



PATIENT

Bella Coletta

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed female

AGE

13 years

WEIGHT

59.6 lbs

PRESENTING CLINICAL SIGNS

History: BELLA is losing weight, has muscle atrophy, decreased appetite, and has difficulty walking. Has had diarrhea on and off like colitis, and been occasionally vomiting bile and food and has been pacing and panting overnight and panting all the time. Has treated with anti diarrheal and GI foods but nothing helps. Had an U/S performed in April 2023 elsewhere and all was WNL except and a small mass on an left adrenal gland was found 1.7cm X 0.8cm. BP was 200 however she is very nervous. Abnormal PE/Chem/CBC/UA Results: BW and UA all WL. Urine Metanephrine fractionation test run today.

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 7.73 cm. The left kidney measured 6.05 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The right **adrenal gland** was uniform and measured 2.0 x 0.82 cm at the caudal pole and 0.83 cm at the cranial pole. The left adrenal gland was generally enlarged with a hyperechoic nodule at the cranial pole measuring 2.95 x 1.18 cm at the cranial pole and 0.52 cm at the caudal pole.

IMAGING PERFORMED BY

Dr. Krawitz

Spleen

The **spleen** was folded upon itself caudally with a uniform parenchyma.

HOSPITAL NAME

Calusa VC

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

REFERRING VET

Dr. Turkell

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Gastrointestinal

The stomach revealed minor excessive fluid and gas accumulation with echogenic mucosal changes. This is suggestive for gastritis. The duodenum is mildly thickened in this patient. There was no evidence of a foreign body and no neoplastic criteria.

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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.

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ULTRASONOGRAPHIC FINDINGS

Gastritis pattern.

Nodular left adrenal gland.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

24-hour n.p.o., GI protectant protocol is indicated such as the following. There was no evidence of neoplasia. Serial blood pressure measurements are warranted. Given the excitement of the patient Torbutrol could be utilized as a mild sedative that should not affect the blood pressure. I recommend assessment of the urine catecholamine to assess if the potential hypertension is related to left adrenal gland. However, the left adrenal is likely most consistent with hyperplasia. GI protectant protocol is indicated. Endoscopy is appropriate. All in all the abdomen appears largely unremarkable other than the left adrenal nodular change and gastritis pattern.

INTERPRETED BY

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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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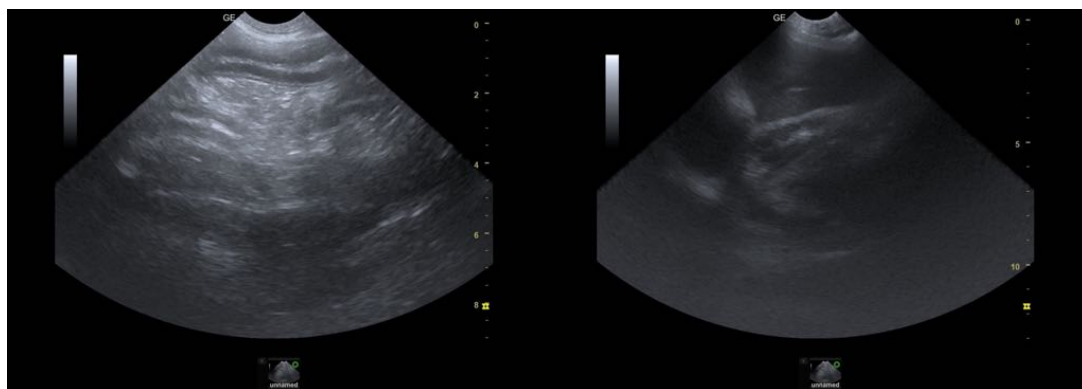
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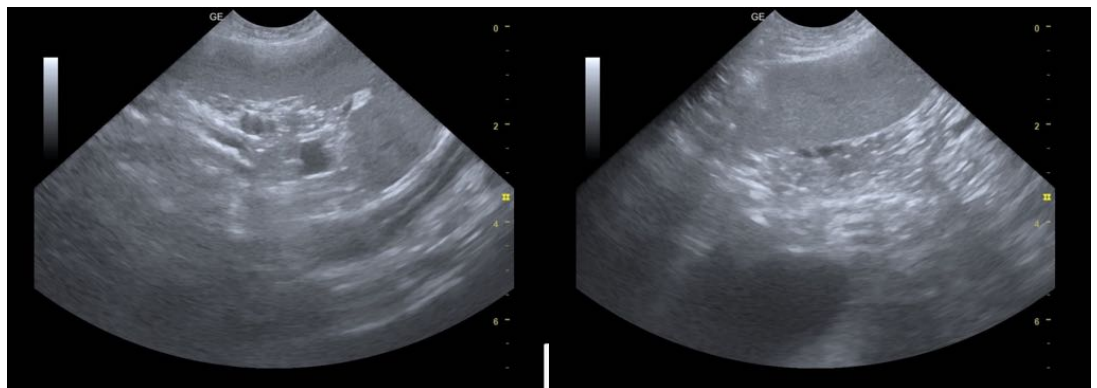
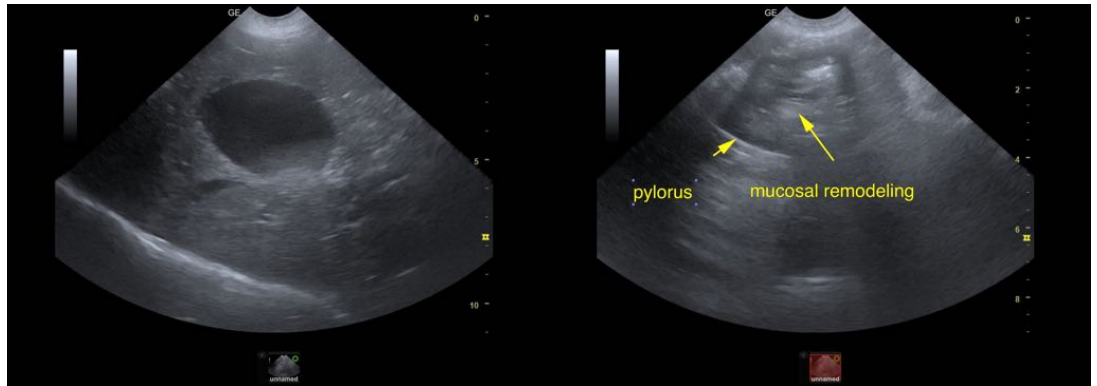
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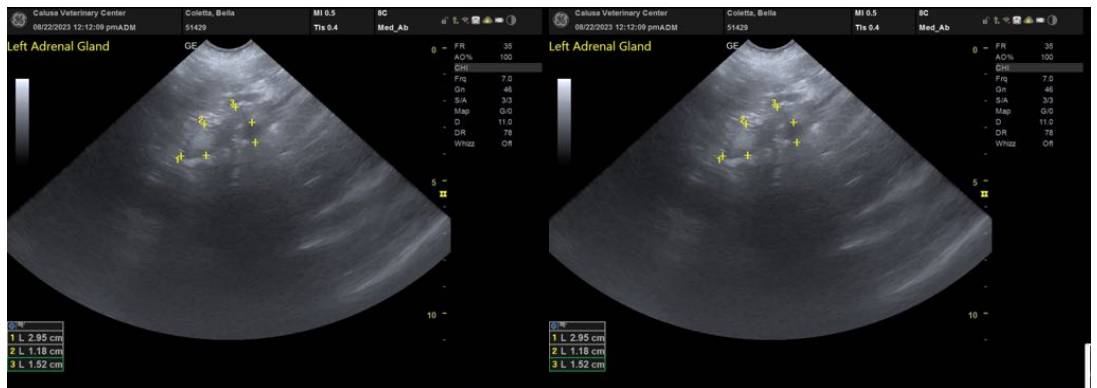


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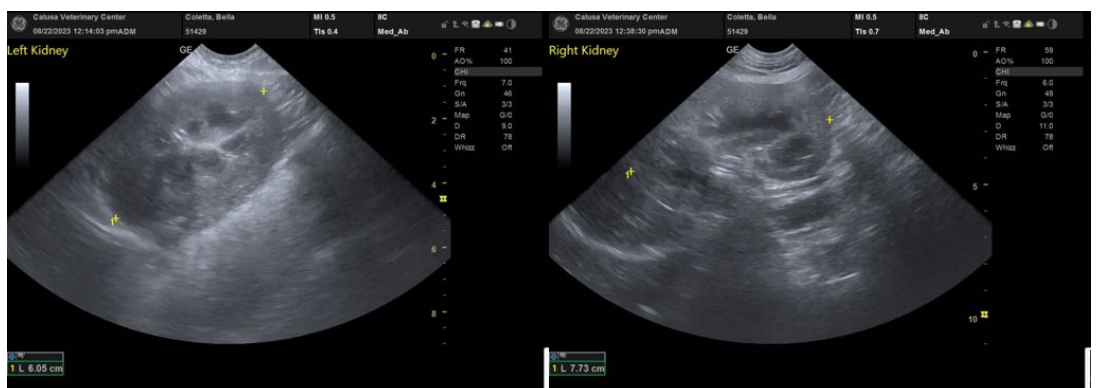
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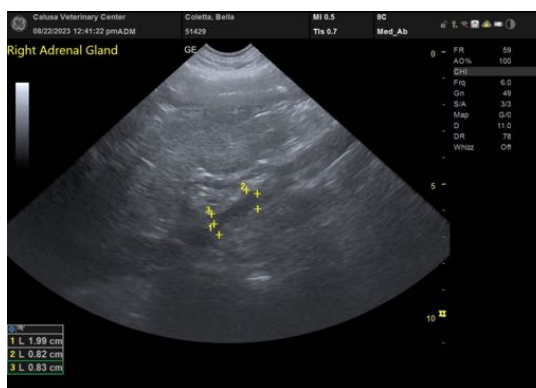
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

AGE

13 years

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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