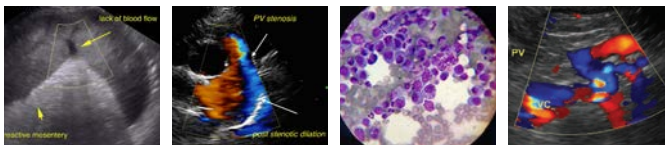
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Devereaux Gibson

SPECIES
Canine

BREED
DSH

SEX
Neutered Male

AGE
15 Years

WEIGHT
3.2 kg

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Erin Wicks

HOSPITAL NAME
Shores VEC

REFERRING VET
Dr. Zippay

INVOICE
41228

DATE
9/11/22

PRESENTING CLINICAL SIGNS

Presented at our hospital for V+/D+ and Wt Loss. O has noticed Wt loss for a little while now, over the weekend FEL started with V+ and D+, thinks he got into kitten food. Previous Health Concerns: Grade 1 heart murmur, possible IDB when younger, no real Ddx, managed well with diet. CKD for ~1 year. Current Medications/Supplements/OTC: None

Abnormal PE/Chem/CBC/UA Results: Cardiovascular: gallop rhythm, Grade 3/6 sternal heart murmur, est 5-8% dehydration Abdominal: tense on entire abdominal palpation awake; no obvious mass; subjective thickening of intestinal feel rDVM 9/2/22 Bloodwork: Albumin 4 H, BUN 39 H, Creat 2.7 H, HCT 44% N, stress leukogram, Thyroid 2.5 N Radiographs: gas filled stomach with ST opacity material at area of pylorus (ingesta vs. mass vs foreign material); mild gas generalized through intestinal tract with mild bunching, no plication noted, small urinary bladder, no obvious mass; cardiomegaly with patchy bronchial pattern caudal dorsal lung fields Renal panel: unremarkable EPOC: pH 7.206 L, K+ 2.1 L, Lactate 4.23 H, Glucose 188 H Urinalysis: USG 1.020, trace protein, 3+ leukocytes, no crystals, 1-2 WBC/hpf, 2-3 RBC/hpf ProBNP: strong abnormal HCT/PCV: 35/7.4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed sand accumulation, a grouping of which measured 5.0 mm. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The left kidney measured 3.66 cm. The right kidney measured 3.83 cm with corticomedullary mineralization noted. Minor non-obstructive renal mineralization noted in the right kidney.

Adrenal Glands

Both **adrenal glands** were 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 adrenal glands measured 0.40 cm each.

Spleen

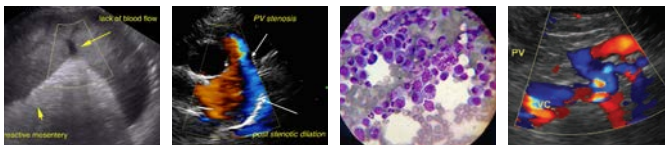
The **spleen** was largely normal with a hyperechoic lipogranulomatous nodule noted, not pathological.

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

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. Some of the gastric material would suggest hairball accumulation. The gastrointestinal tract revealed minor variable



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thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

Pancreas

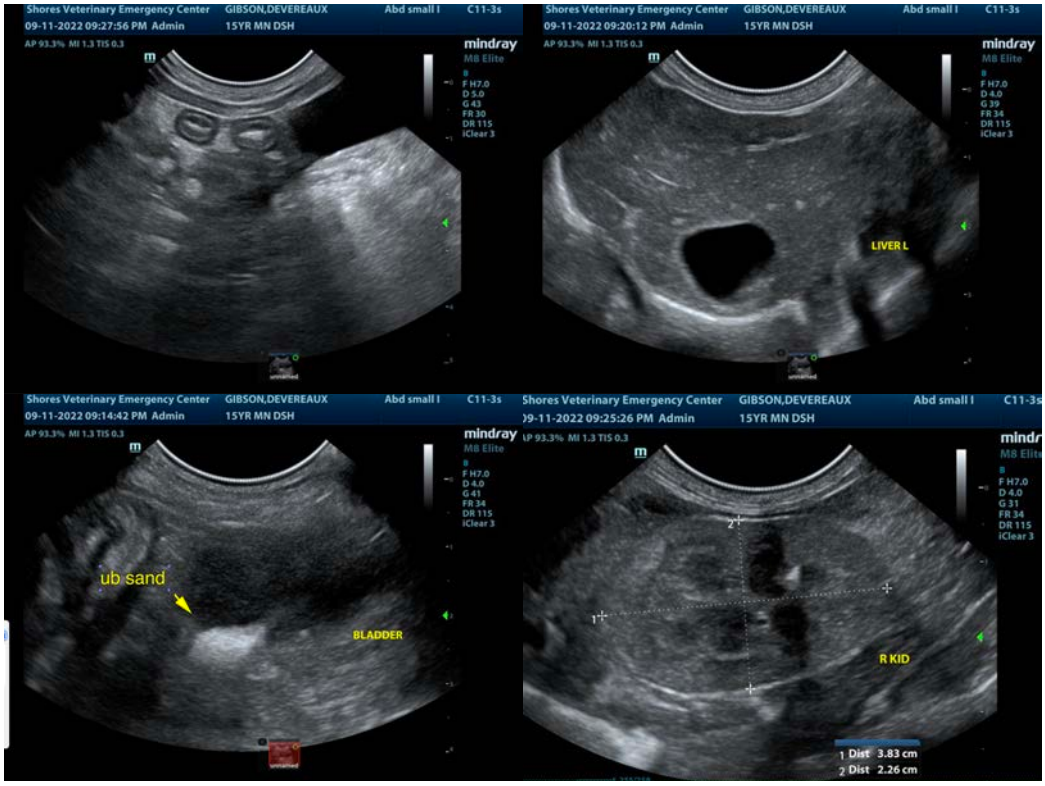
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Minor intestinal thickening
- Minor bladder sand
- Slight renal mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient may have passed small calculi or sand recently. However, structurally the abdomen appears stable. The cause of weight loss is unclear. 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.



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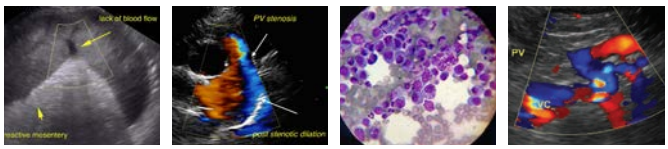

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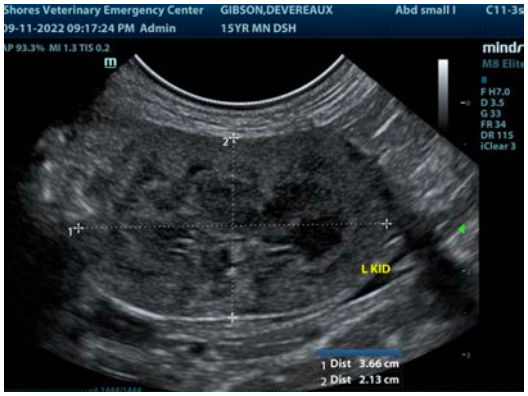

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com