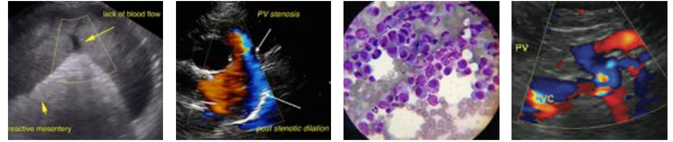


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Bim Dolstra

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

16 years

WEIGHT

50 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Fortin

INVOICE

30386

DATE

5/13/22

PRESENTING CLINICAL SIGNS

Weight loss and chronic loose stool non-responsive to Metronidazole or Tylan. Also has osteoarthritis, dental disease and mild sarcopenia.
PE: BCS 3/9 ALT 232, Lipase 417 (0-250)

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 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. The left kidney measured 7.85 cm. The right kidney measured 6.03 cm.

Adrenal Glands

Both **adrenal glands** were mildly to moderately enlarged. The right adrenal gland measured 2.73 x 1.75 cm at the cranial pole and 0.93 cm at the caudal pole. The left adrenal gland measured 3.42 x 1.26 cm at the caudal pole and 1.21 cm at the cranial pole.

Spleen

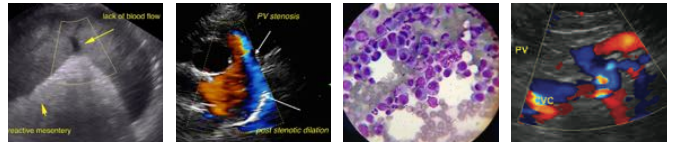
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or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

Liver

The **liver** revealed chronic remodeling and increased portal markings. The liver had irregular contour. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

Gastrointestinal

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. The gastrointestinal tract was hyperperistaltic. Curvilinear patterns were maintained throughout the GI tract. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively.



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The colonic wall was slightly thickened. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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

Moderate hepatic remodeling.

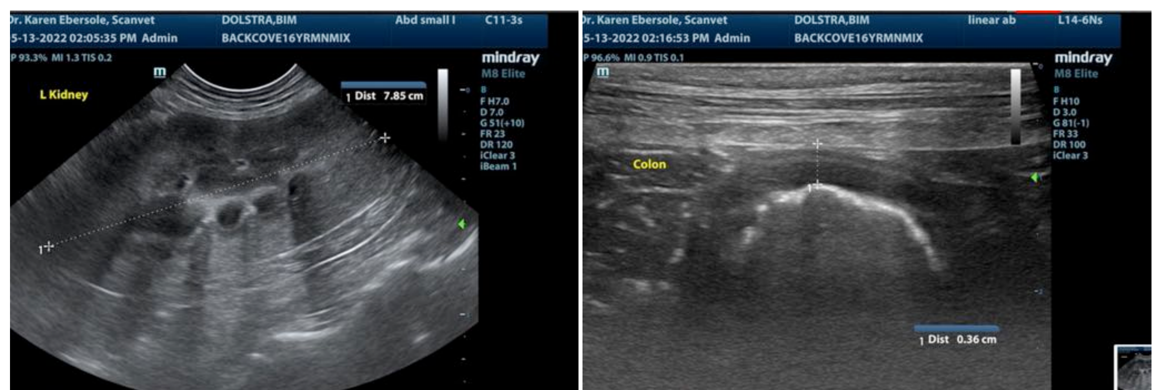
Bilateral adrenal hypertrophy, may be a normal variant.

Irritable bowel presentation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile is indicated. The cause of weight loss is not overtly evident. There is no evidence of neoplasia. If the patient appears Cushingoid then work-up for PDH is indicated given the bilateral adrenal enlargement.

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.



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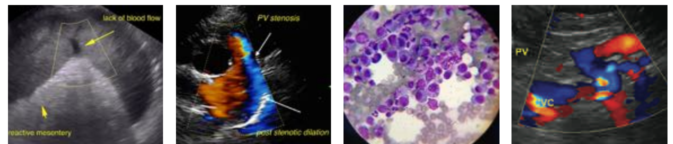

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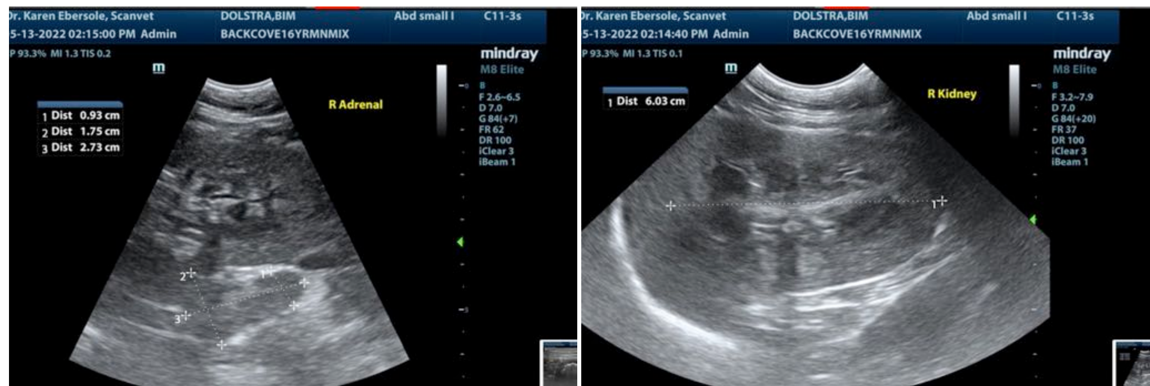

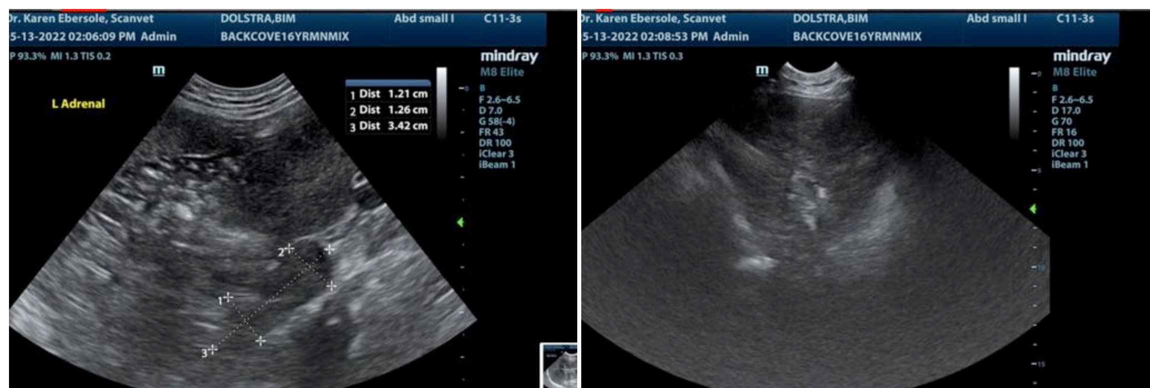

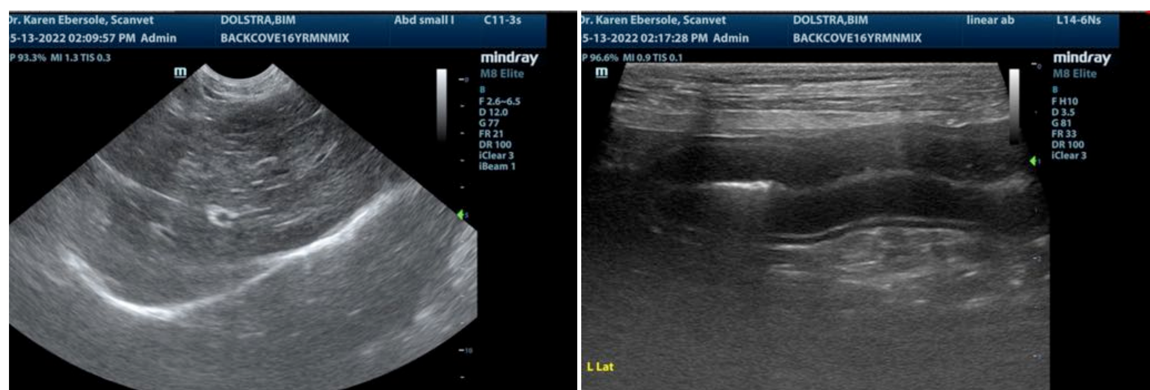

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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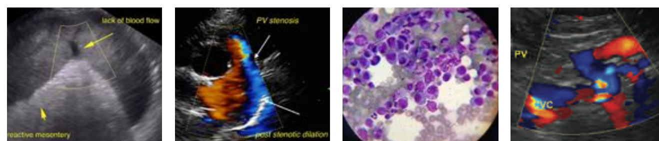

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