

PATIENT

Cash Farley

SPECIES

Canine

BREED

Mix

SEX

Intact Male

AGE

9 years

WEIGHT

87 lbs

INTERPRETED BY

Jessica Midence, DVM,
DACVIM (SAIM)

**IMAGING
PERFORMED BY**

Shari Reffi, CVT

HOSPITAL NAME

VCA Blirstown AH

REFERRING VET

Dr. Clegg

INVOICE

12715

DATE

4.7.23

PRESENTING CLINICAL SIGNS

History: Unexplained weight gain/bloating. Current meds: Soloxine
Abnormal PE/Chem/CBC/UA Results: wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is moderately distended with anechoic urine and bladder thickness is considered normal for volume of urine.

The prostate measures appropriate (4.00 cm wide) for the intact status of the dog. The parenchyma appears mildly mottled, but otherwise smooth and normal without indications of inflammation or any cysts.

The left kidney is normal in size, shape and architecture with smooth peripheral margins and measures 7.78 cm. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size, shape and architecture with smooth peripheral margins and measures 7.75 cm. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (cranial pole 0.60 cm / caudal pole 0.55 cm). The left adrenal gland has normal in shape and is normal in appearance and echogenicity.

The right adrenal gland is normal in size (cranial pole 0.62 cm / caudal pole 0.61 cm). The left adrenal gland has normal in shape and is normal in appearance and echogenicity.

Spleen

The splenic echotexture is homogeneous with parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule is smooth with no irregularities. The splenic vasculature is normal without signs of congestion or thrombosis.

Liver

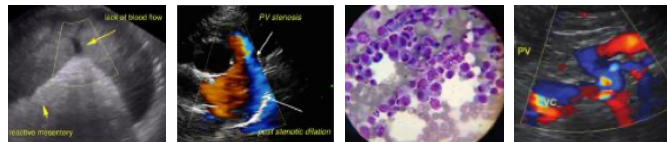
The liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. The echogenicity appears normal with normal portal markings. No overt evidence of inflammatory, infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

The gallbladder lumen is mildly distended. The wall is a normal thickness and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal Tract

The gastric lumen is empty. The stomach wall is of normal wall thickness with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears normal.

The visualized areas of duodenum, jejunum and ileum appear normal in thickness. The duodenum is normal with distinct wall layering. The remainder of the small intestines are normal with normal wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No focal lesions observed.



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The sections of colon are visualized with formed fecal material and gas shadowing distally.

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Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal.

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Peritoneum

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The omentum is of normal uniform echogenicity. There is a large amount of abdominal fat. There is a large subcutaneous inguinal/preputial lipoma (10.00 cm x 6.80 cm).

SEX

Intact Male

Other

Both testicles appear normal and homogenous.

ULTRASONOGRAPHIC FINDINGS

AGE

9 years

Findings

- Enlarged prostate
- Large subcutaneous inguinal lipoma

WEIGHT

87 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of weight gain and bloating is not found on this examination. The adrenal glands are completely normal in size, but for some dogs the very early stages of early adrenal gland hyperfunction can cause some subtle symptoms, such as weight gain. Consider a UCCR to screen for the possibility of adrenal gland hyperfunction, as well as checking thyroid function to ensure optimized control. Consider measuring a triglyceride level and perhaps consultation with a veterinarian nutritionist of physical therapy to assist with weight loss.

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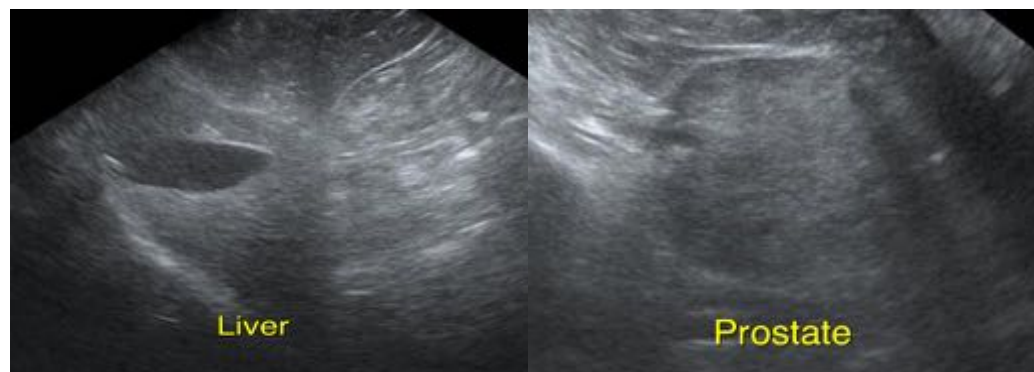
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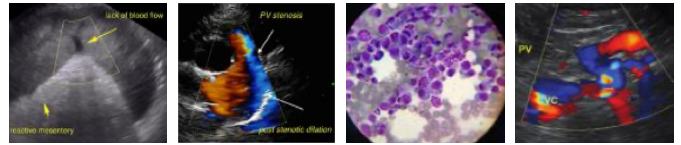


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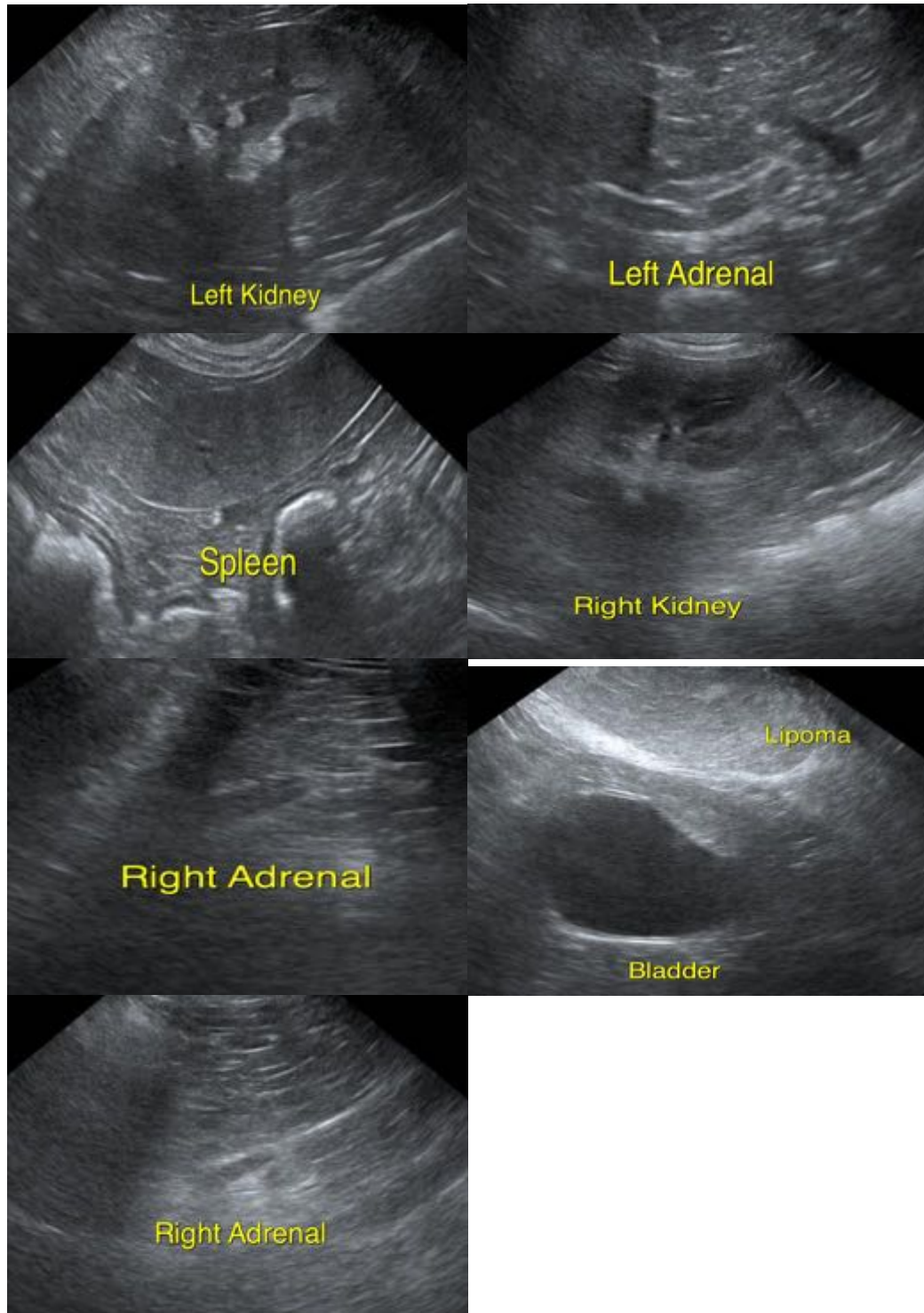
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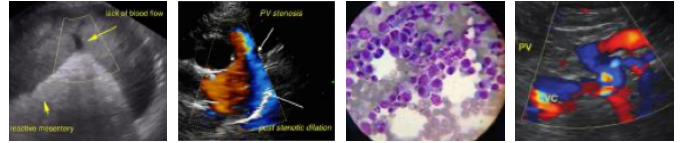
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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