

PATIENT PRESENTING CLINICAL SIGNS

Bruschi Ferreira History of marked weight loss, lethargy. 20lb weight loss since January. Lab work WNL. Radiography: WNL; mild loss of serosal distinction

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Pitbull

The **urinary bladder** presented a minimal amount of urine present. Minor bladder wall thickening was noted. There was no evidence of pathology.

SEX

Neutered Male

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Cortical cysts were noted and measured up to 0.5 cm. The left kidney measured 5.75 cm.

AGE

11 years

WEIGHT

40 lbs

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 0.5 cm at the cranial pole and 0.6 cm at the caudal pole. The left adrenal gland measured 0.58 cm at the caudal pole and 0.38 cm at the cranial pole.

INTERPRETED BY

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

Spleen

The **spleen** was mildly enlarged and folded upon itself cranially with uniform parenchyma.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

Liver

HOSPITAL NAME

Hidden Brook VS

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. Minor gallbladder sand was noted, yet not pathological.

REFERRING VET

Dr. Slaughter

Gastrointestinal

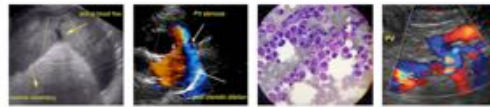
Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. The mesenteric lymph nodes were reactive and measured 0.7 cm.

INVOICE

92271

DATE

10/8/21



PATIENT

Pancreas

Bruschi Ferreira

SPECIES

Canine

BREED

Pitbull

SEX

Neutered Male

AGE

11 years

WEIGHT

40 lbs

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

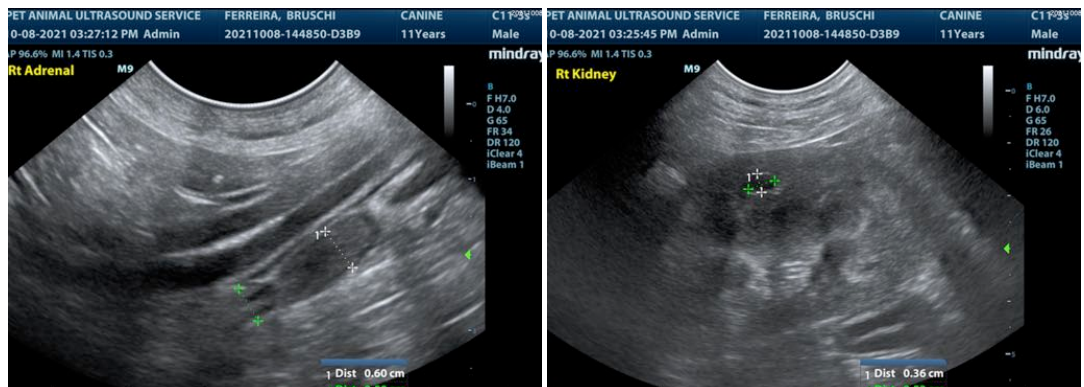
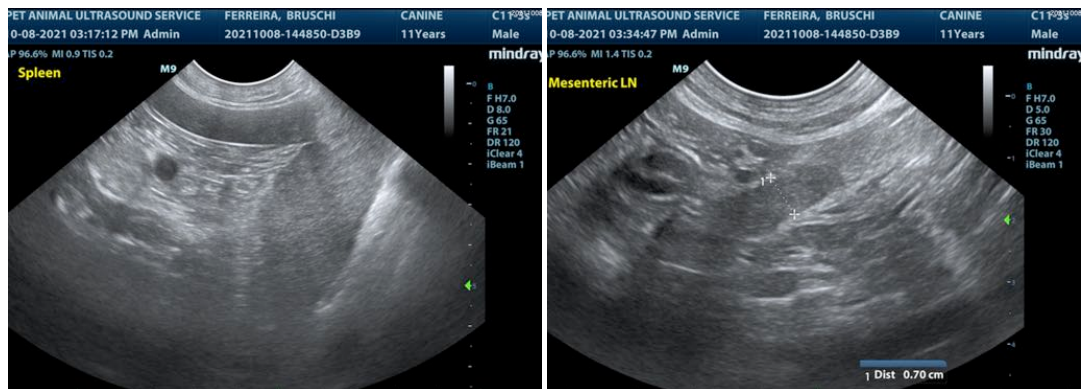
ULTRASONOGRAPHIC FINDINGS

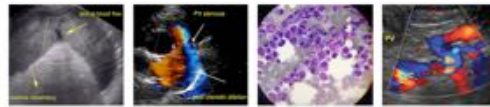
Slight mesenteric lymphadenopathy.

Enlarged spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen and accessible lymph node would be ideal to assess for reactive versus early neoplastic state. Malassimilation of nutrients is a strong potential in this case. 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.





PATIENT

Bruschi Ferreira

SPECIES

Canine

BREED

Pitbull

SEX

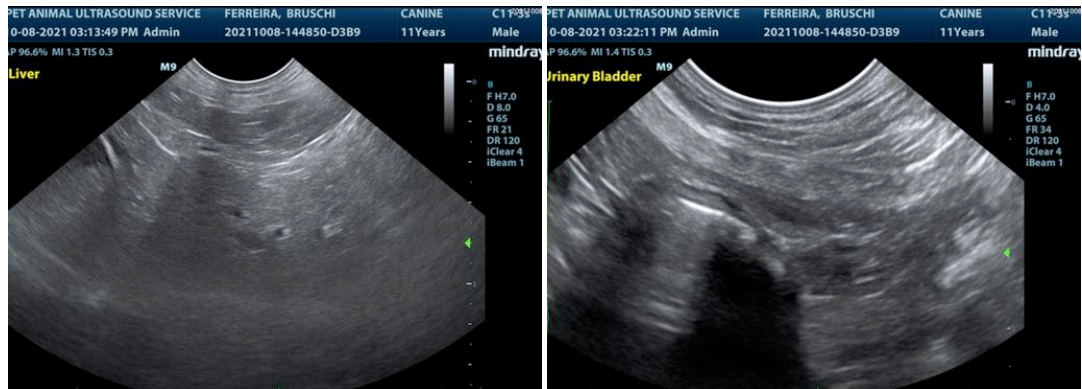
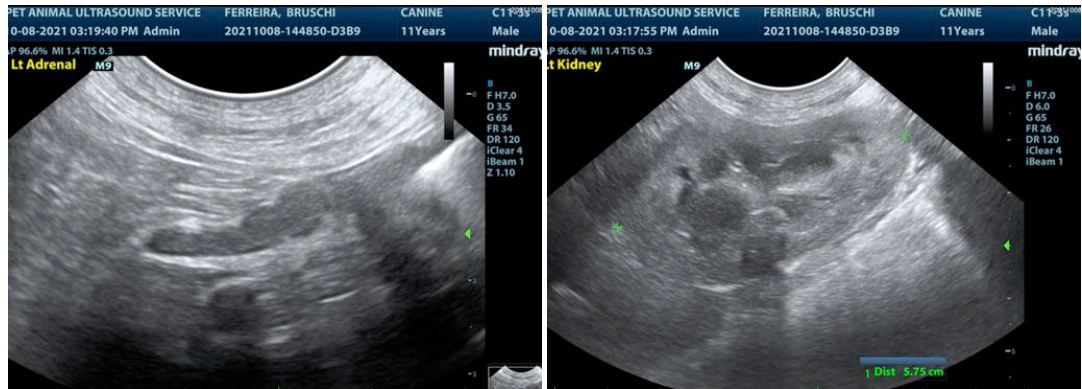
Neutered Male

AGE

11 years

WEIGHT

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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.

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