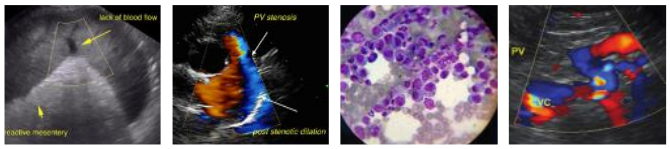
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Cooper Castanier

SPECIES
Canine

BREED
Saint Bernard

SEX
Neutered Male

AGE
9 Years

WEIGHT
97 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Bethany Coe

HOSPITAL NAME
Riverside AC

REFERRING VET
Dr. Bethany Coe

INVOICE
37479

DATE
5/6/22

PRESENTING CLINICAL SIGNS

Six pounds weight loss over past year. Slowing down, tiring on walks. No cough/vomit/diarrhea/inappetence.
Abnormal PE/Chem/CBC/UA Results: PE: Tachycardic (180bpm) but no arrhythmia. Pulses OK. Panting but lung sounds clear/ok. BCS 4/9, MCS 2/3. Weakness bilateral hind legs. Mobility improved with trial Galliprant. CBC/Chem -> Mild elevation ALT (137). Rest WRI Low TT4 (in-house) - 0.6ug/dL Heartworm SNAP 4DX - Negative Thyroid panel (MSU) - Low FT4, but rest WRI - Not supportive of hypothyroidism. R/o: Euthyroid sick? Three-View Thoracic Rads -No cardiomegaly. Mild increased unstructured interstitial caudodorsal lungs. No nodular/miliary pattern noted.

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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

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 7.09 cm. The right kidney measured 8.47 cm.

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 left adrenal gland measured 2.71 cm x 0.53 cm at the cranial pole and 0.59 cm at the caudal pole. The right adrenal gland measured 2.83 cm x 0.45 cm at the cranial pole and 0.46 cm at the caudal pole.

Spleen

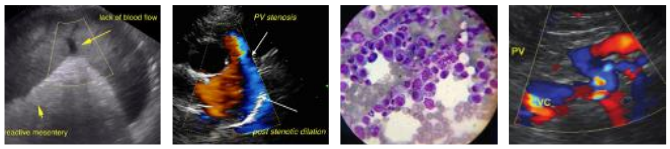
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or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

Liver

The **liver** presented mild coarse architecture. The gallbladder and common bile duct were unremarkable. An abnormal cystic or vascular structure noted in the right cranial liver in a region of approximately 3.0 cm. Color flow assessment of this region recommended to assess if this is vascular or cystic.

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



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Pancreas

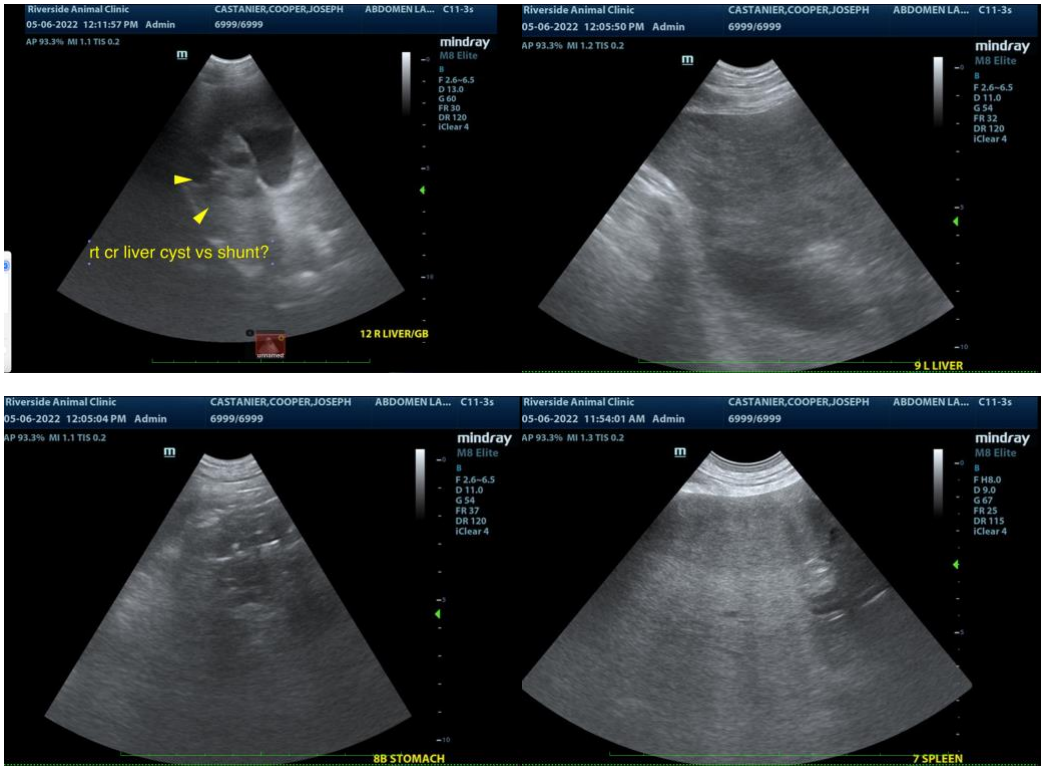
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Unremarkable abdomen with cystic or irregular vascular pattern in the right cranial liver – possible intrahepatic shunt versus benign cyst.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile indicated. However, no overt cause of the weight loss in this patient. 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. Given the patient history, echocardiogram is warranted to assess for underlying disease.



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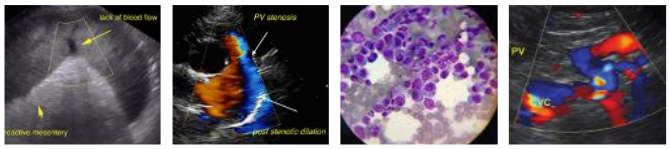

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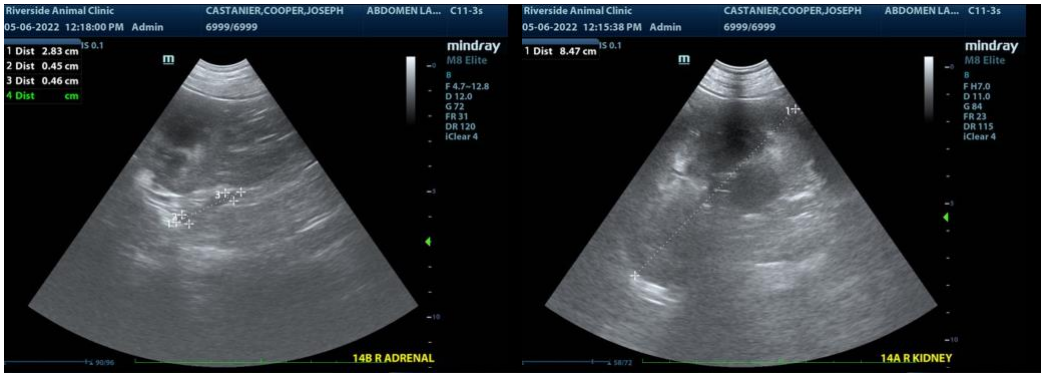

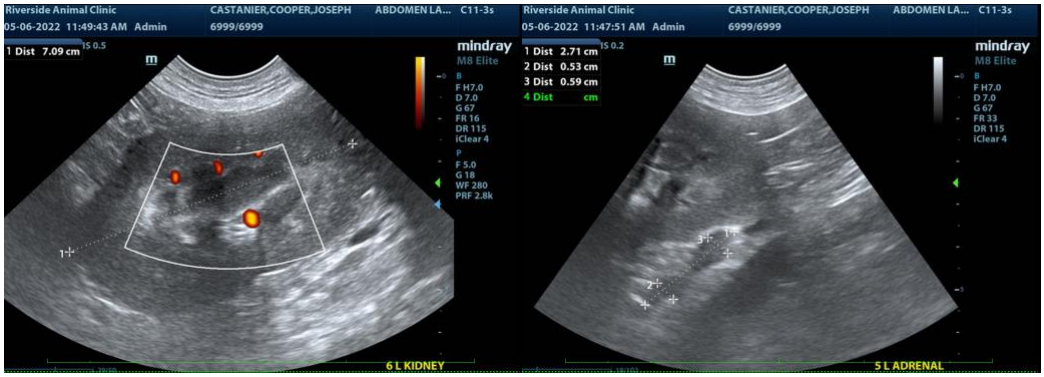

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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