

PATIENT

Thor Trotter

SPECIES

Canine

BREED

English Mastiff

SEX

Neutered Male

AGE

5 Years

WEIGHT

51.30 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Jessica Morgan, RVT

HOSPITAL NAME

Oxford County VC

REFERRING VET

Bowcott

INVOICE

17054

DATE

8/26/22

PRESENTING CLINICAL SIGNS

History: 5 yr old, weight loss over the last 6 months, has to be fed 8 cups to maintain wt loss. abnormal bloodwork has mild low ALB 26 (N: 27-39) no other abnormalities, very hungry, and weight loss, IBD?

Abnormal PE/Chem/CBC/UA Results: abnormal bloodwork has mild low ALB 26 (N: 27-39)

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

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 7.0 cm. The right kidney measured 7.5 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 0.6 cm.

Portions of the **right adrenal gland** were imaged and revealed no evident pathology. The right adrenal gland measured approximately 1.2 cm at the cranial pole and 0.5 cm at the caudal pole.

Spleen

The **spleen** revealed subtle heterogeneous parenchymal changes. Caudal folding of the spleen was noted.

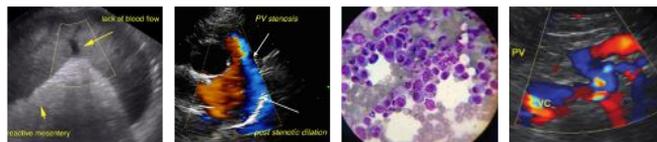
Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. 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.

Gastrointestinal

The **stomach** was overdistended with echogenic debris and chyme. If the patient was NPO at the time of the sonogram, I'd be concerned for foreign matter accumulation. Transit of chyme into the small intestine was noted.

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.

SPECIES

Canine

- Gastric overdistention, postprandial presentation or possible foreign matter. Transit of chyme is present.
- Reactive spleen

BREED

English Mastiff

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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. No obvious evidence of neoplasia. Recheck sonogram at complete NPO status would be ideal.

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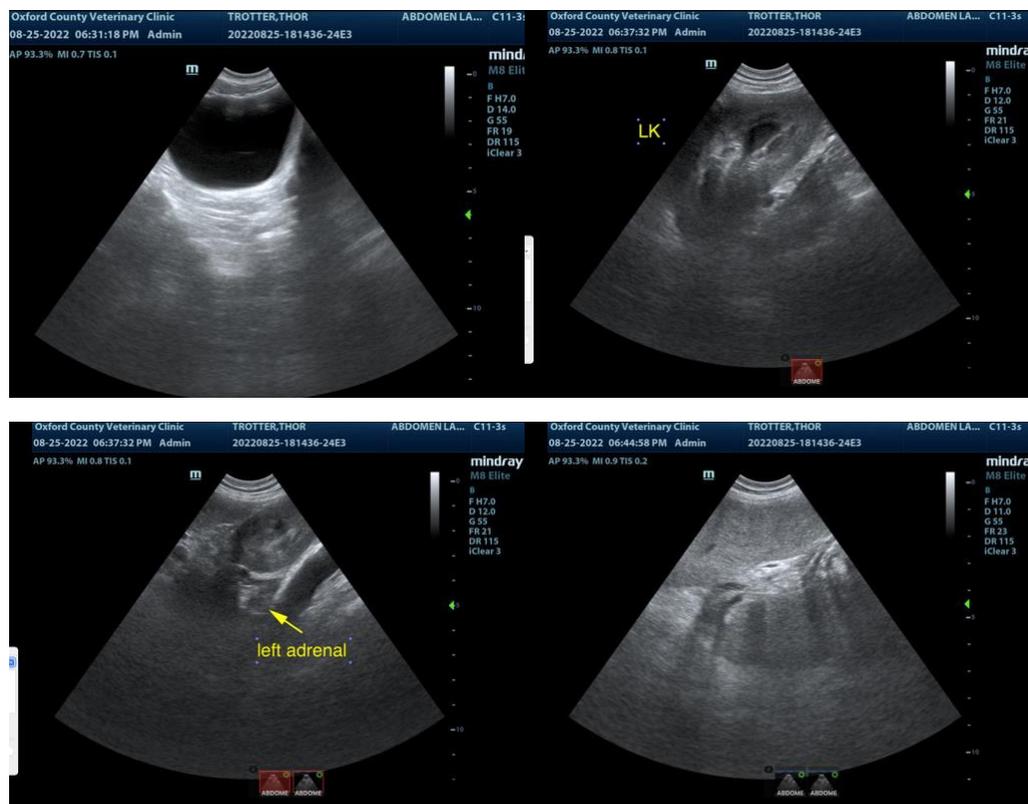
Bowcott

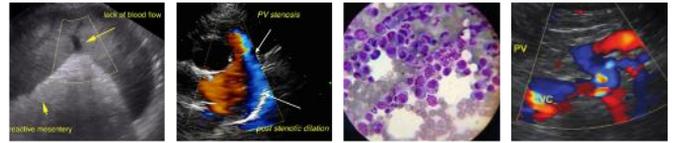
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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