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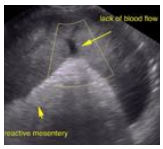
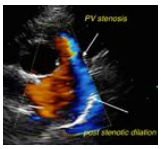
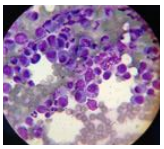
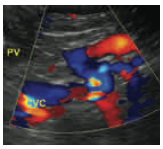

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1-800-838-4268 info@sonopath.com

PATIENT
Rey Nord

SPECIES
Canine

BREED
Doberman Pinscher

SEX
Spayed Female

AGE
5 years

WEIGHT
78 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Shari Reffi, CVT

HOSPITAL NAME
Long Valley AH

REFERRING VET
Dr. Earl

INVOICE
92472

DATE
10/19/21

PRESENTING CLINICAL SIGNS

History: Recent hx of GI upset episodes and weight loss (~10# in less than 1yr). Concern for possible PLE/PLN or other GI dz, IBD etc... Hx of urinary incontinence but that is controlled. Current meds: Proin, bland diet.
Abnormal PE/Chem/CBC/UA Results: Resting cortisol 4.5, Urine protein 2+, UPC-not run yet.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 7.07 cm. The right kidney measured 6.95 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 1.97 x 0.89 cm at the cranial pole and 0.67 cm at the caudal pole. The left adrenal gland measured 3.13 x 0.53 cm at the cranial pole and 0.55 cm at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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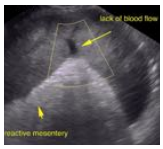
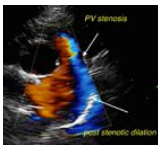
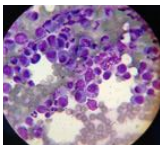
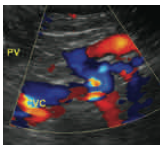

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Gastrointestinal

The **stomach** presented retention of ingesta. However, the gastrointestinal wall was unremarkable. The curvilinear patterns were maintained. Slight small intestinal mural wall thickening was noted with minor hypertrophied muscularis and no loss of detail. The colon was unremarkable.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

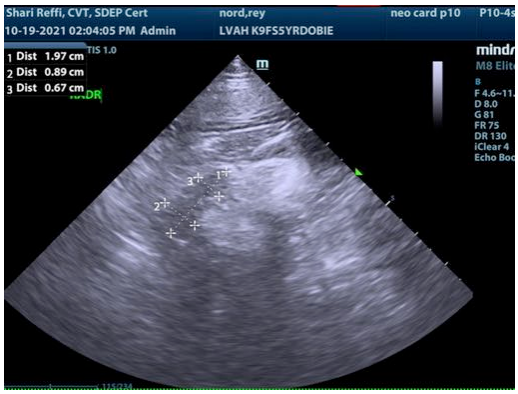
ULTRASONOGRAPHIC FINDINGS

Minor intestinal thickening.

Otherwise, structurally unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no overt evidence of neoplasia. However, underlying inflammatory bowel, food intolerance and occult parasitism are all possible. Delayed outflow appears to be an issue given the gastric stasis. The material within the gastric fundus is most consistent with kibble. However, foreign matter cannot be completely ruled out. I recommend a hydrolyzed diet with b.i.d. canned food feedings in this patient +/- Metoclopramide. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered. Screening for Addison's is warranted even though the adrenal glands appear normal. There is no evidence of structural criteria for neoplasia in this patient.



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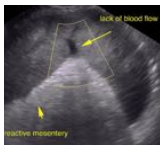
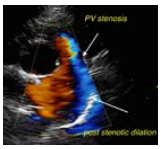
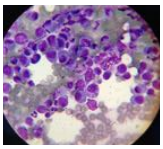
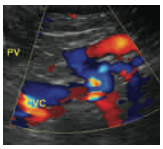

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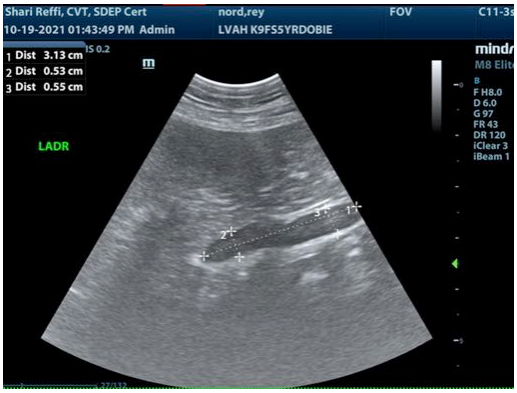

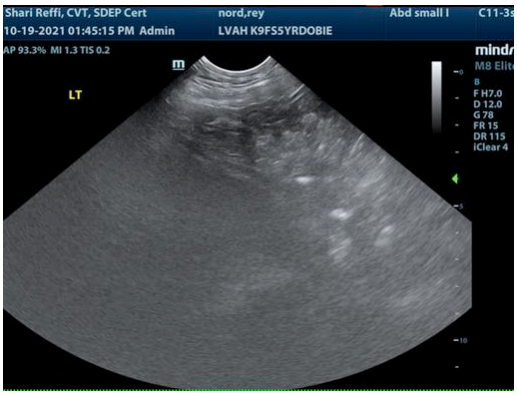

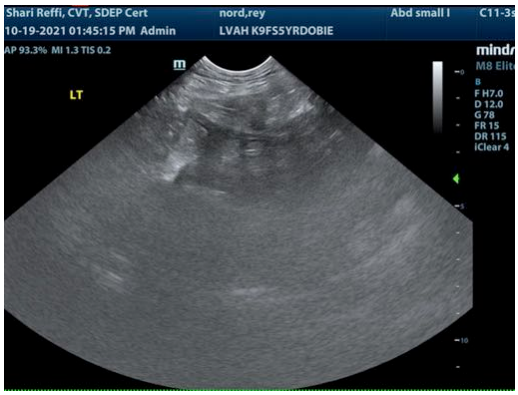

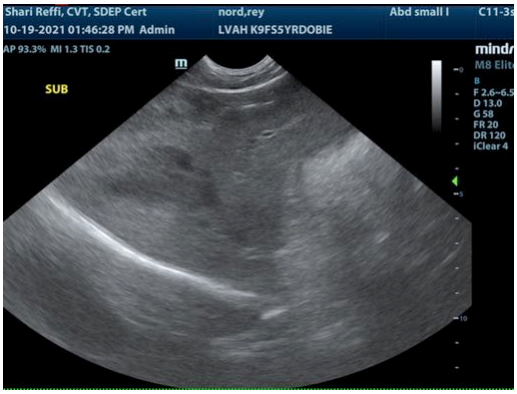

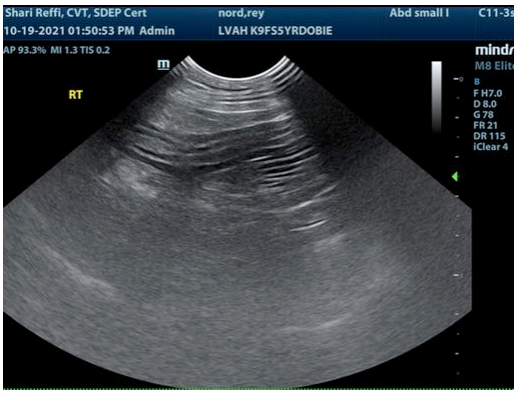

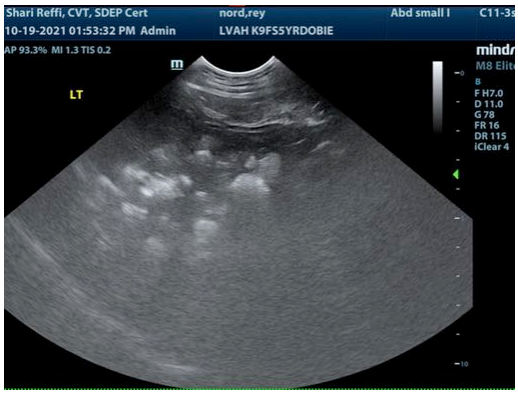

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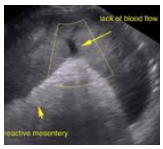
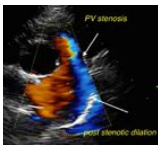
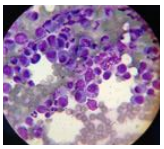
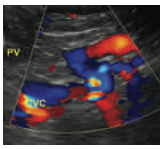

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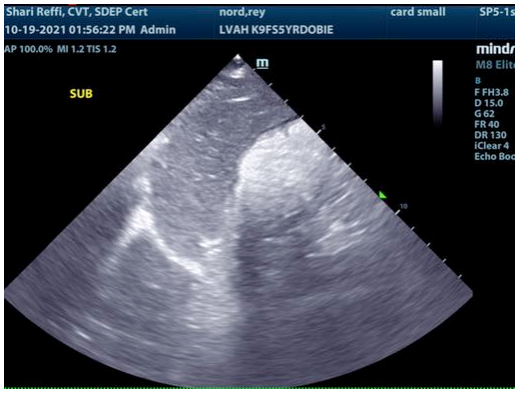

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
Info@SonoPath.com