



PATIENT PRESENTING CLINICAL SIGNS

Gus Sparacio

History: Slower appetite and unexplained weight loss (11 lbs in past 6 months) since they got a new puppy, who he loves to play with. Bout of Giardia, but has resolved. On Cytopoint and rabbit based diet due to severe allergies. Echo and ECG done 3/2020 for several seizure-like episodes, NSF. PE: BCS 3-4/9 ALT 200 (9/2020), rest WNL. 4DX: NEG TLI, Cobalamin and Folate = normal.

SPECIES

Canine

BREED

Rotteilwer Labrador Mix

SEX

Neutered male

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.

AGE

10 years

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight mineralization was noted in the kidneys. The left kidney measured 7.75 cm. The right kidney measured 7.5 cm.

WEIGHT

77 lbs

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 left adrenal gland measured 0.74 cm at the cranial pole and 0.73 cm at the caudal pole. The right adrenal gland measured 0.6 cm at the cranial pole and 0.6 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

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. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Bennett

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Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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,

DATE

9/14/21



PATIENT

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.

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SPECIES

Gastrointestinal

Canine

The **gastric** wall was mildly thickened with hyperechoic muscularis striations. The cause of this is unknown. The gastric lumen was unremarkable. Curvilinear patterns in the gastrointestinal tract were normal otherwise. Spastic small intestine was noted, yet the curvilinear patterns were maintained. No neoplastic criteria was present.

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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.

AGE

10 years

ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen.

WEIGHT

77 lbs

Minor hepatic remodeling.

Minor gastrointestinal upset.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

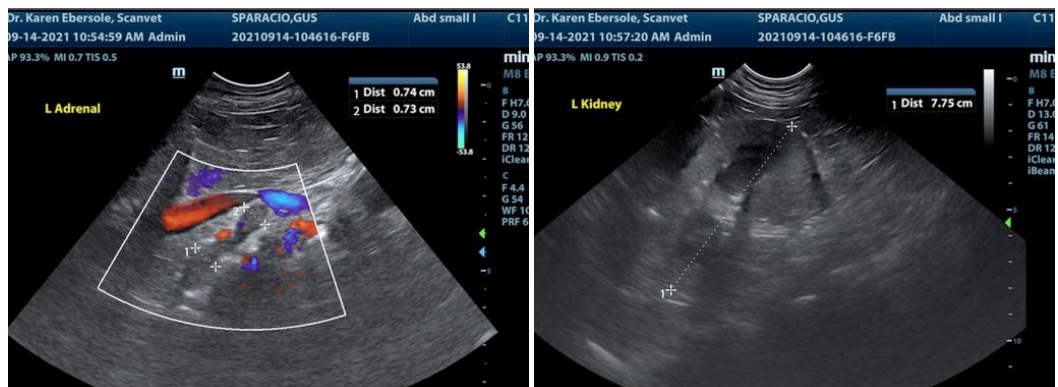
IMAGING PERFORMED BY

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I recommend a fresh fecal smear and fecal floatation analysis if not already performed to rule out underlying occult parasitism. Malassimilation of nutrients or neoplasia elsewhere in the body may be an issue. However, the abdominal scan is fairly normal for this age patient.

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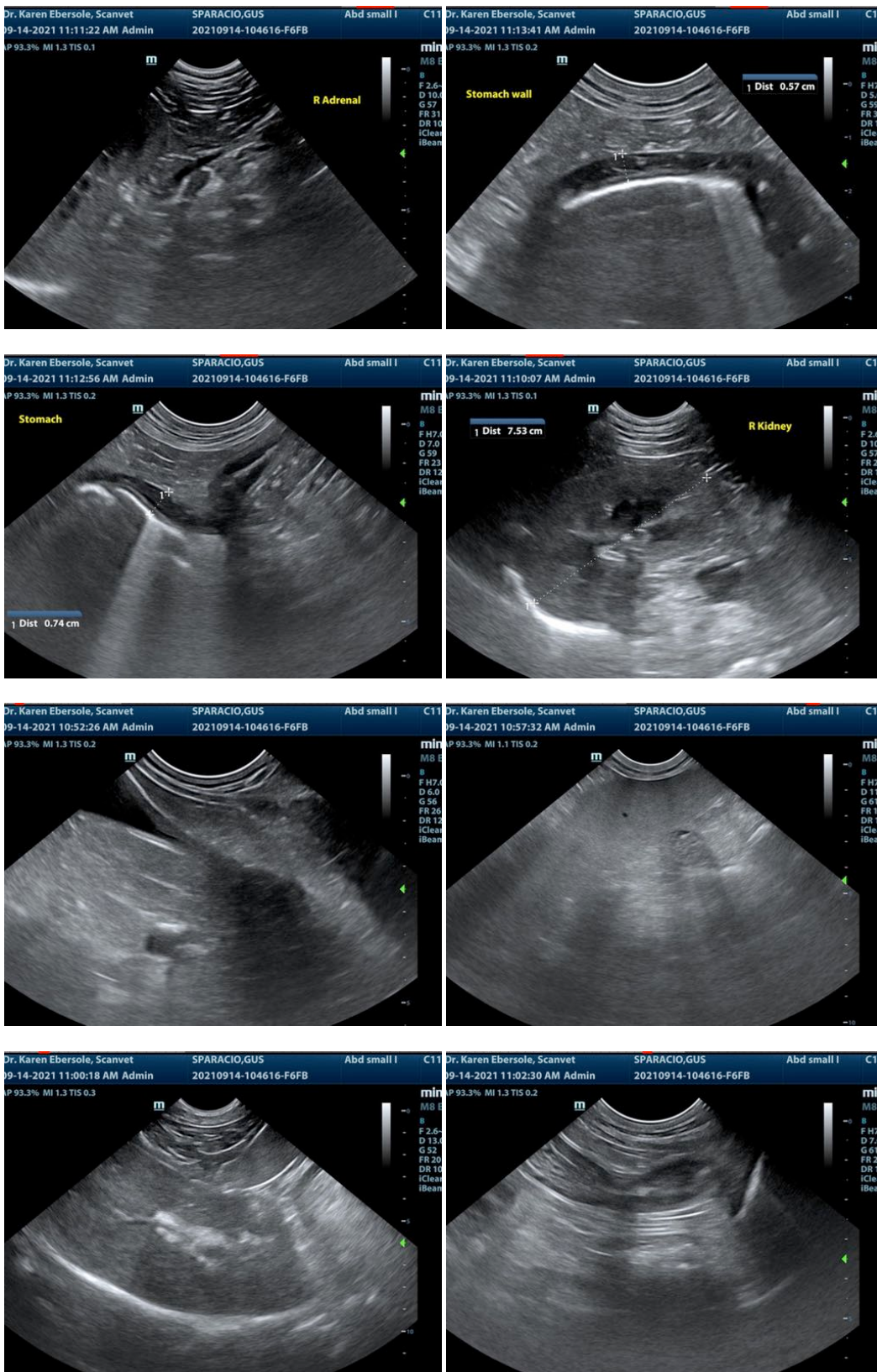
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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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Mix

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

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