



## PATIENT

Birdie Krieger

## SPECIES

Canine

## BREED

Staffordshire Bull  
Terrier

## SEX

Spayed Female

## AGE

6 Years

## WEIGHT

38 lbs

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP(CFM), Cert.  
IVUS

## IMAGING PERFORMED BY

Dr. Gail Schmieder

## HOSPITAL NAME

Slade Veterinary  
Hospital

## REFERRING VET

Dr. Gail Schmieder

## INVOICE

16392

## DATE

06/05/26

## PRESENTING CLINICAL SIGNS

Birdie, a 6-year-old female Staffordshire Bull Terrier, presented for evaluation of recent and rapid muscle loss. The owner reports significant muscle wasting around the face and thighs, which has made her appear drawn and older. Her appetite remains good, and her behavior is approximately 90% normal, with only a minor decrease in the intensity of her chasing behaviors. A small amount of kibble was recently added to her diet.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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 5.9 cm in length. The right kidney measured 6.0 cm in length.

### Adrenal Glands

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 0.5 cm width.

The **right adrenal gland** was not visualized.

### Spleen

The **spleen** presented enlarged and folded upon itself cranially with mild vascular congestion.

### Liver

Images were excessively dark owing to sound attenuation. The visible **liver** was largely unremarkable. The gallbladder and common bile duct were unremarkable.

### 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. Some luminal ingesta was noted in the pylorus.

### Pancreas



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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 abdomen.
- Hypersplenism.
- Pyloric ingesta.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen is indicated to ensure this is a benign change. 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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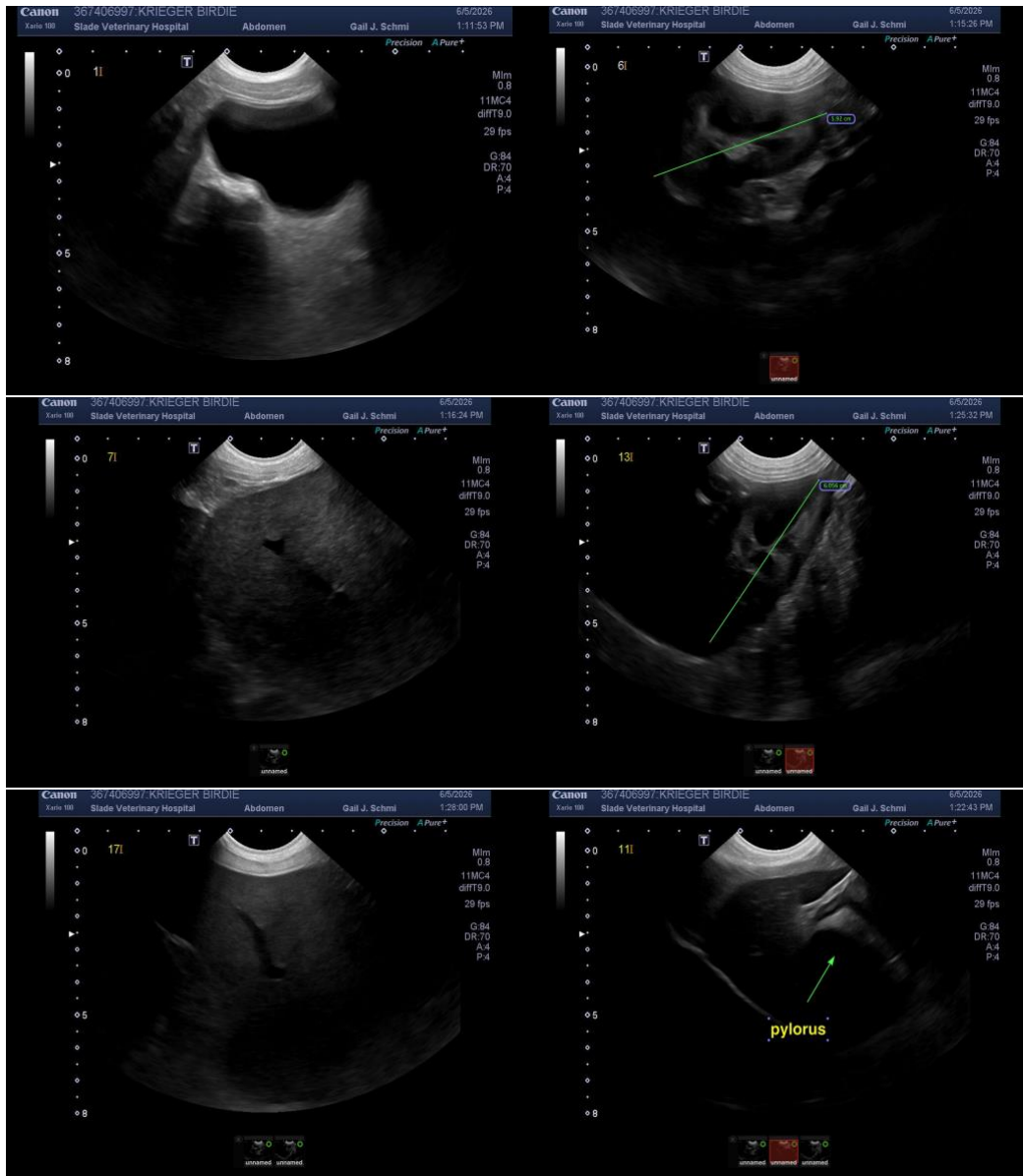
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,

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