

**PATIENT**

Marshall Kosmas

**SPECIES**

Canine

**BREED**

Nova Scotia Duck  
Tolling Retriever

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

16.3

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING  
PERFORMED BY**

Danielle Jaspar, RVT

**HOSPITAL NAME**

Orchard Vet Care

**REFERRING VET**

Dr. Orchard

**INVOICE**

44842

**DATE**

8/22/23

**PRESENTING CLINICAL SIGNS**

Recent weight loss. Has been on Prednisone for a couple month for mixed lymphoplasmacytic and macrophage-rich (granulomatous) stomatitis, chronic, lichenoid, with ulceration and reactive mucosal hyperplasia. Suspect possible immune-mediated or hypersensitivity component to the infiltrate (as per pathologist).

**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, echotexture and echogenicity for a neutered male.

The right kidney is normal in size (5.99 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 (5.38 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 measured 0.29 cm at the cranial pole and 0.42 cm at the caudal pole.

The right adrenal gland is unable to be well visualized in these images, but the area is examined without evident adrenal gland pathology.

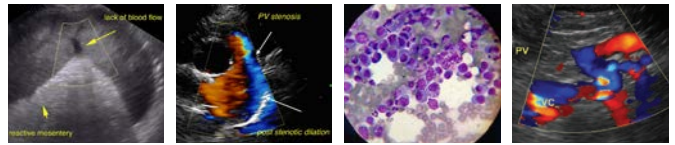
**Spleen**

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***

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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.

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Canine

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 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.

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

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***Pancreas***

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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.

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***Free Abdomen***

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

There is no apparent lymphadenopathy noted in these images.

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**ULTRASONOGRAPHIC FINDINGS**

- **Flat adrenal glands** – Consistent with this patient's reported steroid history.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

Danielle Jaspar, RVT

There is not an ultrasonographically intraabdominal explanation for this patient's reported weight loss. Further investigation is partially dependent on appetite. If patient's appetite is decreased and resulting in weight loss, then further investigation for causes of decreased appetite, including this patient's reported stomatitis, could be considered.

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If, however, the weight loss is in the face of a normal or even increased appetite, then further evaluation of digestion and absorption could be considered, beginning with a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory.

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Additionally, if not recently evaluated, a general metabolic health screen looking for other organ function as well as ruling out diabetes mellitus, etc. is recommended in the form of CBC/Chem panel and electrolytes.

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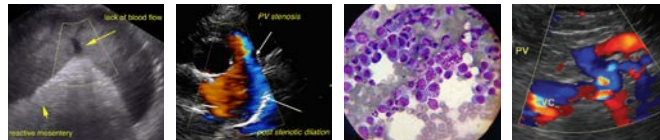
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Urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.

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In the meantime, pain management, if the stomatitis could be contributing to decreased appetite, as well as an appetite stimulant could be considered while waiting for diagnostic results.



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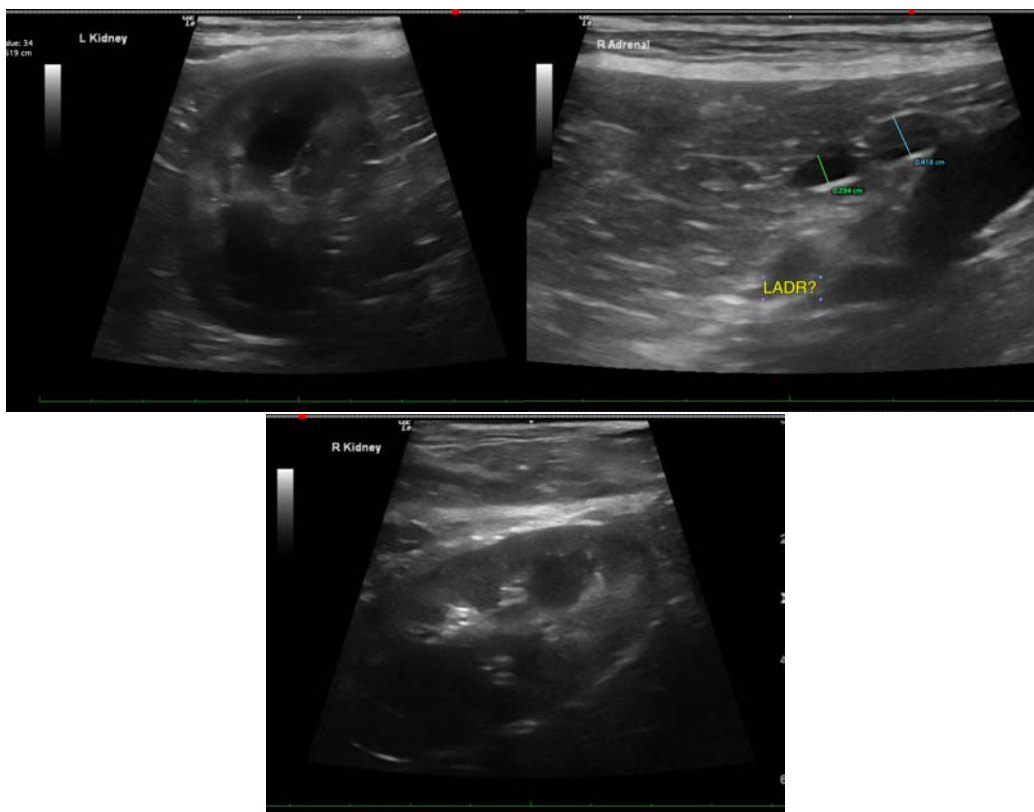
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
info@sonopath.com