

PATIENT

Bentley Recobs

SPECIES

Canine

BREED

BMD

SEX

Neutered Male

AGE

6 Years

WEIGHT

84.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

HOSPITAL NAME

Brenda King Vet

REFERRING VET

Dr. King

INVOICE

35462

DATE

2/4/22

PRESENTING CLINICAL SIGNS

Hypoalbuminemia, abdominal ascites, diarrhea and weight loss.

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 were 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 4.06 cm. The right kidney measured 6.77 cm.

Adrenal Glands

Both **adrenal glands** were flattened and isoechoic to surrounding fat, likely owing to Prednisone therapy. The left adrenal gland measured 3.08 cm x 0.84 cm. The right adrenal gland measured 2.78 cm x 0.77 cm at the cranial pole and 0.50 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 were noted.

Liver

The **liver** presented a vacuolar hepatopathy pattern with mild heterogeneous parenchymal changes, consistent with remodeling. Gallbladder wall was fibrosed and mineralized, consistent with porcelain gallbladder. A minor amount of biliary sand was present, non-obstructive.

Gastrointestinal

The **gastrointestinal tract** was structurally unremarkable with minor areas of mucosal striations, consistent with lymphangiectasia.

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

- Structurally unremarkable with benign, Prednisone induced hepatopathy with remodeling and gallbladder mineralization and biliary sand, non-obstructive.
- Flattened adrenal glands
- Minor PLE intestinal pattern



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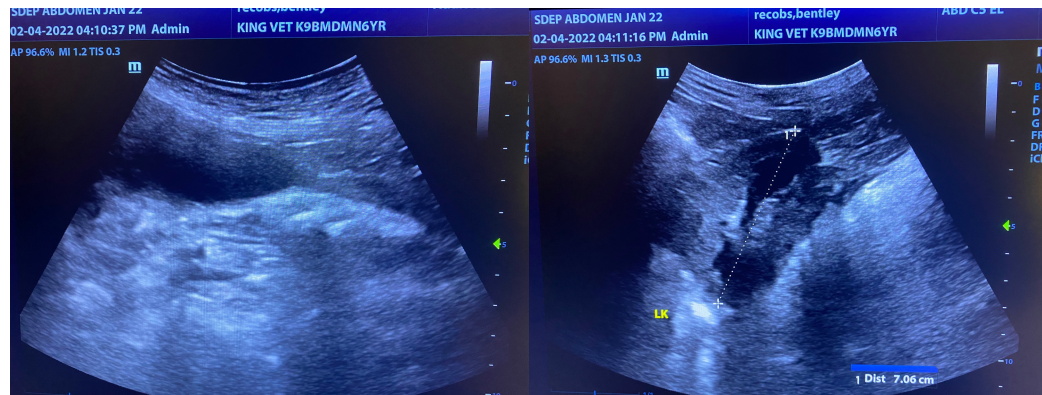
84.5 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of neoplasia. Malassimilation should be considered. Underlying occult Addison's should be considered. 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.

For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>



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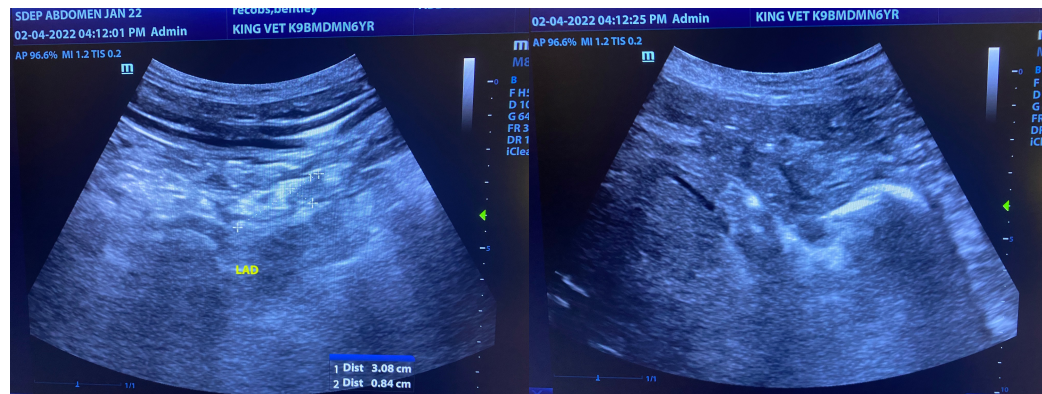
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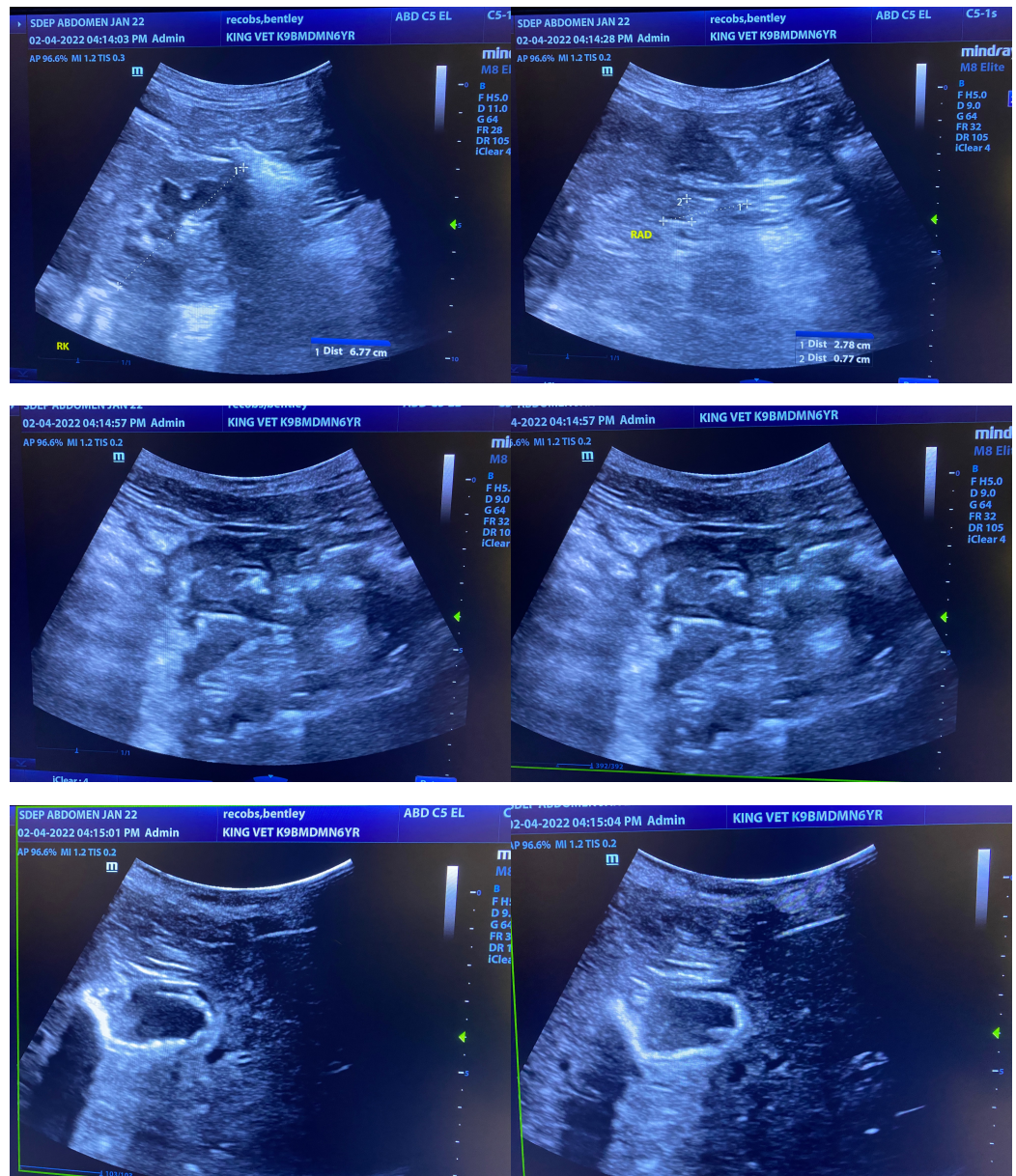
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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