

PATIENT PRESENTING CLINICAL SIGNS

Winston Dewitt

SPECIES

Canine

BREED

Great Pyrenees

SEX

Neutered male

AGE

7 years

WEIGHT

51.7 lbs

History: Several weeks of intermittent vomiting, diarrhea, severe weight loss (>25 lbs). Hyporexia has been progressive for several months. Historically was a farm dog with free range of property. Seen at rDVM 3/23, labs were unremarkable at that time and no treatments provided. Seen at WilVet 3/29, labs, chest and abdominal rads were unremarkable. Was able to eat some food 3/29 and keep it down. Outpatient trial elected but pet did not eat. O returned for hospitalization and abd ultrasound.

Abnormal PE/Chem/CBC/UA Results: PE = BCS 1/9, hunched stance, tense abdomen. peripheral lnn wnl. afebrile. 3/23 Labs CBC = WBCS 4.8k (L), Neuts 2.37k, Chem/lytes = all wnl. T4 = 1.0 (N) 3/29 Labs EPOC = K 3.3 (L), lactate 3.64 (H), iCa 1.06 (L), pH 7.487 (H), normal bicarb/TCO2. HCT 54% Cortisol, 3.73 (N) - rules out Addison's UA (free catch, dark yellow sample) = USG >1.050, pH 9.0, protein 30mg/dL, ketone 15 mg/dL, UBG 4 mg/dl, BIL 3 mg/dL, sedivue not available, WBCS 2-3/hpf, no casts, no crystals, few RBCs/hpf FecalG, pending 3 view abdominal and chest rads = FINDINGS: Cardiovascular structures appears slightly small, suggesting hypovolemia. The pulmonary parenchyma is normal. There is a tiny metallic opacity persistently superimposed on the thorax but this changes position and is therefore artifact. The trachea has a normal diameter. There is no evidence of esophageal distention or foreign material. Transient scant gas and fluid within the esophagus is considered incidental. There is very limited serosal detail within the abdomen consistent with the very thin body condition of the patient. The stomach is moderately gas-filled and small intestines are diffusely mildly filled with gas and fluid with multiple gas bubbles present. There is diffuse marked gas filling of the cecum and colon. The liver is approximately normal in size but it is not possible to assess the spleen and kidneys. No specific mass effect is identified. Mild spondylosis is considered incidental. There is also an incidental transitional thoracolumbar segment. 3/30 labs CBC + chem wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Dr. Jimmerson

HOSPITAL NAME

Willamette VH

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 6.36 cm. The right kidney measured 6.87 cm.

REFERRING VET

Dr. Jimmerson

Adrenal Glands

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The left **adrenal gland** was 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 left adrenal gland measured 0.54 cm at the cranial pole and 0.68 cm at the caudal pole. The right adrenal gland was not visualized.

DATE

3/31/23



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Spleen

The **spleen** revealed subtle, hypoechoic nodule that measured 0.5 cm and was folded upon itself caudally and cranially.

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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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Gastrointestinal

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The **gastrointestinal tract** revealed a fluid filled stomach with some echogenic debris. This is consistent with gastritis. There was no obvious foreign matter noted. The small intestines and colon were unremarkable.

WEIGHT

51.7 lbs

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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

ULTRASONOGRAPHIC FINDINGS

Gastritis pattern.

IMAGING PERFORMED BY

Dr. Jimmerson

Splenic nodule, likely benign.

HOSPITAL NAME

Willamette VH

Otherwise, unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Jimmerson

There is a large amount of artifact in the upper gastrointestinal tract. I cannot rule out underlying foreign matter, but the visible pylorus appears free of evident pathology. Given the patient's history endoscopy is indicated. FNA of the spleen could be considered to ensure that it is benign.

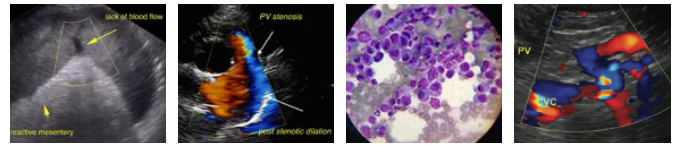
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Malnutrition panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

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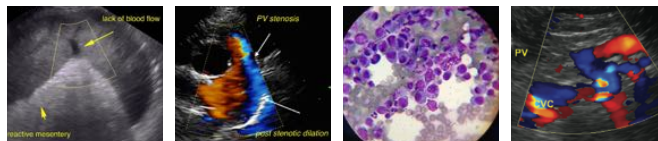
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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