



<b>DATE</b>	<b>PRESENTING CLINICAL SIGNS</b>
8/30/22	3/3/22 - Presented for check skin, muscle spasms in front legs when, decreased appetite. P.E - Weight -63 lbs (lost 4 lbs in 6 months). Alopecia on top of head, on pinnas, ventral chest, medial tarsus. No oral exam - muzzled. 8/26/22 - Presented for weight loss. Intermittent anorexia. P.E - Weight - 49.5 lbs (lost 13.5 lbs in 6 months, emaciated. Alopecia/thin hair on limbs; patchy alopecia on body. Muzzled - no oral exam. Approximately 1 cm long, thin hard area palpable in the left caudodorsal abdomen - feels like a grain of rice
<b>PATIENT</b>	
Tyson Reaver	
<b>SPECIES</b>	Current Medications: 3/3/22 - Bravecto. 8/26/22 - Entyce (30 mg/ml) - 2.2 ml SID PRN to stimulate appetite Lab Results: 3/3/22 - Skin scrape - demodex. CBC/Chem 11 - WBC-3.4, Neu-2513, Lym-646, Eos-31; C6<10, 8/26/22 - Glucose-103
Canine	Radiographs: Lateral thoracic radiograph - normal. Abdominal radiographs - poor serosal detail due to emaciation, increased opacity in the cranial abdomen, 2.1 cm x 0.6 cm opacity in the caudal abdomen, intestines appear bunched in the cranial abdomen.
<b>BREED</b>	Date of Previous IntraPet Ultrasound: No previous.
Pit Bull	Sedation: Acepromazine given prior to sonographer arrival.
<b>SEX</b>	Stat Report: Not requested.
Neutered Male	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>AGE</b>	<b>Urinary System</b>
1/25/15	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.
<b>WEIGHT</b>	Prostate is normal in size, echotexture and echogenicity for a neutered male.
49.5 Pounds	The right kidney is normal in size (6.74 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.
<b>INTERPRETED BY</b>	The left kidney is normal in size (6.6 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.
Beth Johnson, DVM DACVIM	
<b>IMAGING PERFORMED BY</b>	<b>Adrenal Glands</b>
Stephanie Warga RDCS, RVT	The right adrenal gland is normal in size (3.1 cm long x 0.91 cm at the cranial pole and 0.67 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
<b>HOSPITAL NAME</b>	The left adrenal gland is normal in size (2.95 cm long x 0.85 cm at the cranial pole and 0.78 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Parkville AH	
<b>REFERRING VET</b>	<b>Spleen</b>
Dr. Suter	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.
<b>INVOICE</b>	<b>Liver</b>
40861	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 gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

### ***Gastrointestinal***

The visible stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is mildly to moderately distended with echogenic non-shadowing luminal contents and gas, consistent with normal ingesta, as well as an echogenic interface with distal progressively shadowing material, concerning for a possible fluid absorbing foreign body or foreign material. The pyloric outflow tract does appear patent.

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.

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.

There is no apparent lymphadenopathy noted in these images.

A small 0.5 cm x 0.25 cm hypoechoic structure is noted in the caudal abdomen within the body wall.

## **ULTRASONOGRAPHIC FINDINGS**

- The stomach is full, in part with what appears to be normal ingesta. However, given the shadowing pattern, foreign material cannot be definitively ruled out.
- **Gallbladder debris** - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

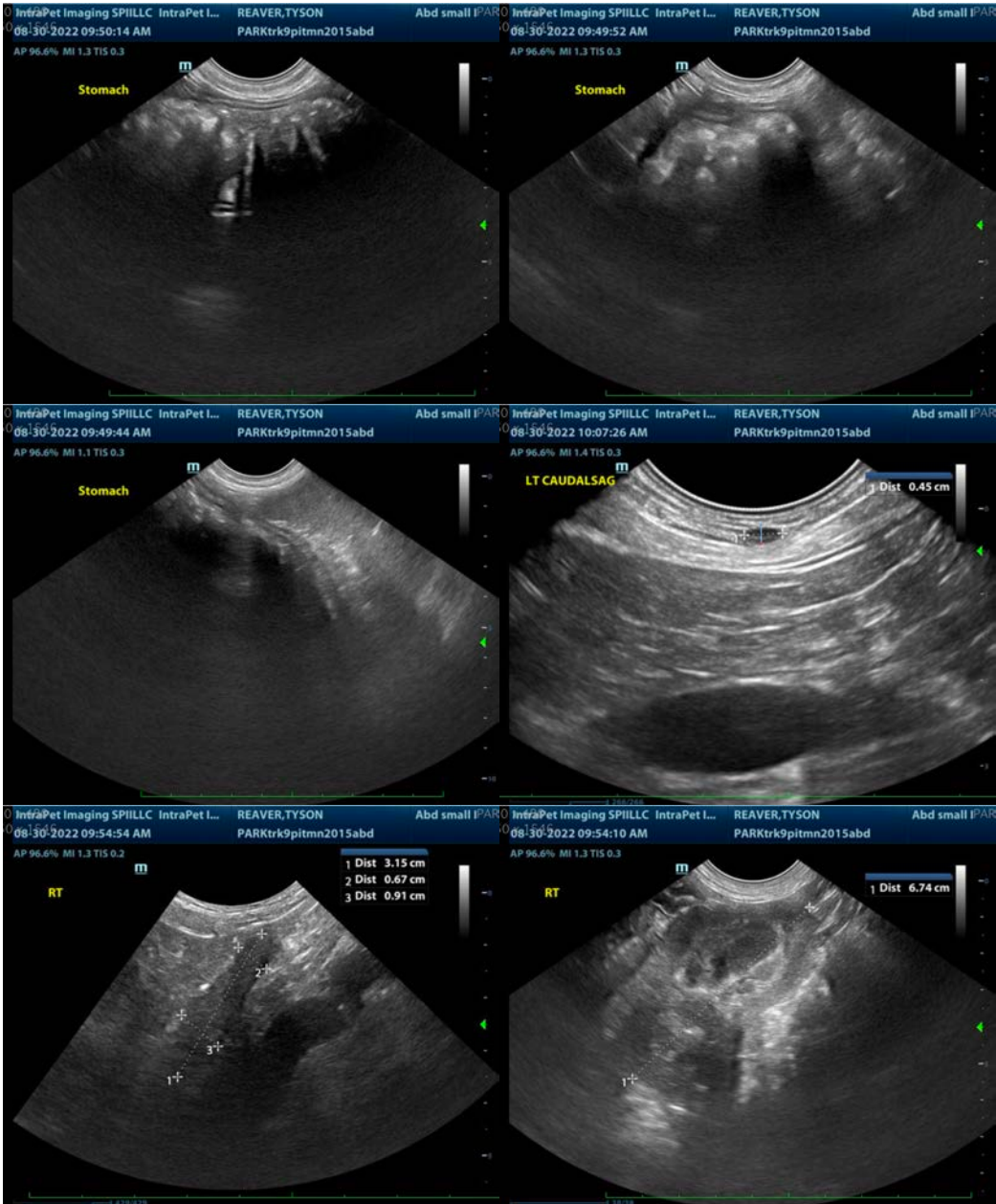
## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

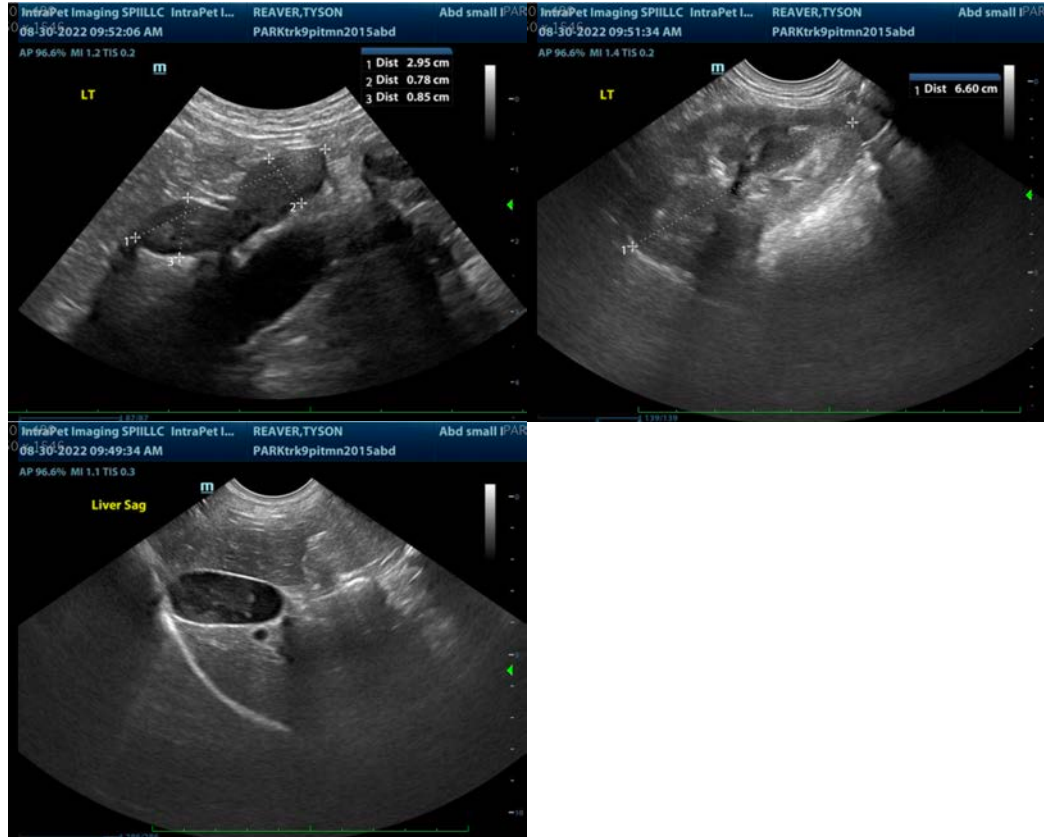
Given the chronicity of this patient's gastrointestinal signs and decreased appetite, A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

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

Empirical deworming with a 5-day course of Panacur is recommended.

Given the profound persistent weight loss despite appetite stimulants and management of the skin condition, etc., a feeding tube placement may be necessary while determining the underlying cause of this patient's inappetence. The tube could be placed endoscopically (PEG tube), at which time the stomach could be further examined for possible foreign material. Or, if a more conservative approach is elected, recommendations include another 24 hours of fasting and supportive/symptomatic medical management followed by reassessment/reimaging of the stomach to rule out foreign material more definitively.





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