

**DATE PRESENTING CLINICAL SIGNS**

7/7/23 Losing weight, urinating in house, limping right rear leg.

PATIENT

Ryder Moore Current Medications: Amoxi-clav 375mg 1 1/2 tablet BID
 Lab Results: urine sp.gr.(1.008), ALT(2127), alk phos(>2000), GGT(29), WBC(17.15)
 Date of Previous IntraPet Ultrasound: No previous.
 Sedation: IV.

SPECIES

Canine Stat Report: Not requested.
 Imaging Performed By: Rachel Brillhart, RDMS.

BREED**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

German Shepherd

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.

SEX

Neutered Male

AGE

9/21/13

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 7.48 cm. The right kidney measured 7.24 cm.

WEIGHT

87 Pounds

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 3.0 cm x 0.68 cm at the caudal pole and 0.7 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

The **right adrenal gland** was normal in size and slightly heterogenous. The right adrenal gland measured 2.73 cm x 0.92 cm at the cranial pole and 0.89 cm at the caudal pole.

HOSPITAL NAME

Madonna VC

Spleen

The **spleen** revealed minor heterogenous parenchymal changes without disruption of architecture.

REFERRING VET

Dr. Brockett

Liver

The **liver** revealed coarse architecture and increased portal markings The gallbladder and common bile duct were unremarkable.

INVOICE

23224

Gastrointestinal

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.

Pancreas

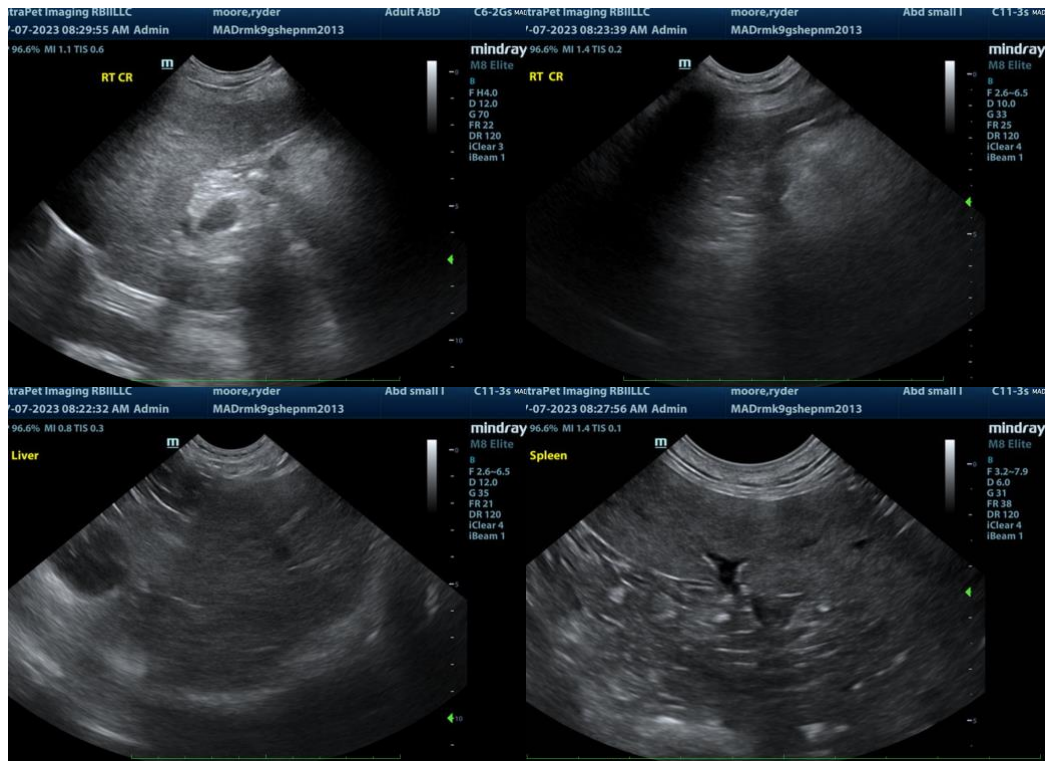
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

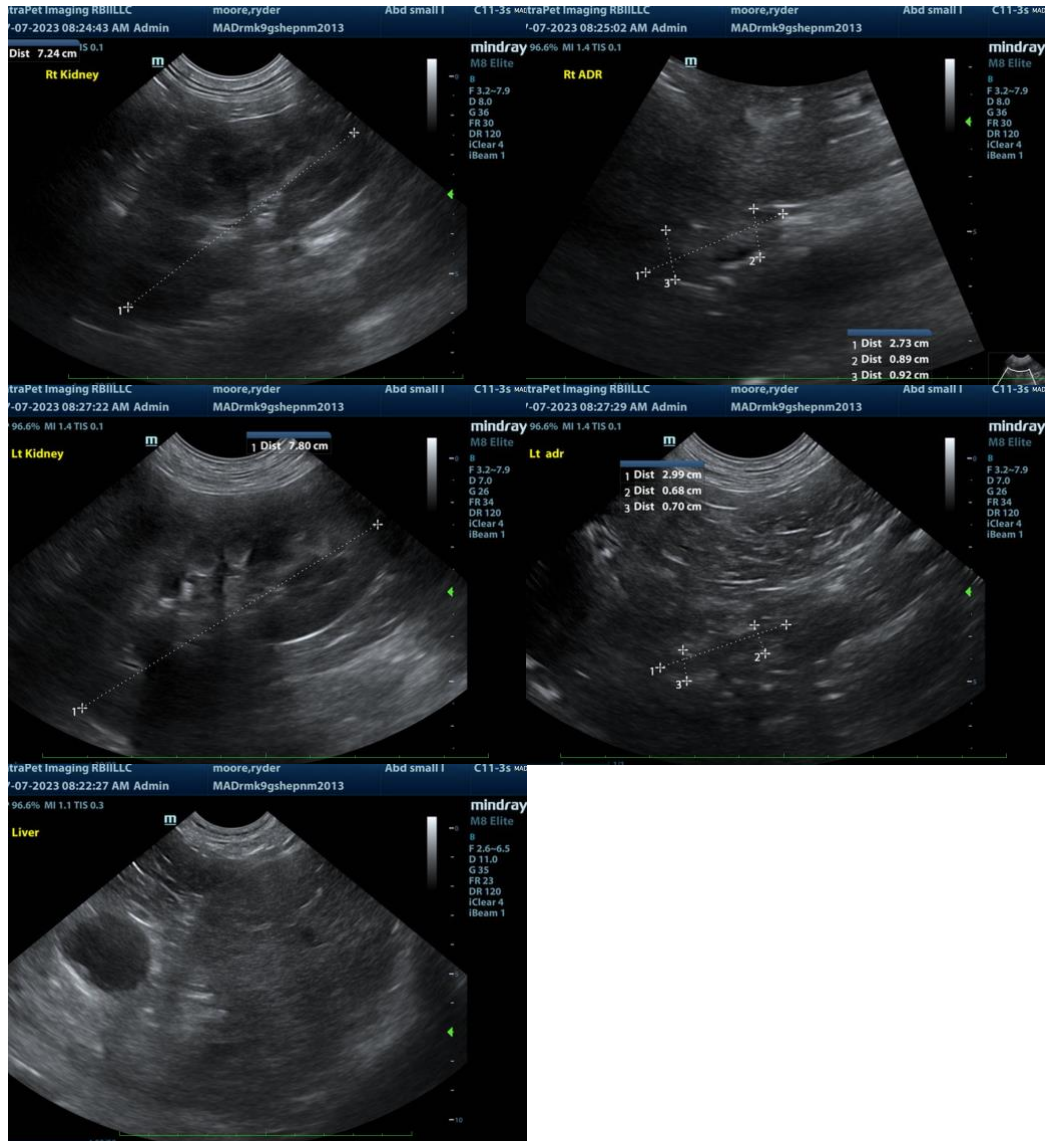
ULTRASONOGRAPHIC FINDINGS

- Nonspecific low grade chronic inflammatory hepatopathy
- Minor heterogenous parenchymal changes in the spleen.
- Slightly heterogenous right adrenal gland
- Partially full stomach

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver could be considered to assess inflammatory cell type. Leptospirosis titers would be warranted to rule out occult disease. Bile acid profile could be considered. If bile acids are elevated, then clinical signs may be secondary to hepatic disease, however, these changes are fairly benign. Other causes of weight loss should be investigated. Screening FNA of the spleen and liver would be optimal to ensure a benign baseline. 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.





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.

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