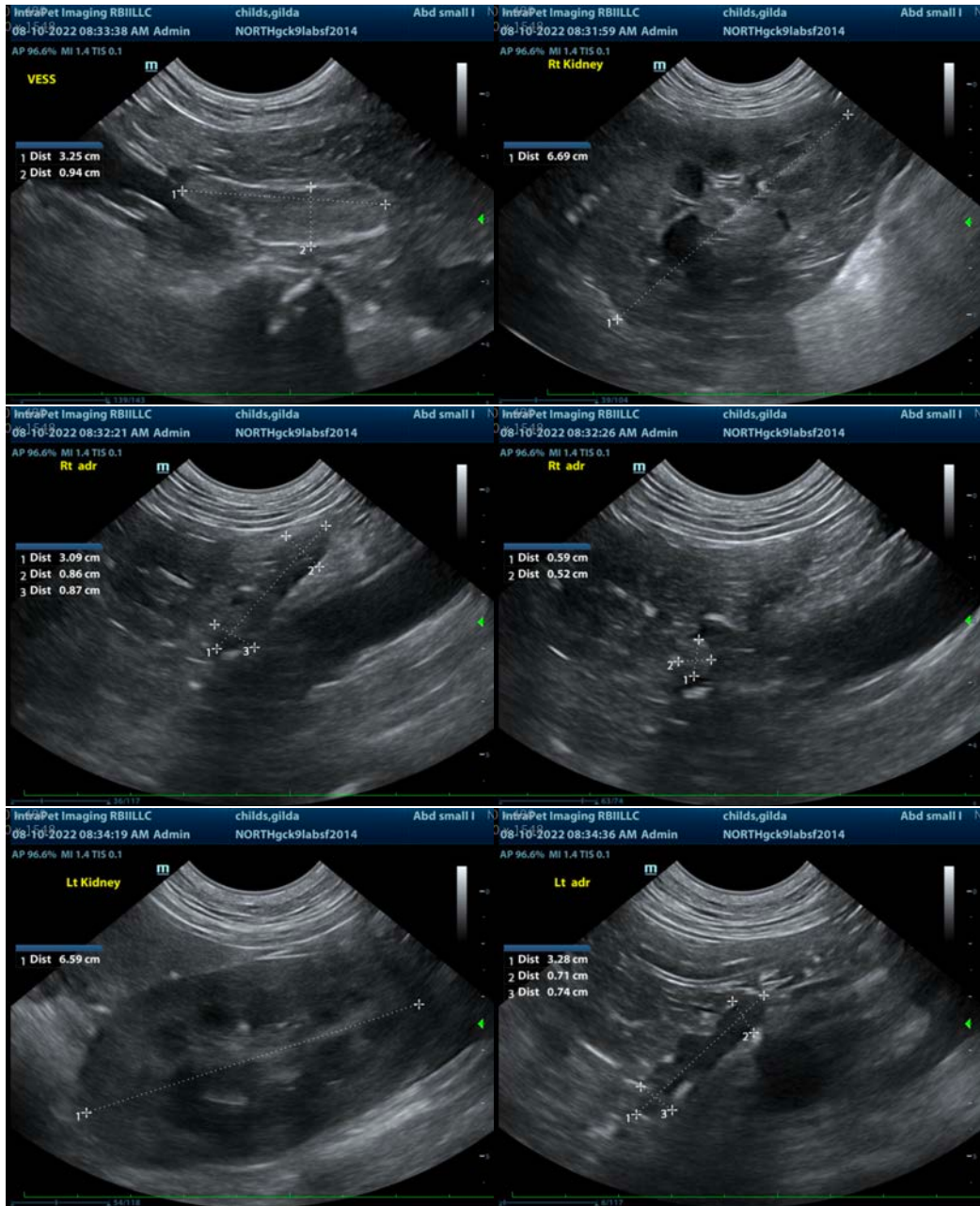
Given the lack of reported clinical signs other than weight loss and a normal workup thus far, further evaluation of caloric intake is recommended in the form of calculating that the amount and type of food being fed meets this patient's caloric requirements for ideal weight, as well as ruling out a competitive eating environment, etc.

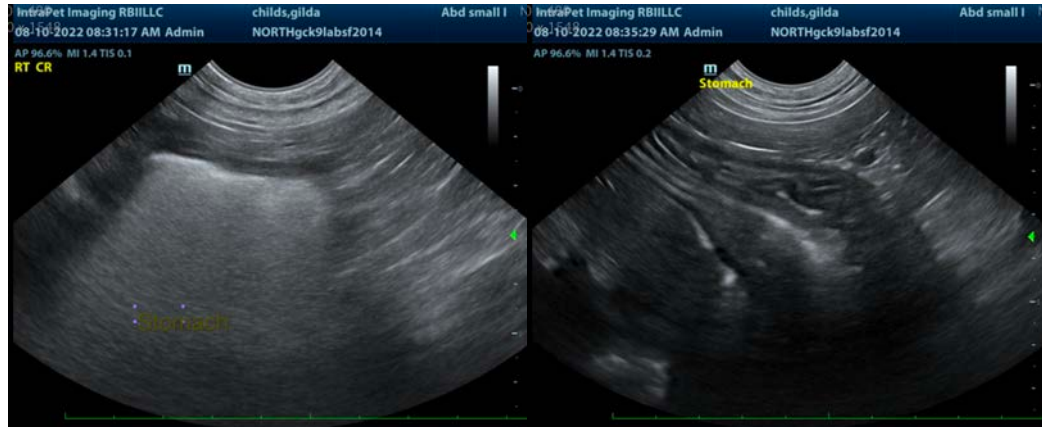
If caloric intake is appropriate, next recommendations include ruling out proteinuria as a cause of weight loss with urinalysis and, if indicated based on urinalysis results, urine culture. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

Further assessment of possible maldigestion/malabsorption recommended with a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory for further evaluation of GI and pancreatic function.

In the meantime, empirical deworming with a 5-day course of Panacur is recommended.

If clinical signs persist and/or progress, and certainly if vomiting, decreased appetite, etc. develop, recheck imaging fully fasted is recommended, given the small amount of ingesta and gas present in the stomach today to definitively rule out not suspected but no 100% definitively ruled out delayed gastric emptying, etc.





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