



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Sam Rini

SPECIES Canine

BREED Labrador

SEX Neutered Male

AGE 9 Years

WEIGHT 63 Pounds

Ongoing unexplained weight loss. Patient was at a healthy weight around 80lbs in 2019. Weight loss to 62 lbs noted in July 2020. Labwork around this time was WNL and fecal testing was negative. Client worked on increasing food and patient gained weight to 68 lbs in September 2021. Then weight loss to 63 lbs and muscle atrophy (especially of temporal muscles) noted in December 2021. Client reports that patient eats well and has some intermittent diarrhea that resolves on its own. Current Medications Gabapentin 300 mg - 1 capsule BID for arthritis pain

Abnormal PE/Chem/CBC/UA Results: 12/15/2021: CBC - WNL. Chemistry profile - WNL. Heartworm test = negative. Urinalysis - USG 1.026, pH 9.0, urine chems: trace protein, urine sedi: fat 4-10/hpf, MA 0.0 (<2.5). Fecal centrifugation = no ova or parasites seen Giardia ELISA = negative.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with mild anechoic urine present without evidence of bladder distention. Lack of significant urine in the bladder prohibited full evaluation of the bladder walls. Potential for mild symmetrical thickening of the ventral apical and dorsal urinary bladder possible. No sediment or calculi. Apical urinary bladder wall measured 0.55 cm.

The residual prostate was normal measuring 0.69 cm in width.

The area of the aortic trifurcation was free of pathology. No evidence of sublumbar or medial iliac lymphadenopathy.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.3 cm. The right kidney measured 6.4 cm.

IMAGING PERFORMED BY

Jenna Walsh, CVT

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.62 cm at the cranial pole and 0.45 cm at the caudal pole. The left adrenal gland measured 0.80 cm at the cranial pole and 0.79 cm at the caudal pole.

HOSPITAL NAME

VCA McKenzie AH

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

REFERRING VET

Dr. Kastella

Liver

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The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild dependent, non-organized debris. The cystic duct and common bile ducts were normal without evidence of dilation.

DATE

1/12/22



PATIENT *Gastrointestinal*

Sam Rini The stomach presented intact wall layering with a normal wall layer ratio. Minor retained pyloric fluid noted. Pylorus wall measured 0.5 cm. Gastric body wall measured 0.44 cm.

SPECIES

Canine The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Jejunum wall measured 0.37 cm.

BREED

Labrador Normal visible colon wall layers were present with apparent formed feces in lumen.

SEX

Neutered Male The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

AGE

9 Years No omental masses, lymphadenopathy or effusion.

WEIGHT

63 Pounds Rapid view of the heart revealed no overt evidence of left or right heart chamber enlargement with normal subjective systolic function. Potential for indistinct homogeneous appearing nodule to potential small mass present in the pericardial thorax or potential cranial mediastinum, measuring 4-5 cm in diameter. No overt evidence of pleural or pericardial effusion.

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ULTRASONOGRAPHIC FINDINGS

- Possible mild cystitis
- Sonographically unremarkable abdomen
- Potential unspecified nodule to small mass in the pericardial thorax or potential cranial mediastinum

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Jenna Walsh, CVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of significant abdominal visceral pathology as an obvious cause of the patient's weight loss. Potential for structurally insignificant gastrointestinal disease given the patient's intermittent diarrhea cannot be definitively excluded. Further assessment may include GI panel to include PLI, TLI, cobalamin and folate. 3-view chest radiographs recommended if not done for further assessment of the potential thoracic or cranial mediastinal nodule to small mass. If confirmed, ultrasound guided FNA of the nodule to small mass could be considered for screening cytology and further clarification.

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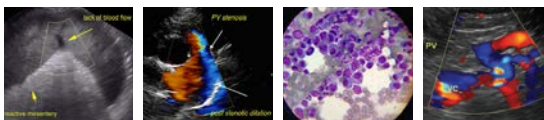
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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