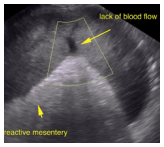
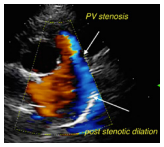
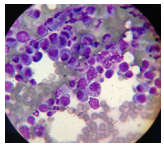
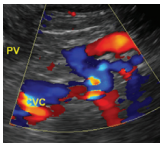




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Nigel Weinberg

SPECIES

Canine

BREED

Frenchie

SEX

Neutered male

AGE

10 ½ years

WEIGHT

16.96 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Valeryia Shumskaya

HOSPITAL NAME

Westwood Regional VH

REFERRING VET

Dr. Hartwick

INVOICE

43028

DATE

2/28/23

PRESENTING CLINICAL SIGNS

History: Chronic GI since 2015. (new pt) Hx gerd b12 deficiency, soft stools mild ut loss slender. Recent increase in s/s for past month. Drooling, appetite ok, sort of yellow stools with mucus. Aus last in 2017 (Blue Pearl) - no records, does not pass stools daily for a few months. Current meds: Carafate, omeprazole, cisapride, probiotics, b12 inj every 30 days, metro, royal canine fish/potato diet o adding pumpkin.
CBC = wnl, superchem = WNL, (alb-nl) T4/FT4 = WNL, fecal = neg

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 residual prostate was uniform and measured 0.67 cm.

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 kidneys revealed slight mineralization and slight areas of remodeling and minor microinfarcts. The right kidney measured 4.08 cm. The left kidney measured 3.87 cm.

Adrenal Glands

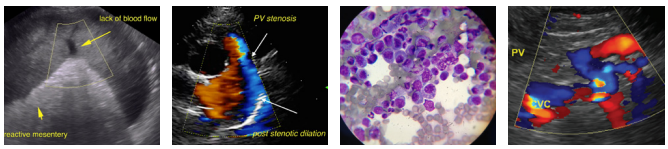
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 2.02 x 0.81 cm at the cranial pole and 0.56 cm at the caudal pole. The left adrenal gland measured 1.52 x 0.6 cm at the cranial pole and 0.69 cm at the caudal 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.

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



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Mild **gastric** hypertrophy was noted with pronounced mucosal changes. The small intestines and colon were unremarkable with minor excessive thickening. The curvilinear patterns were maintained. There was no neoplastic criteria nor foreign bodies.

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

Mild gastric hypertrophy. Helicobacter, occult parasitism, food hypersensitivity/inflammatory bowel is all possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Endoscopy with mucosal biopsies would be ideal. There was no neoplastic criteria present. Malassimilation of nutrients or occult neoplasia elsewhere is a potential cause of weight loss, yet structurally the abdomen is largely unremarkable other than gastric hypertrophy. Canned b.i.d. feedings are in this patient's best interest as physical irritation owing to kibble may be an issue. Hydrolyzed diet may be in this patient's best interest.

Internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services

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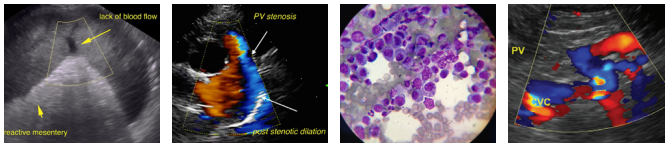

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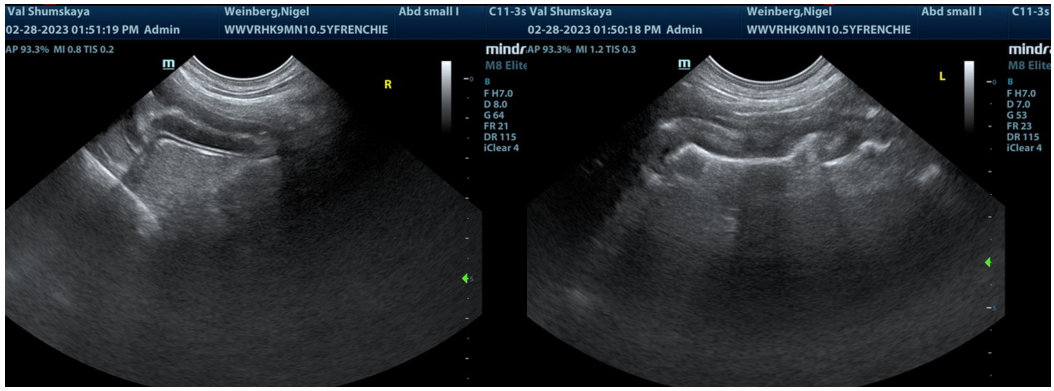

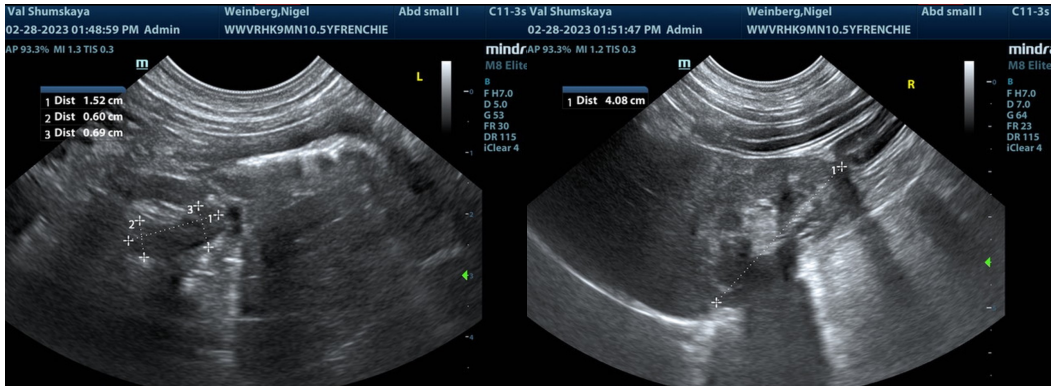

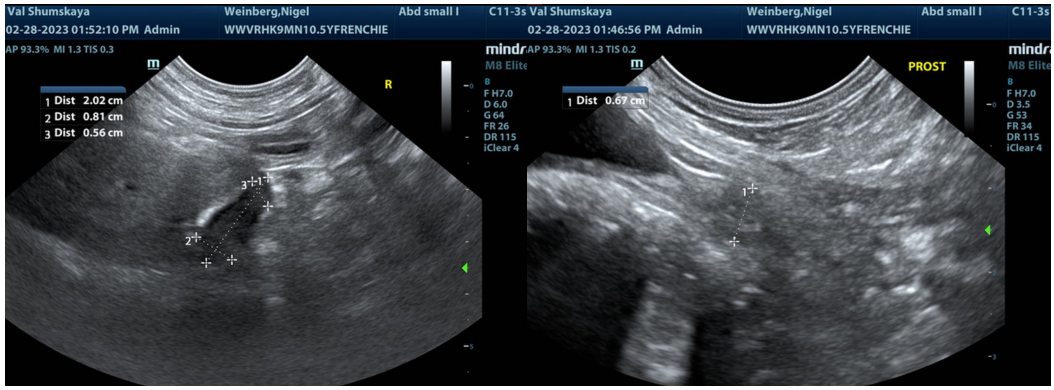

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com