



PATIENT

Cosmo Latta

SPECIES

Canine

BREED

Jack Russell Terrier X

SEX

Neutered Male

AGE

12 Years

WEIGHT

21.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Amber Goldman, RVT

HOSPITAL NAME

Appalachian Vet
Ultrasound

REFERRING VET

Dr. Schilkowsky

INVOICE

21986

DATE

4/14/23

PRESENTING CLINICAL SIGNS

Cosmo has been steadily losing weight for several months and is now underweight. He is urinating a lot more and probably drinking more. He had a dental in December. At that time his comprehensive panel (in house) was completely normal. Now ALP is very high and hypercalcemia. We obtained urine sample for urine delay (Antech) and ionized calcium today.

Abnormal PE/Chem/CBC/UA Results: CBC/comprehensive panel 12/20/22- wnl 4/4/23- Alkaline phosphatase was 1695 and his calcium was 12.0. pSL was slightly inc at 198. urine sample to complete panel and ionized calcium are pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and trigone 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 urethra revealed a calculus, measuring 0.66 cm, lodged in the **prostatic** urethra. This appears luminal. No evidence of dystrophic mineralization in the tissue. The prostate measured 0.79 cm.

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 right kidney measured 5.2 cm. An anechoic cyst (0.87 cm) was noted at the cranial pole of the right kidney. The left kidney measured 4.88 cm. Slight pinpoint mineralization was noted in both kidneys.

Adrenal Glands

The **right adrenal gland** was slightly swollen. The right adrenal gland 0.72 cm at the cranial pole and 0.5 cm at the caudal pole.

The **left adrenal gland** was slightly swollen/irregular, measuring 0.59 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** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. Minor gallbladder calculi were noted. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. This is a mild change.

Gastrointestinal



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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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

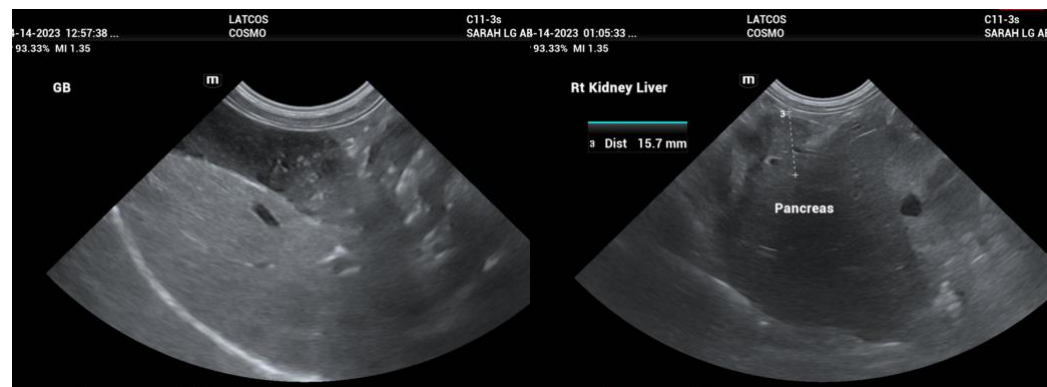
The **pancreas** was prominent and hypoechoic with irregular parenchyma, measuring up to 1.57 cm.

ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy
- Excessive gallbladder debris and minor calculi
- Mild degenerative renal changes, nonobstructive nephrolithiasis and a right renal cyst
- Both adrenal glands were slightly swollen. The left adrenal gland was slightly irregular.
- Urethral calculus lodged in the prostatic urethra
- Prominent pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If urine specific gravity is <1.020, and the patient appears cushingoid, then work for PDH is indicated. Given the urinary signs, cystotomy with retrograde flush of the urethral calculi, stone analysis and culture would be appropriate. There is no overt evidence of neoplasia or other causes of weight loss. 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. If cystotomy is to be performed, then sonogram should be performed just prior to surgery to ensure the calculi have not moved in order to strategize the surgical approach. Ursodiol therapy could be justified.





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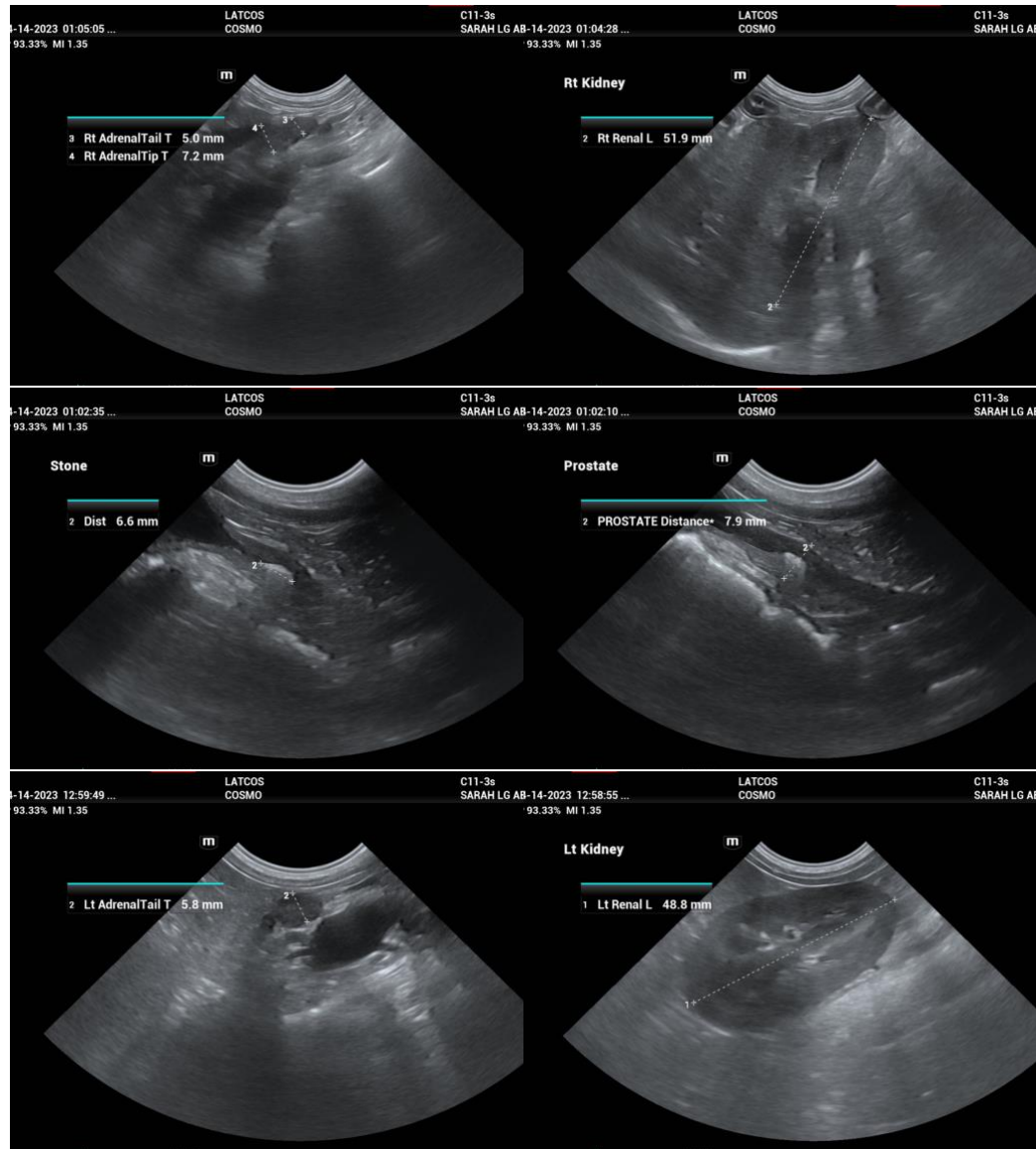
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com