



PATIENT

Niko Pelletier

SPECIES

Canine

BREED

Labrador

SEX

Neutered Male

AGE

11 Years

WEIGHT

80 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Gudrun Gunther

HOSPITAL NAME

New Frontier AMC

REFERRING VET

Gudrun Gunther

INVOICE

23693

DATE

8/18/23

PRESENTING CLINICAL SIGNS

History: 6 mo of weight loss despite a normal appetite, no vomiting/diarrhea. Patient has DJD of bilateral stifles (cruciate surgery bilaterally) and is having rear limb weakness and some fecal incontinence. O also feels he has some lethargy

Abnormal PE/Chem/CBC/UA Results: CBC - mild lymphopenia CHEM - mild elevation ALT (142), ALP (289)

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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 8.15 cm. The left kidney measured 6.0 cm.

Adrenal Glands

The **right adrenal gland** was enlarged, mildly heterogenous and irregular. The right adrenal gland measured 0.8 cm at the caudal pole and 1.5 cm at the cranial pole.

The **left adrenal gland** was slightly irregular and mildly heterogenous, yet encapsulated. The left adrenal gland measured 0.96 cm.

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. Cranial folding of the spleen was noted. Hyperechoic lipid plaques were noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal



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There was some residual chyme and gas 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.

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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.

SEX

Neutered Male

- Enlarged right adrenal gland- Hyperplasia, carcinoma, pheochromocytoma are all possible in the right adrenal gland.
- Mildly heterogenous and slightly irregular left adrenal gland
- Splenic fold with hyperechoic lipid plaques
- Partially full stomach
- Unremarkable geriatric abdomen otherwise

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ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

80 Pounds

Serial blood pressures are warranted in this patient. If hypertension is an issue, then urine catecholamine is indicated. The right adrenal gland is unlikely to be responsible for the weight loss, however, if pheochromocytoma is present, this would explain the vague clinical signs. 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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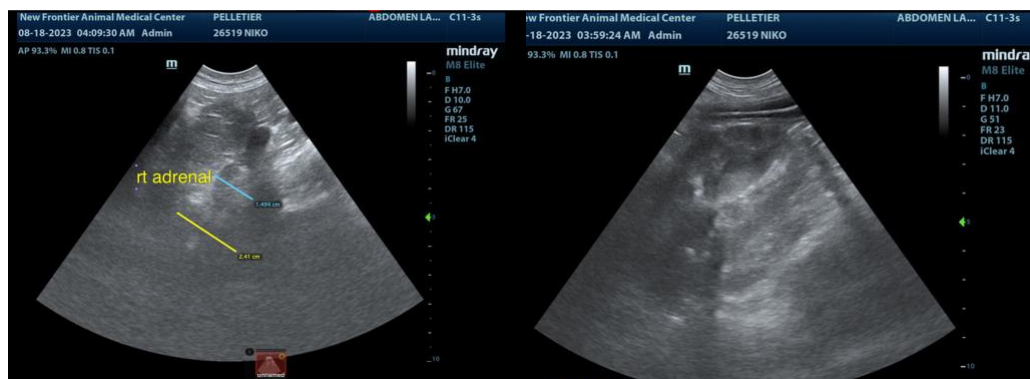
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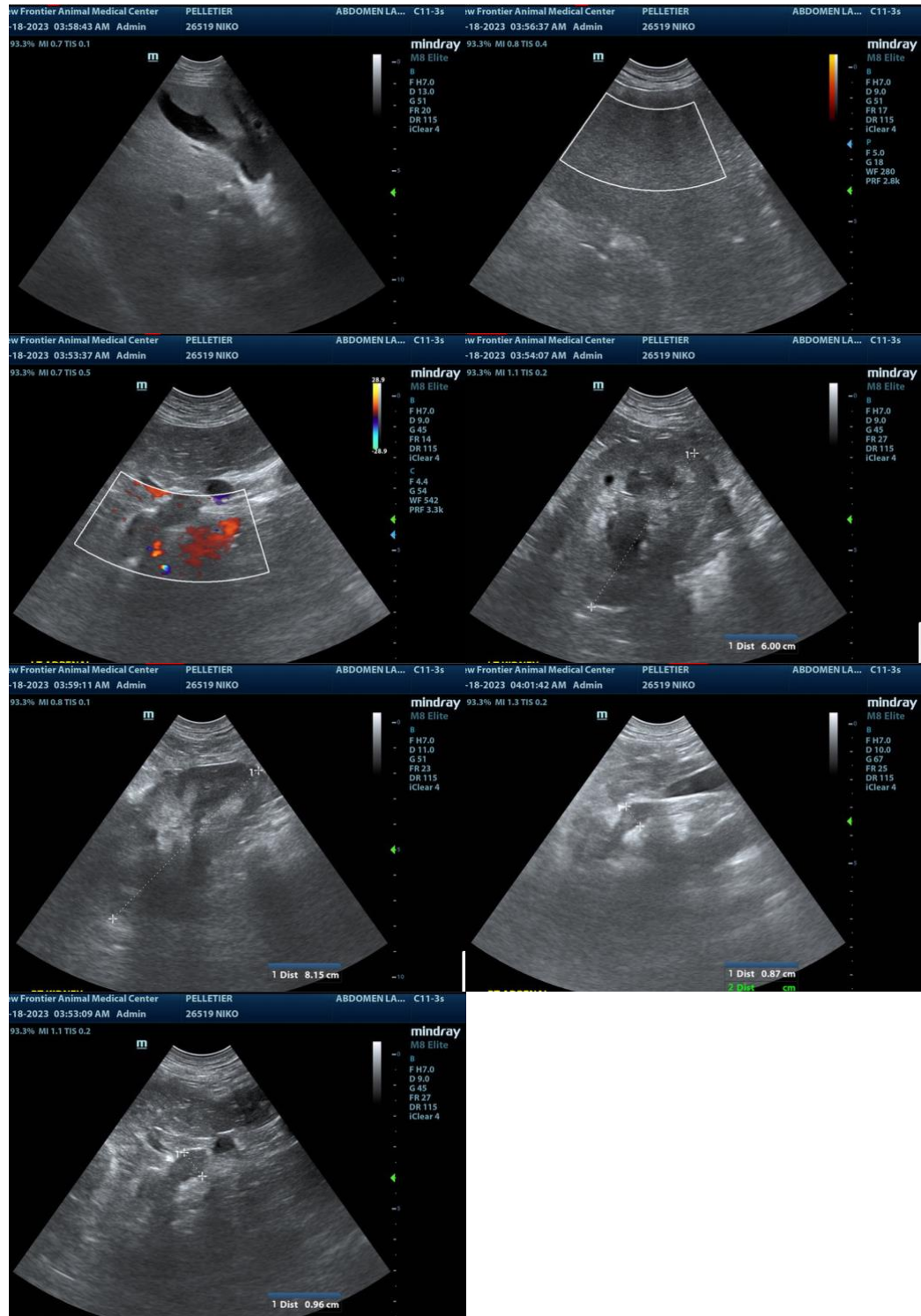
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance please contact me.

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