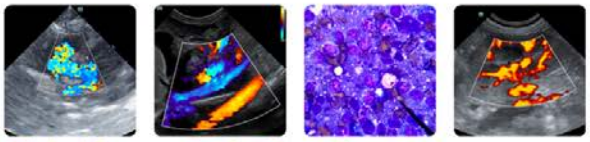



**PATIENT**

Brinkley Pressman

**SPECIES**

Canine

**BREED**

Hound x

**SEX**

Spayed Female

**AGE**

11.5

**WEIGHT**

45

**INTERPRETED BY**

Kim Radway, DVM, DABVP (Canine/ Feline)

**IMAGING PERFORMED BY**

Dr. John Sampson

**HOSPITAL NAME**

Richboro Veterinary Hospital

**REFERRING VET**

Dr. John Sampson

**INVOICE**

75440

**DATE**

5/26/26

## PRESENTING CLINICAL SIGNS

Presented 4/23 /26 for atopy and weight loss in light of good normal appetite. Other than atopic dermatitis, and 3/9 BCS, it was a pretty normal PE. Bloodwork (CBC/CHEM/TT4) was normal. Recd to monitor weight loss and try to feed more, and get monthly weights. Continued weight loss noted 5/22 so owner elected to pursue AUS

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder**, trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. No uroliths or masses were noted in the lumen of the bladder. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.

The **kidneys** revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex and no evidence or dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. Left kidney measured 6.24 cm. Right kidney measured 7.22 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 acceptable. Left measured 2.15 cm x 0.45 cm x 0.57 cm. Right measured 2.16 cm x 0.71 cm x 0.62 cm.

### *Spleen*

The majority of the **spleen** maintained normal size, shape and echogenicity. However, there were two ill-defined hypoechoic nodules in the main body of the spleen measuring 0.57 cm x 0.90 cm in size and 0.48 cm x 0.72 cm in size. The splenic capsule remained smooth and linear.

### *Liver*

The majority of the **liver** maintained homogeneous echogenicity. However, there was a rounded, isoechoic, large nodule originating from the caudal aspect of the left lateral liver lobe. There was a subjective assessment of mild hepatomegaly present. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

### *Gastrointestinal*

The **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was a small amount of gas in the lumen of the stomach. No obstructive or overt infiltrative disease was noted. No abnormal lymphatic activity was noted, and the abdomen was free of gastrointestinal masses and pathological fluid. There were no discrete intestinal masses or regions with loss of normal wall layering. However, there was a prominent muscularis noted in some segment of jejunum. The average jejunal wall measured 0.43 cm in width.

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## *Pancreas*

The right and left limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic capsular contour was acceptably normal. No overt evidence of active inflammatory or neoplastic disease was noted.

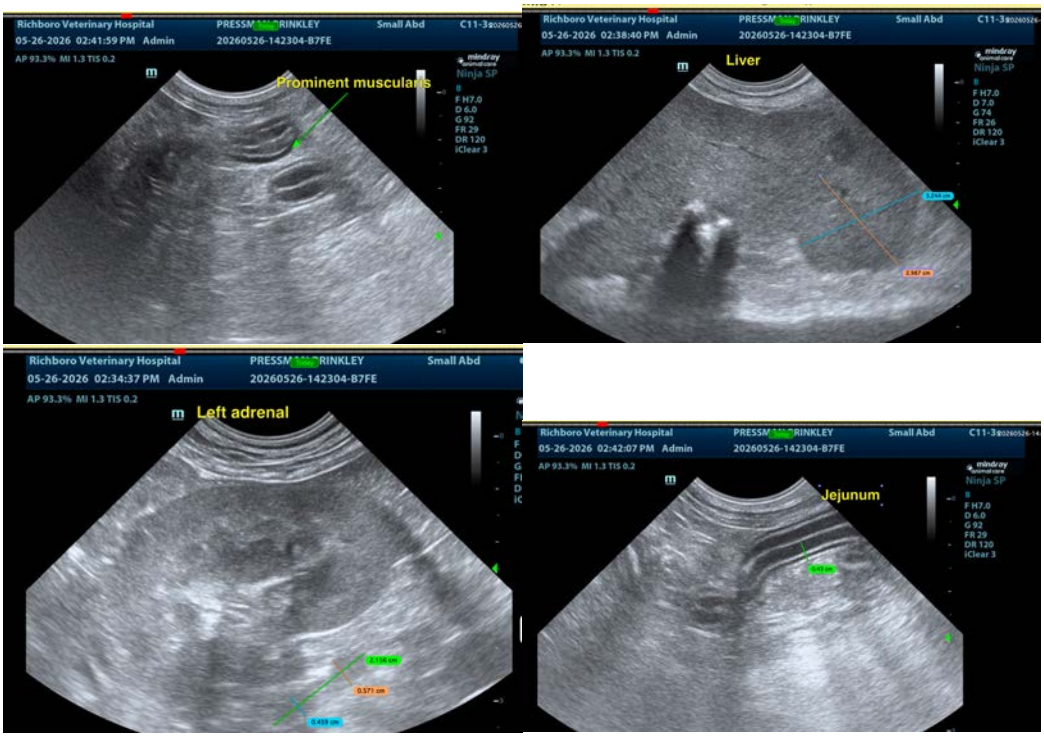
## ULTRASONOGRAPHIC FINDINGS

- Rounded, isoechoic nodule originating from the left lateral aspect of the liver.
- Two ill-defined, slightly hypoechoic nodules within the main body of the spleen.
- Prominent muscularis layer in some segments of jejunum.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There were no discrete findings within the abdomen to explain the recent weight loss. It is recommended to submit a baseline cortisol level in order to screen for underlying Addison's disease since both adrenal glands had a generally isoechoic appearance. In addition, a GI panel may be of benefit to screen for any evidence of underlying changes such as a chronic enteropathy, which could lead to weight loss. Full thickness intestinal biopsies would be required for a definitive diagnosis of a chronic enteropathy such as inflammatory bowel disease.

A fine needle aspirate of both the splenic nodules and liver nodule can be considered as a screening tool to obtain cytology information.



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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.

Kim Radway, DVM, DABVP (Canine/ Feline)

info@SonoPath.com