



PATIENT PRESENTING CLINICAL SIGNS

Bo Currie History: Was seen for intermittent lethargy vomit and diarrhea in June and more recently came back in for rapid weight loss and lethargy. Patient is approximately 15 underweight now.
Abnormal PE/Chem/CBC/UA Results: CBC: WNL Chem: glucose 69, ALT 195, ALKP 18, Chol 41, Chloride 108 Fecal: Neg 4DX: Neg

SPECIES

Canine

BREED

Labrador Mix

SEX

Neutered male

AGE

5 years

WEIGHT

58 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Dr. Griffin

HOSPITAL NAME

Northside VC

REFERRING VET

Dr. Griffin

INVOICE

75947

DATE

7/6/23

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 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 5.6 cm.

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 0.57 cm at the cranial pole and 0.54 cm at the caudal pole. The right adrenal gland was not visualized owing to gastric content interference.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. A hypoechoic splenic nodule was noted in the mid body and measured 0.5 cm. This is not significantly disruptive. 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** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. A tortuous vessel was noted in the mid cranial abdomen; however, this does not appear to be pathological and is likely a normal variant. The gallbladder was not visualized.



PATIENT

Gastrointestinal

Bo Currie

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

SPECIES

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Pancreas

Labrador Mix

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.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

AGE

Low-grade inflammatory hepatopathy given the clinical profile.

5 years

Tortuous cranial abdominal vessel, normal variant.

WEIGHT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

58 lbs

Bile acid profile can be considered to ensure there is no liver dysfunction; however, subjectively the liver appeared unremarkable even though the gallbladder noted evident. The cause of weight loss is unclear.

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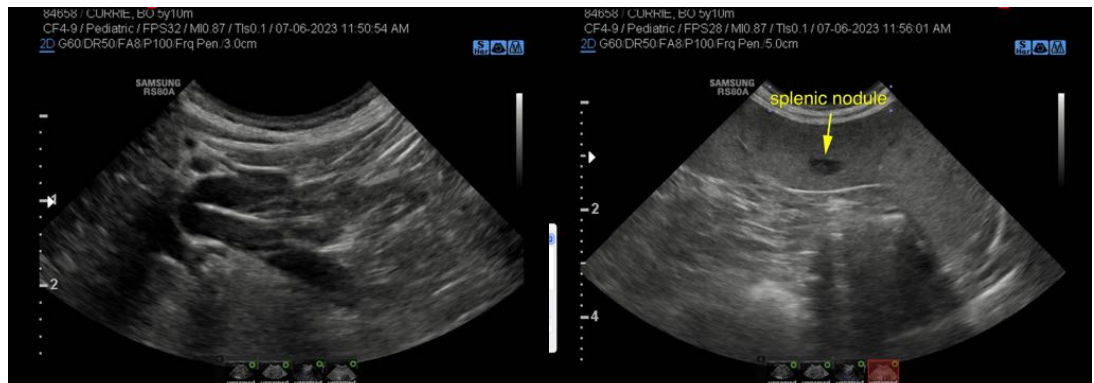
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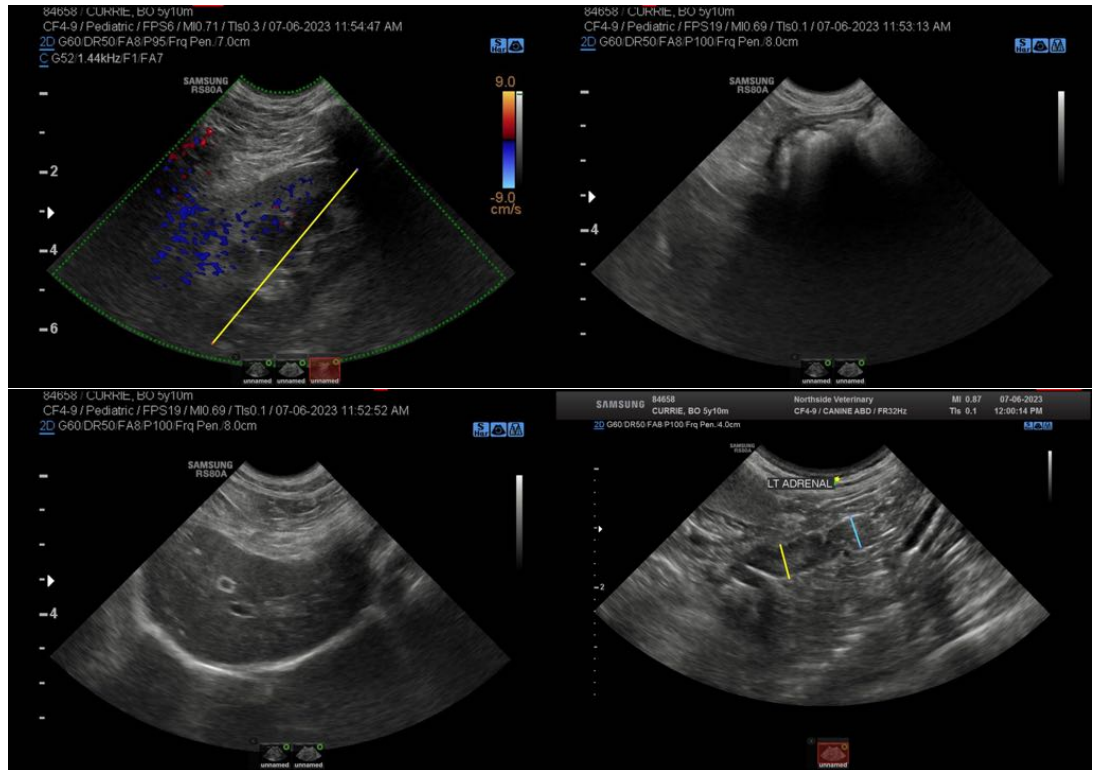
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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