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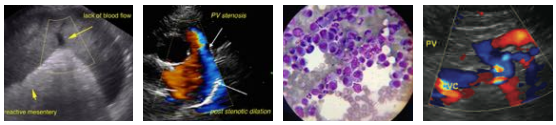

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT
Louie Otsyula

SPECIES
Canine

BREED
Labradoodle

SEX
Neutered male

AGE
7 years

WEIGHT
52 lbs

INTERPRETED BY
Eric Lindquist, DMV, DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Jenna Walsh, CVT

HOSPITAL NAME
West Eugene AH

REFERRING VET
Dr. Sundholm

DATE
6/13/22

Invoice
30963

PRESENTING CLINICAL SIGNS

History: Louie presented on 5/9 for a few months of progressive weight loss and poor appetite. The owner said he barely eats at all, and some days nothing. His appetite did not improve after a course of cerenia. He has lost 20 lbs since February of this year. His physical exam on 6/10 was fairly unremarkable, except his heart sounded muffled on the L side. He was also very exuberantly wiggly and panting so this observation is subjective. He also seemed uncomfortable with palpation of his caudal abdomen. His urinations have been normal. Current Medications Started Entyce 6/10/22 Radiographic Findings Plan to take thoracic radiographs on 6/13/22 while in clinic for U/S Primary Question/Differential to Be Answered in This Exam r/o causes of hyporexia and weight loss - primarily ruling out neoplasia.
CBC/Chem performed in May 2022 was completely WNL.

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. The left kidney measured 6.74 cm. The right kidney measured 7.16 cm.

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 right adrenal gland measured 2.6 x 0.92 cm at the cranial pole and 0.69 cm at the caudal pole. The left adrenal gland measured 2.93 x 0.47 cm at the caudal pole and 0.61 cm at the cranial pole.

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.

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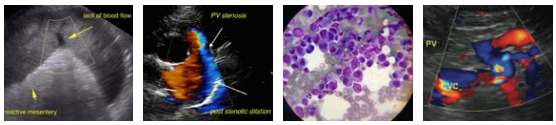

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Liver

The **liver** was structurally unremarkable; however, the hepatic veins were dilated. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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.

Thorax

The caudal thorax revealed pleural effusion and undifferentiated mass. This is likely causing the passive congestion of the liver.

ULTRASONOGRAPHIC FINDINGS

Normal abdomen with minor passive congestion liver pattern.

Transdiaphragmatic view revealed pleural effusion and caudal thoracic mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further thoracic work-up is warranted. Chest radiographs and/or chest CT with potential ultrasound-guided FNA is recommended for further definition.

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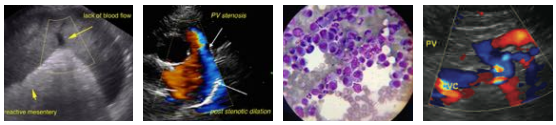

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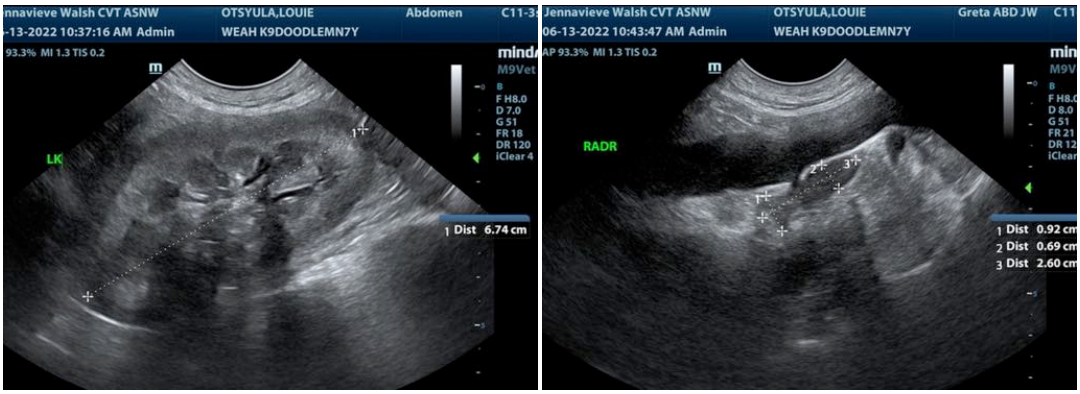

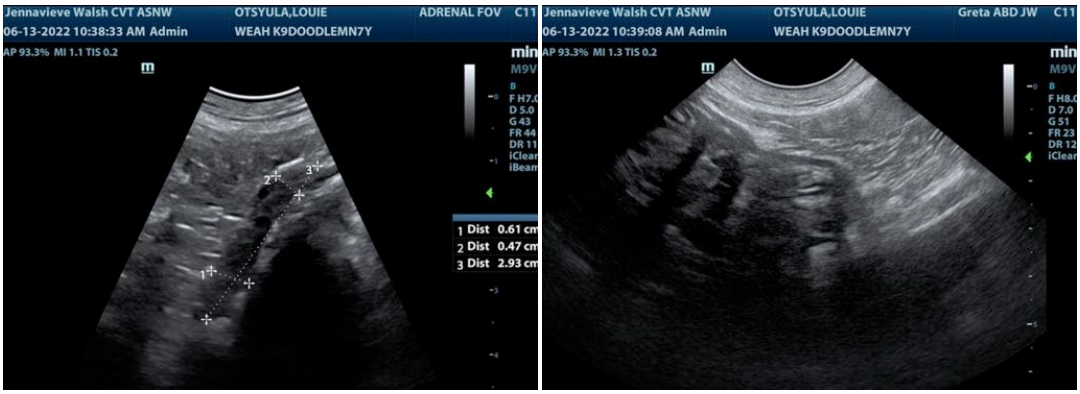

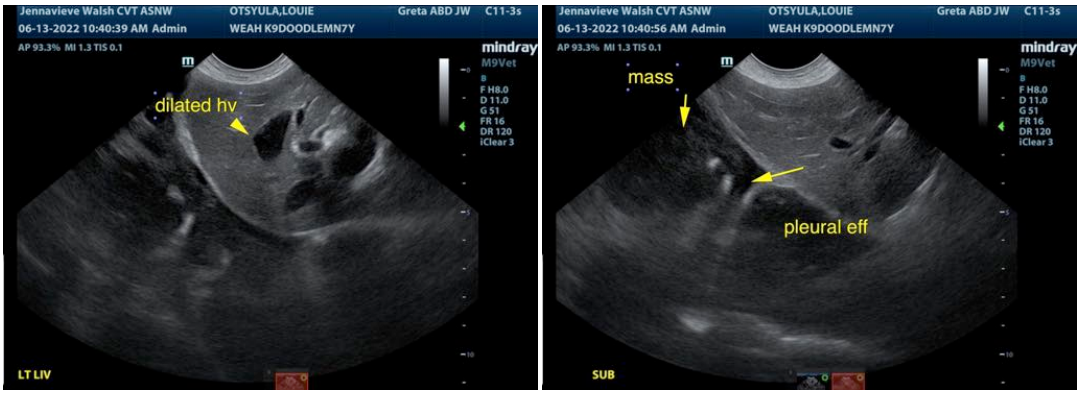

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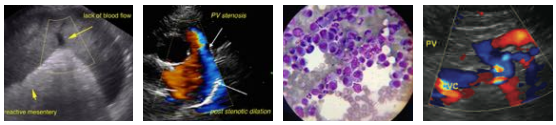

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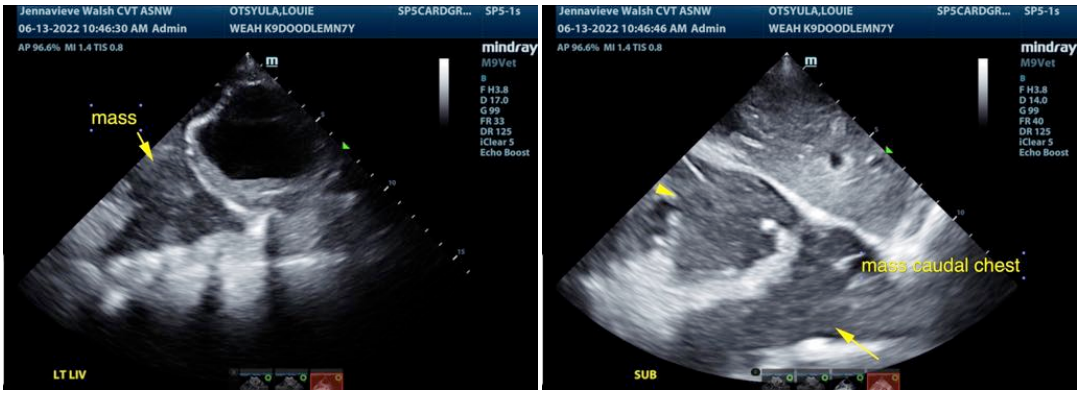

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Eric.Lindquist@SonoPath.com