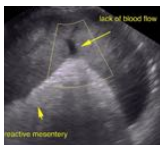

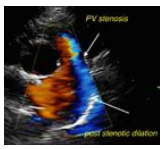

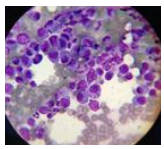
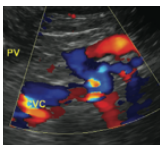

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1-800-838-4268 info@sonopath.com

PATIENT

Presley Butula

SPECIES

Canine

BREED

Shepherd Mix

SEX

Spayed female

AGE

11 years

WEIGHT

26.3 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Biederbeck

HOSPITAL NAME

Lomsnes VH

REFERRING VET

Dr. Chalmers

INVOICE

39589

DATE

9/22/22

PRESENTING CLINICAL SIGNS

History: Chronic weight loss, severe muscle wasting. - 5kg since Jan, 2 kg in past 2 mo. Prominent spleen seen on rads. No v/d. Raw diet, normal appetite.
Abnormal PE/Chem/CBC/UA Results: CBC: mild microcytosis. Hct 44%, down from 53% Jan 2022 CHEM: mild to moderately elevated ALT (359 U/L), was normal (50) at Jan 2022 BW. Otherwise NSF Urine: trace protein, otherwise NSF UPC: not significant proteinuria.

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 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.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

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. Occasional, non-disrupted nodular change was noted. 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.

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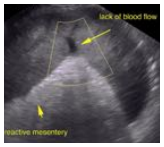
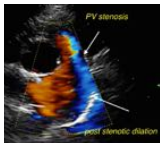
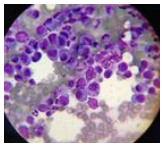
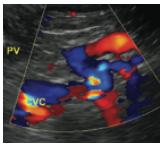

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Gastrointestinal

The **stomach** revealed a large amount of fluid filled lumen with echogenic, hypertrophied mucosa. Variable areas of chyme retention was noted in the small intestine. Excessive gas was noted. Reactive lymph nodes were noted and measured 1.5 x 0.5 cm. Intestinal spasming was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

Nodular hyperplasia splenic and hepatic pattern.

Gastrointestinal stasis with spastic bowel. Chronic inflammatory disease with reactive lymph nodes is likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of neoplasia. Malassimilation of nutrients may be the underlying issue. Occult parasitism is also a potential. FNA of the spleen and liver can be considered; however, subjectively they appear benign.

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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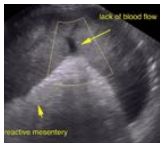
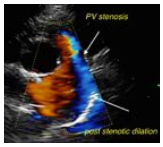
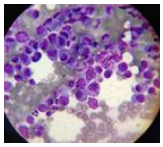
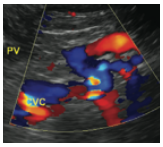

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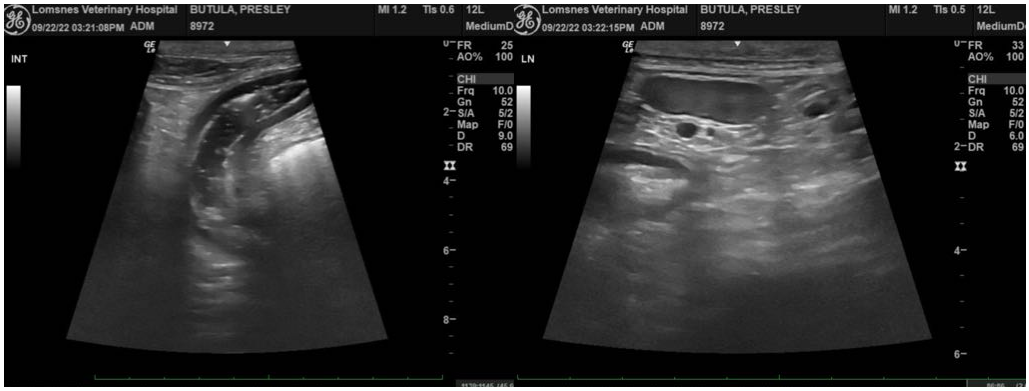

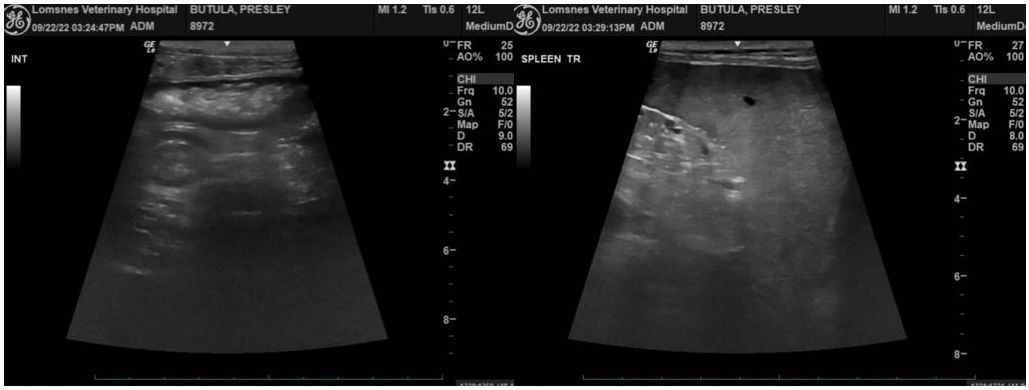

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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