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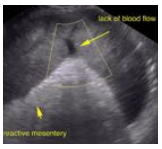
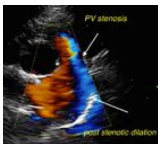
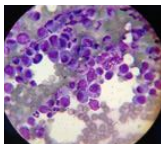
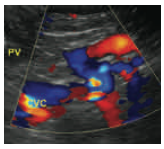

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1-800-838-4268 info@sonopath.com

PATIENT

Rico Cohen

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered male

AGE

5 years

WEIGHT

56.5 lbs

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Dr. Cassels-Conway

HOSPITAL NAME

Central Broward AH

REFERRING VET

Dr. Lezcano

INVOICE

92536

DATE

10/21/21

PRESENTING CLINICAL SIGNS

History: Marked weight loss (12lb over 8 months, lost an additional 2lb past 2months) with good appetite. Soft stool with borboygmi and flatulance resolved with probiotics. Prophylactic deworming performed. Fecal nps, giardia neg. Resting cortisol wnl. Thoracic rads wnl.
Abnormal PE/Chem/CBC/UA Results: 8/28/21 CBC: WNL Chem: BUN: 34H creat: 1.5 T4: 1.2 UA: PPD

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate is normal in size (1.3 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (6.96 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.36 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.68 cm at the caudal pole It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.44 cm at the caudal pole It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

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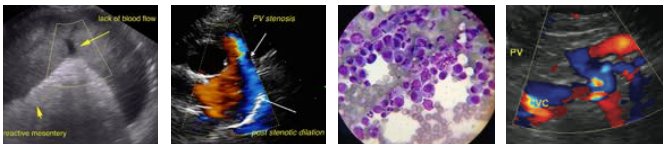

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Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed. The gallbladder lumen is moderately distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (0.38 cm) and the jejunum measured as normal (0.31 cm). Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

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.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

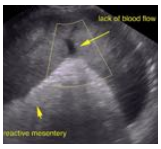
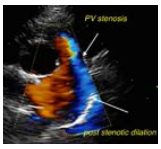
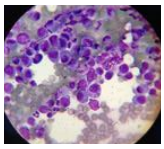
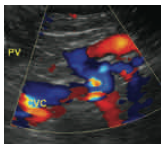
ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

No significant ultrasonographic abnormalities observed.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There were no focal lesions involving the bowel or abdominal structures were noted. In light of the history a malabsorptive process seems most likely, but there is no evidence of this ultrasonographically. Consider a GI panel, PLI, TLI, cobalamin and folate to look for further evidence of possible small intestinal involvement. If this is determined to be the case you can consider upper and lower GI

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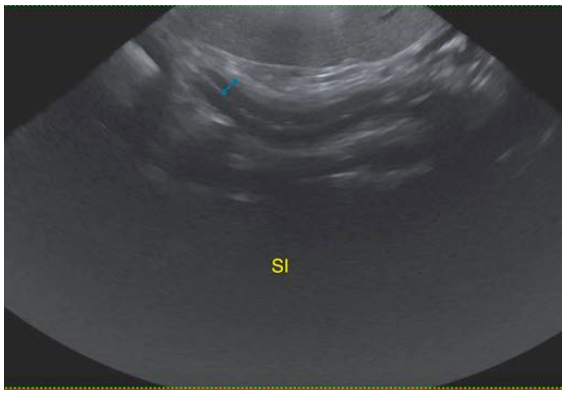
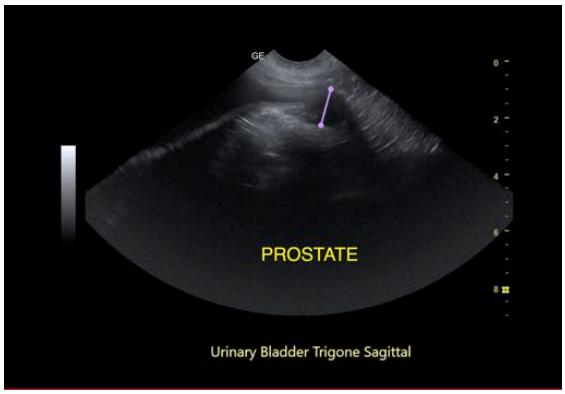
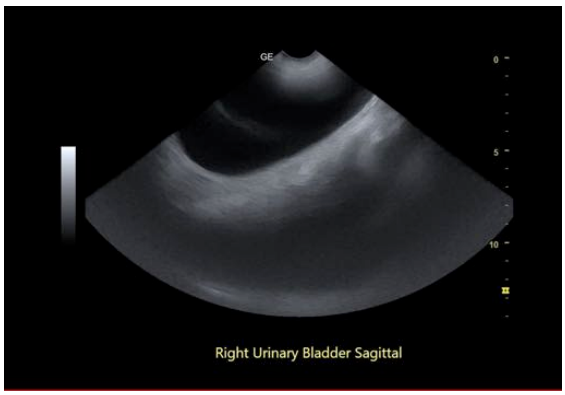
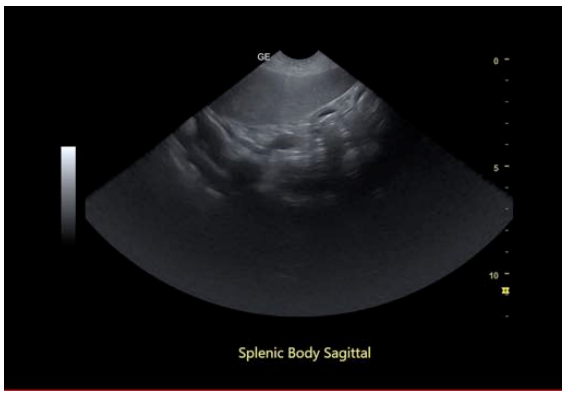
endoscopy to try and obtain further information.

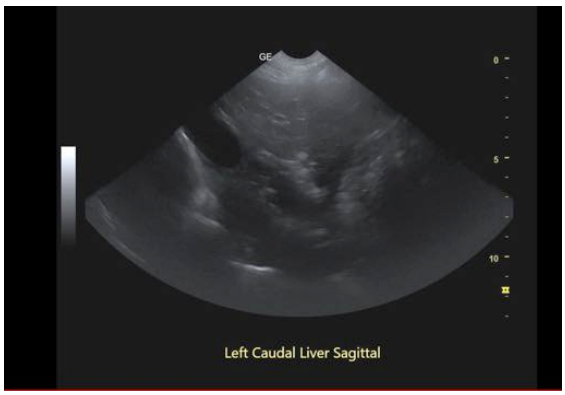
Additionally there was a mild elevation of BUN and creatinine. Consider evaluation for proteinuria, hypertension, etc. Consider switching to a hydrolyzed protein or novel protein diet. Continue the probiotics. You can consider working with a nutritionist to ensure adequate caloric intake. Consider three view thoracic radiographs to look for evidence of intrathoracic disease.

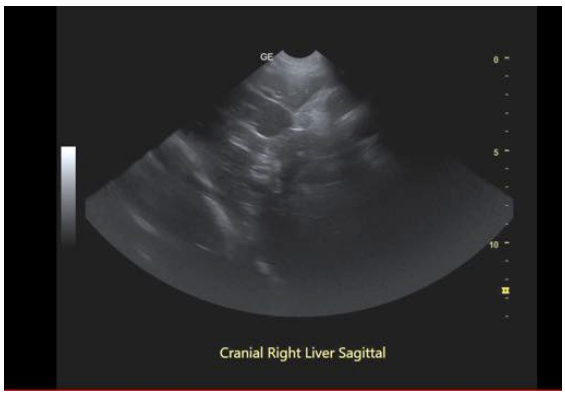












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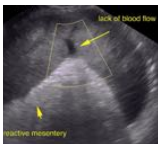
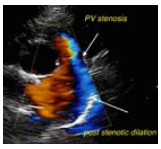
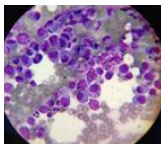
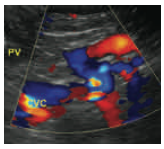

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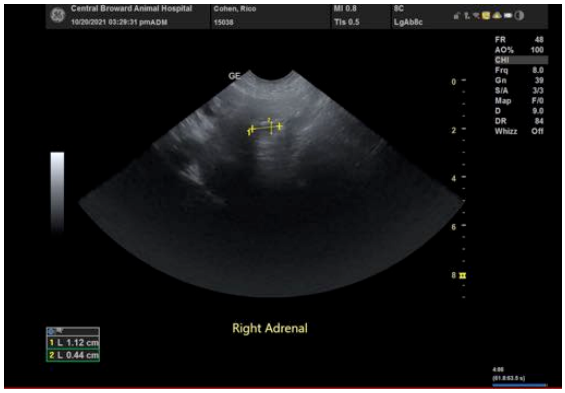

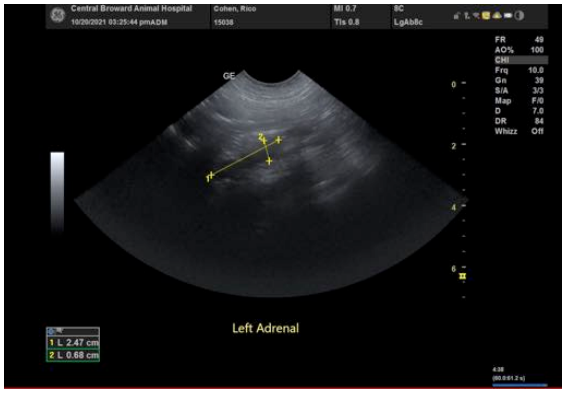

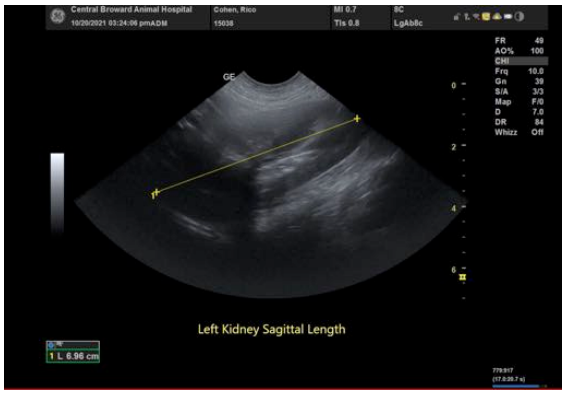

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com