



PATIENT

Penny Corry

PRESENTING CLINICAL SIGNS

History: 3# weight loss over the last 4 months with ravenous appetite. PU/PD
Abnormal PE/Chem/CBC/UA Results: Ca decr 8.7, Tbili low normal 01., platelets incr 518, WBC 4200; otherwise all wnl UA: pH 8.5, protein trace, struvites 4-10/hpf

SPECIES

Canine

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.

BREED

French Bulldog

SEX

Spayed female

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.66 cm. The left kidney measured 4.16 cm.

AGE

10 years

Adrenal Glands

WEIGHT

12.4 lbs

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The right adrenal gland measured 1.62 x 1.05 cm at the cranial pole and 0.62 cm at the caudal pole. The left adrenal gland measured 1.89 x 0.61 cm at the caudal pole and 0.43 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

IMAGING PERFORMED BY

Diane McFadden, RVT

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. The spleen was slightly heterogenous. This is a positional variant and is not pathological. There was no evidence of significant disease.

HOSPITAL NAME

Animal Hospital of
Roxbury

Liver

REFERRING VET

Dr Hir

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. Adhered gallbladder debris was noted.

INVOICE

42493

Gastrointestinal

DATE

1/4/23

The **stomach** in this patient presented minor mucosal and muscularis hypertrophy and remodeling, yet no neoplastic criteria nor foreign body was noted. The small intestines and colon were unremarkable.



PATIENT *Pancreas*

Penny Corry 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.

SPECIES

Canine

BREED

French Bulldog

ULTRASONOGRAPHIC FINDINGS

Splenic enlargement.
 Minor upper gastric thickening.
 Bilateral adrenal hypertrophy.
 Otherwise, unremarkable abdomen.

SEX

Spayed female

AGE

10 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a potential for underlying pituitary dependent hyperadrenocorticism. However, the cause of weight loss is unclear. Splenic enlargement FNA would be warranted to ensure that this is a reactive state as opposed to an emerging neoplastic event. If the urine specific gravity is persistently less than 1.020 then work-up for PDH is indicated. However, causes of weight loss should be investigated further.

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.

WEIGHT

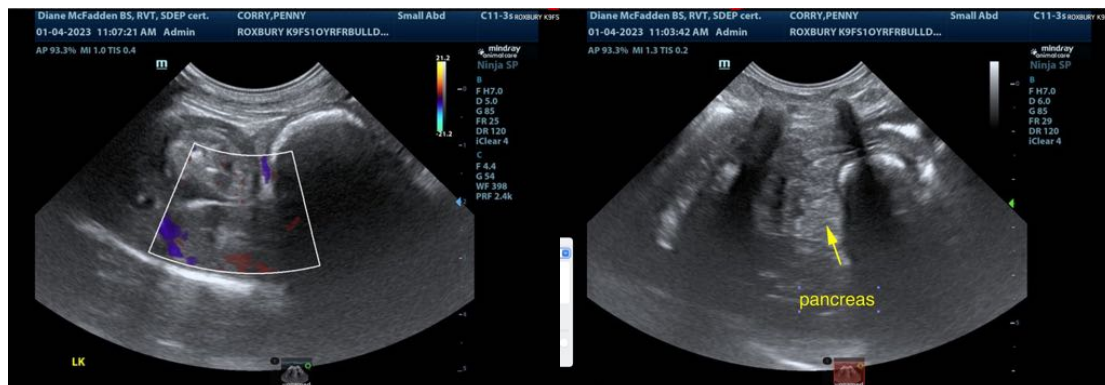
12.4 lbs

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IMAGING PERFORMED BY

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HOSPITAL NAME

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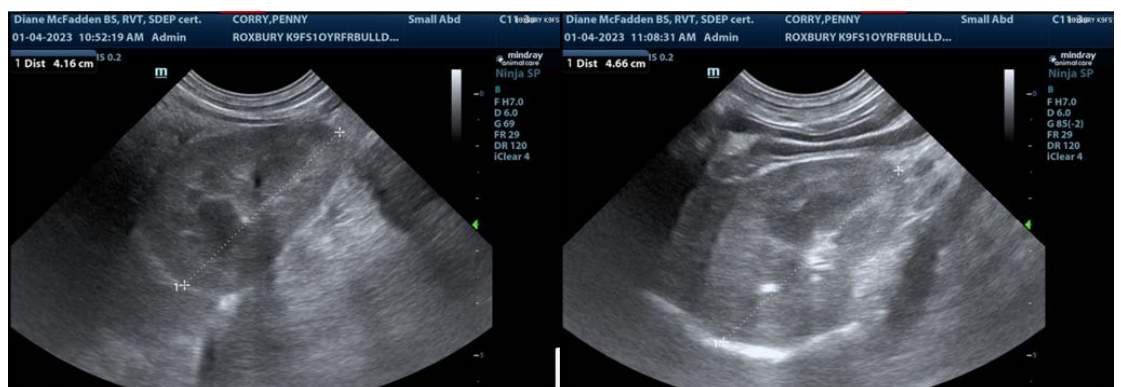
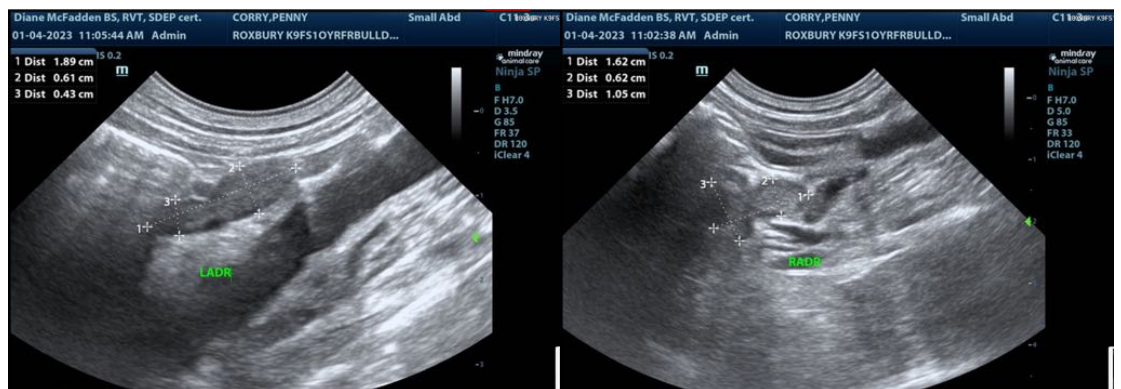
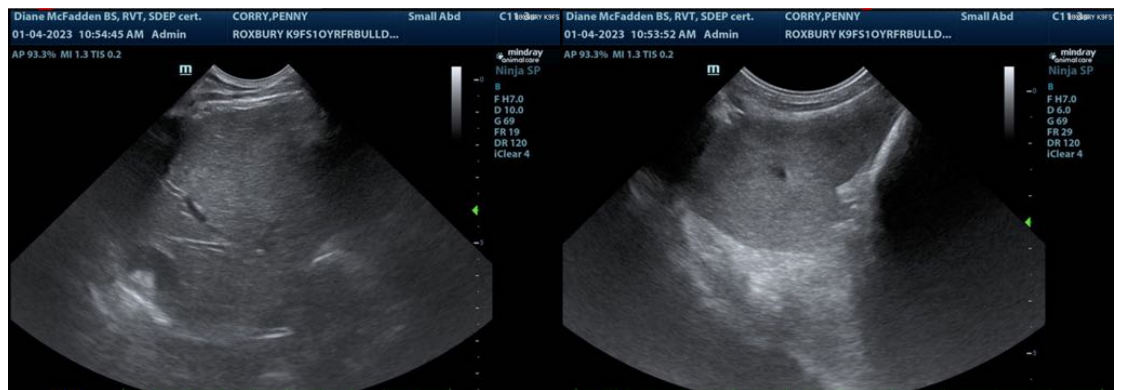
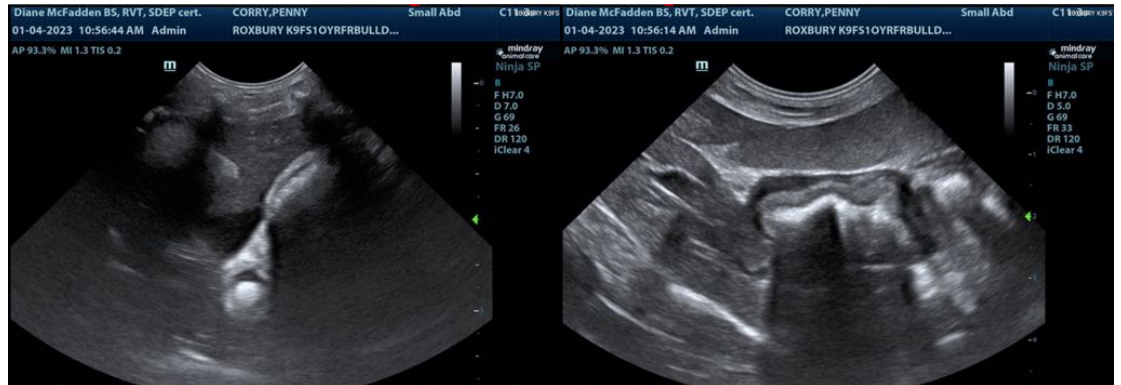
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PATIENT

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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.

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.

BREED

French Bulldog

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

SEX

Spayed female

AGE

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WEIGHT

12.4 lbs

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