



PATIENT

Barney Calder

SPECIES

Canine

BREED

Bull Mastiff

SEX

Neutered Male

AGE

12 Years

WEIGHT

44.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Alastair Westcott

HOSPITAL NAME

Dr. Alastair Westcott,
DVM

REFERRING VET

Dr. Alastair Westcott

INVOICE

16556

DATE

7/25/22

PRESENTING CLINICAL SIGNS

History: Was diagnosed with colitis potentially due to raw food contamination about a month ago. Was placed on a course of metronidazole/omeprazole. Has not been eating properly ever since with a dramatically reduced appetite. The diarrhea is ongoing and watery. There is no vomiting though. Has been about a 15 pound weight loss in the last month which is significant. Notable increase in drinking and cannot make a statement about urination.

Abnormal PE/Chem/CBC/UA Results: Overweight despite reported weight loss. Reduced appetite. Polydipsic. Has had watery diarrhea which is improving with empirical metronidazole treatment. Elevated BUN could indicate renal insufficiency or chronic, low-grade GI bleeding and resorption. Mild hyperglobulinemia suggests inflammation/chronic Mild elevation in ALT/ALKP/LIPASE - GI vs non-specific vs primary hepatic/biliary. Unremarkable CBC and differential Borderline USG and potential proteinuria (would require a cysto sample and UPC to quantify) UPC on inactive sediment confirms significant proteinuria. So; we do have a protein losing nephropathy

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 residual prostate is uniform, measuring 1.88 cm. The iliac trifurcation was unremarkable.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild age-related loss of curvilinear patterns regarding the capsule and C/M junction. Slight microcystic parenchymal changes were noted in both kidneys. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 7.77 cm. The left kidney measured 7.4 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 right adrenal gland measured 3.71 cm x 1.27 cm at the cranial pole and 0.96 cm at the caudal pole. The left adrenal gland measured 2.68 cm x 0.52 cm at the cranial pole and 0.67 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. The spleen measured 2.5 cm in width.

Liver

The **liver** revealed heterogeneous hypoechoic nodular changes with mild disrupted architecture. The gallbladder and common bile duct were unremarkable.



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Gastrointestinal

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Minor retention of ingesta was noted in the **stomach** with normal chyme transit into the small intestine. Minor distal small intestinal thickening, this may be a tangential angular approach mimicking thickening, however, should be monitored. The descending colon was unremarkable with subtle wall thickening and normal stool consistency. Colon wall thickness measured approximately 3.0 mm.

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Pancreas

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Bull Mastiff

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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ULTRASONOGRAPHIC FINDINGS

AGE

12 Years

- Liver, fairly uniform vacuolar hepatopathy pattern with minor heterogeneous hypoechoic nodular changes with mild disruption of architecture
- Stomach retention of ingesta
- Colonic wall thickening
- Minor distal small intestinal thickening
- Minor heterogeneous pancreatic changes
- Age-related abdominal changes otherwise

WEIGHT

44.2 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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FNA of the liver is indicated, if any liver enzyme elevations are a persistent issue. If the patient was NPO, some mild soft matter could be present in the stomach yet appears to have transit of chyme otherwise. Protein losing nephropathy with minor nonspecific degenerative changes. 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. I recommend a fresh fecal smear and fecal floatation analysis. Antiparasitic protocol and maldigestion panel are indicated. Screening for Addisons is also warranted, given the history of azotemia and GI issues.

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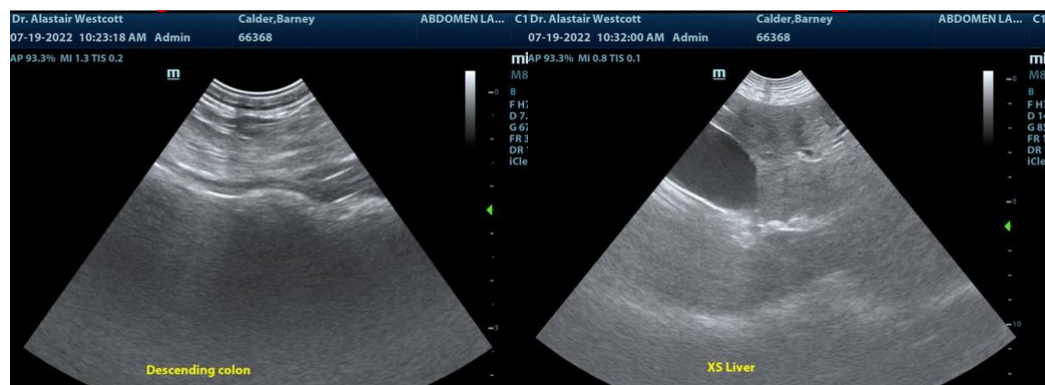
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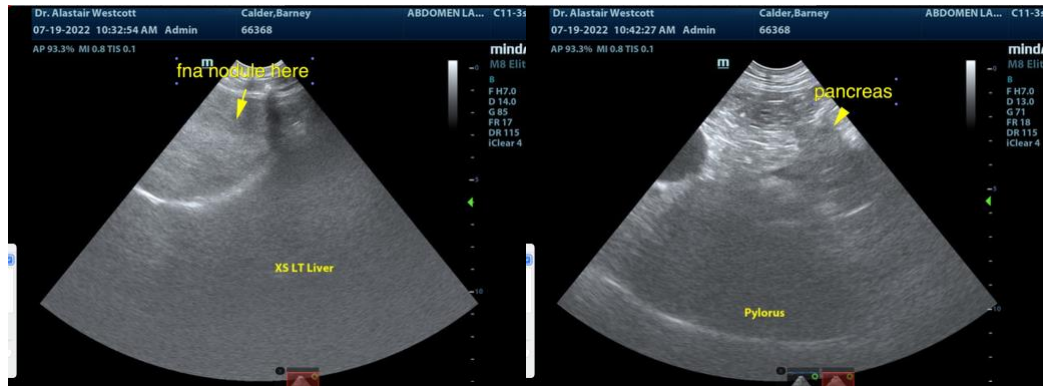
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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