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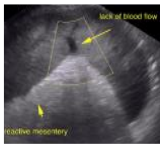
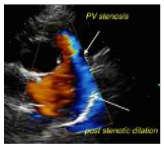
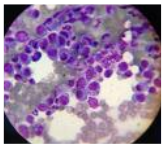
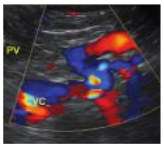

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1-800-838-4268 info@sonopath.com

PATIENT

Harley McDonald

SPECIES

Canine

BREED

Pointer Mix

SEX

Neutered Male

AGE

11 Years

WEIGHT

63.1 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Jagger, DVM

HOSPITAL NAME

VCA Parkway AH

REFERRING VET

Amy Jagger, DVM

INVOICE

20653

DATE

1/19/23

PRESENTING CLINICAL SIGNS

History: Weight loss and inappetence, bloodwork all very normal other than dilute urine. There is an oral mass (histopath pending) on the hard palate but not sure if that is enough to keep him from eating. No vomiting.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the residual prostate appeared normal and free of pathology.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.6 cm in length. The right kidney measured 6.8 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized without overt pathology, subjectively measuring 0.63 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.54 cm width at the caudal pole and 0.51 cm width at the cranial pole.

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.

Liver

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact sonographically normal wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing variably echogenic ingesta/chyme. No evidence of mechanical pyloric outflow obstruction. The stomach was otherwise normal. The ventral gastric body wall measured 0.50 cm.

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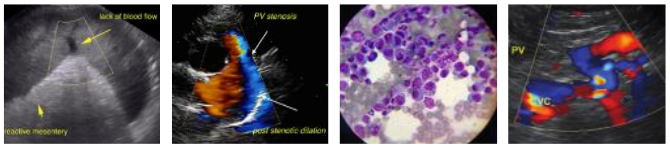

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, loss of intestinal wall layering or visualized intestinal masses. The duodenum wall measured 0.40 cm. The jejunum wall measured 0.30 cm.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Mildly prominent mid abdominal mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation or neoplastic criteria and maintaining a normal width: length ratio (<0.5). An example of lymph node measured 2.0 cm x 0.4 cm. No peritoneal effusion was noted.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal gastrointestinal tract with mild gastric ingesta/chyme
- Minor subjective benign/reactive mid abdominal mesenteric lymphadenopathy
- Heterogenous pancreas- likely patient/age related variant, potential for low grade/chronic pancreatitis
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Largely mild geriatric abdomen without sonographic evidence of significant visceral, specifically gastrointestinal pathology. If documented NPO, some degree of mild gastric stasis given the evidence of gastric ingesta/chyme could be considered. A definitive cause of the patients weight loss, i.e., intraabdominal neoplastic criteria, was not obvious. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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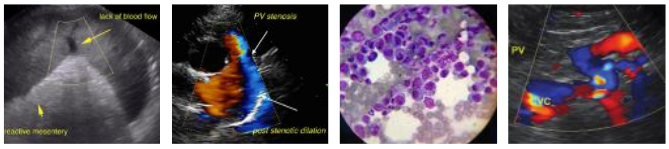

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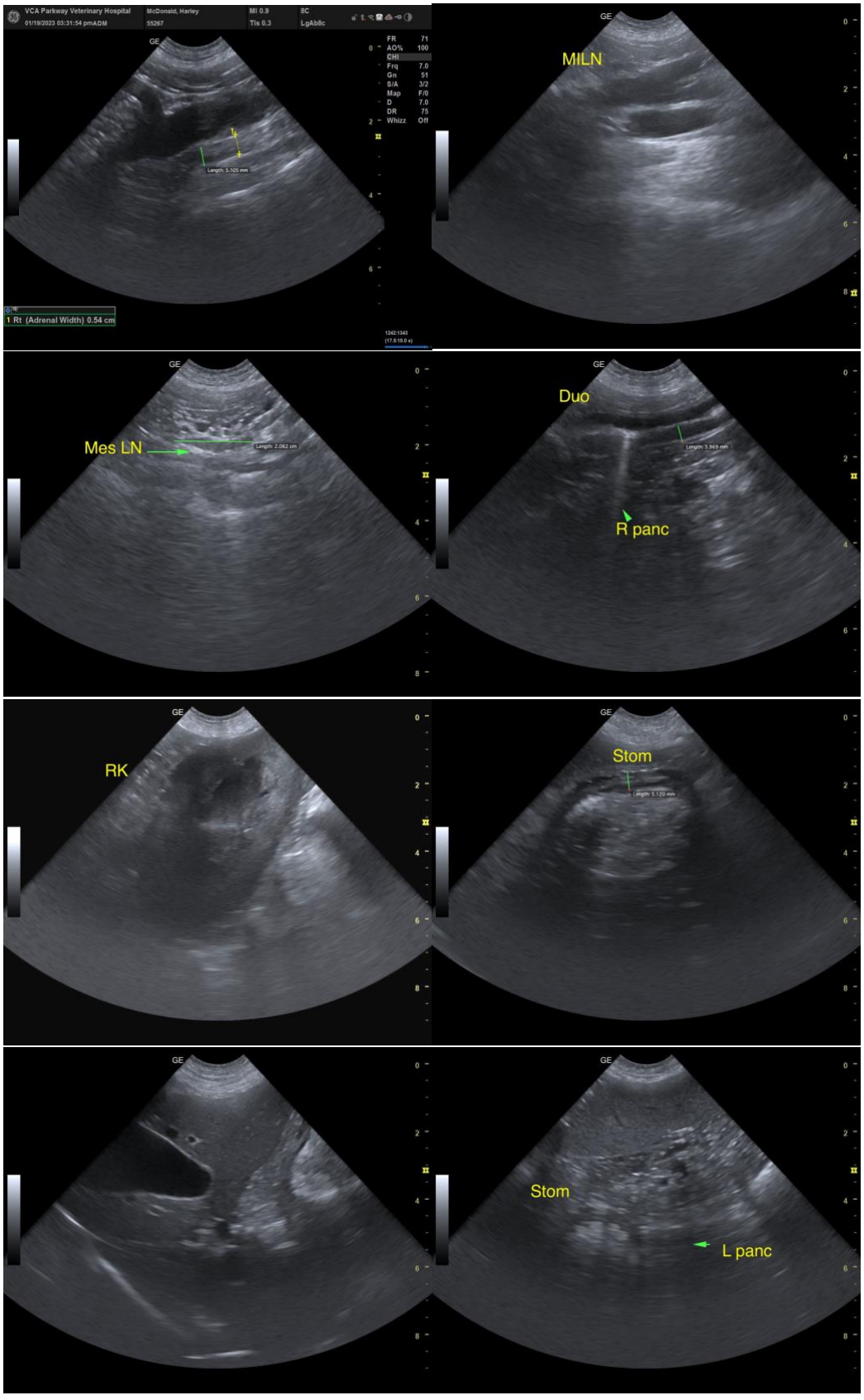

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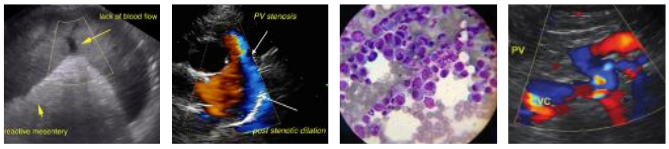

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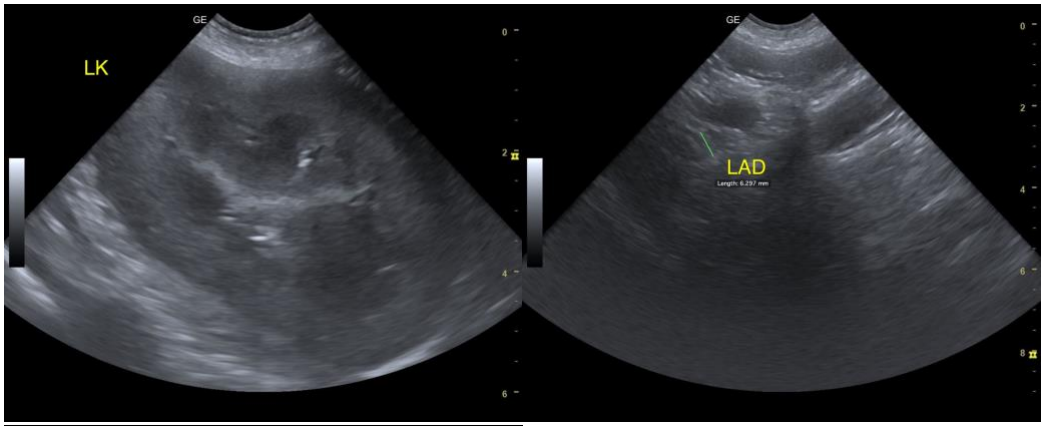

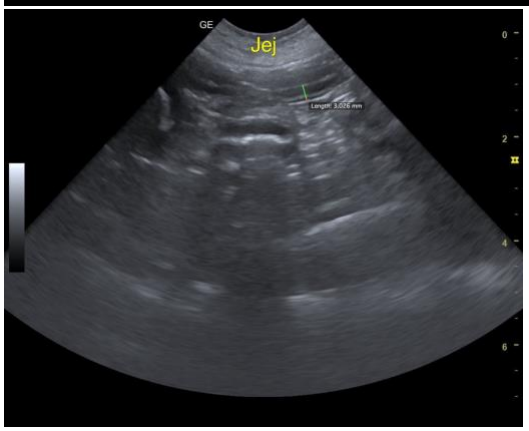

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com