



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Barron Belmont PD	Ongoing wt loss. Oct 2021 60.2lbs, Dec 2022 54.5lbs, Jan 2023 51lbs.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: Elevated AlkP = 1043 IU/L, no prev baseline to compare with. BCS 3/9. Intact Male. High FAS - Police dog. Fully sedated for scan.
Canine	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Belgian Malinois	<b>Urinary System</b>
<b>SEX</b>	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 was noted.
M/I	
<b>AGE</b>	The prostate was enlarged in size with an intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 3.8 cm in diameter. Mildly dilated prostatic urethra was noted with no evidence of post-urinary obstruction.
4.5 yrs	
<b>WEIGHT</b>	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.5 cm in length. The right kidney measured 7.0 cm in length.
52 lbs.	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.59 cm width at the caudal pole and 0.41 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.52 cm width at the caudal pole.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Dr. Sorbo	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.
<b>HOSPITAL NAME</b>	<b>Liver/ Gallbladder</b>
Mill Brook Animal Clinic - VBF	The liver presented subjective mild / possible moderate enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. Mild hepatic vascular congestive pattern secondary to sedation is noted. The gallbladder was non-distended in size containing primarily anechoic content with minor echogenic nonorganized debris. The common bile duct was normal.
<b>REFERRING VET</b>	
Dr. Sorbo	
<b>INVOICE</b>	
15958	
<b>DATE</b>	
1/26/23	



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**BREED**

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**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. Mild retained anechoic fluid was present with nonshadowing chyme. The gastric body wall width measured 0.35 cm.

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. The duodenum wall measured 0.40 cm width. The jejunum wall measured 0.34 cm width.

The colon presented sonographically normal wall layering containing subjective semi-formed to possible soft fecal matter.

**Pancreas**

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 were evident.

**Free Abdomen**

Intermittent, ventral abdominal lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). Intermittent small pockets of scant peritoneal free fluid, likely associated with sedation (assuming no reported hypoalbuminemia) were noted.

**ULTRASONOGRAPHIC FINDINGS**

- Structurally normal gastrointestinal tract with mild gastric fluid / chyme
- Benign hepatopathy
- Minor gallbladder debris (non-mucocele)
- Intermittent, minor, benign mesenteric lymph nodes
- Benign prostatic hyperplasia, minor potential for prostatitis

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No sonographic evidence of significant visceral, specifically gastrointestinal, pathology as a definitive cause of the patient's weight loss.

Sonographically, the appearance of the liver was suggestive of vacuolar hepatic changes with inflammatory hepatic disease considered less likely. Further assessment may include screening hepatic FNA cytology, primarily to assess for evidence of inflammatory cells or anagenic stimulation. Hepatosupportive medications may prove beneficial.

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



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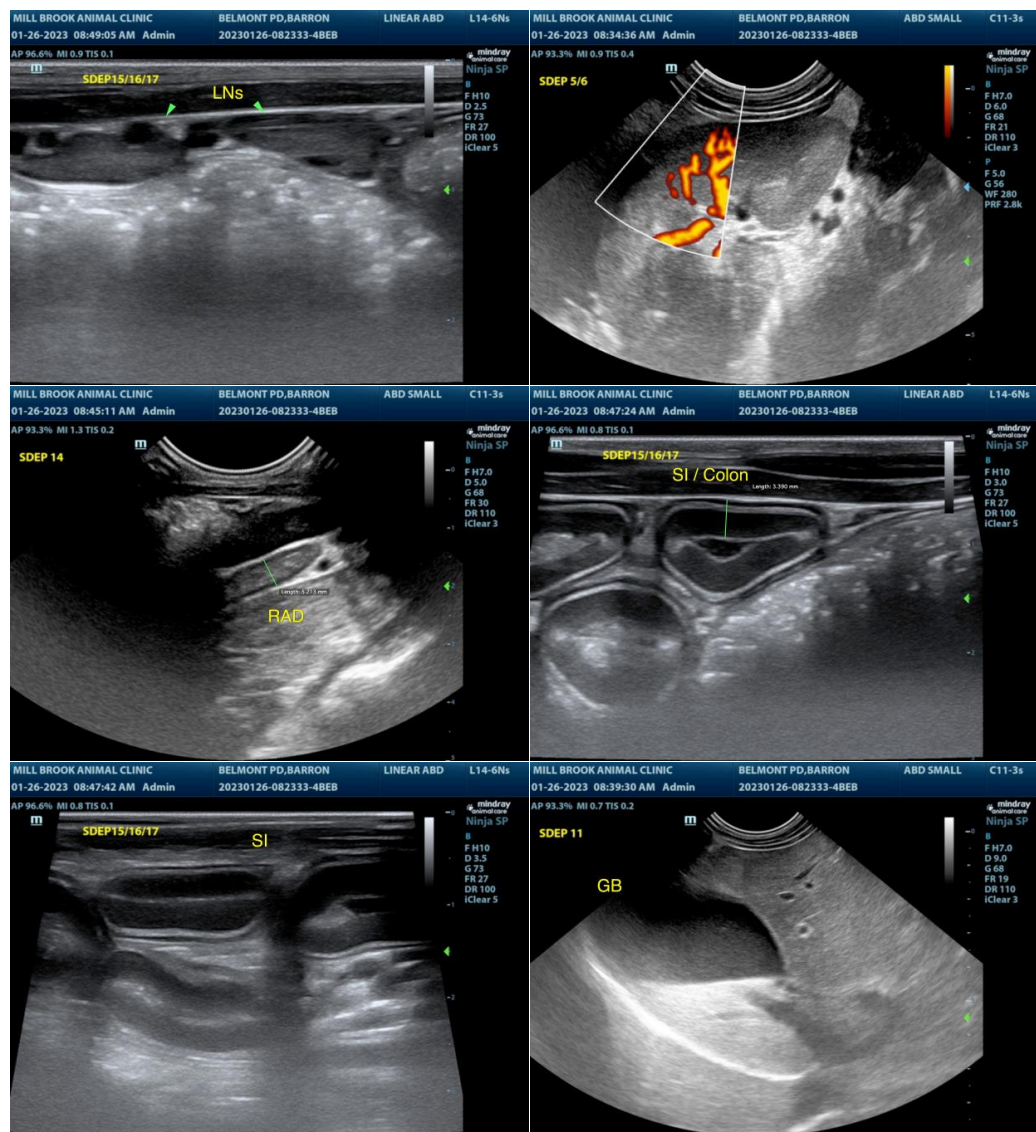
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which may cause weight loss. Assessment for a potential competitive eating environment or caloric plane may be considered.





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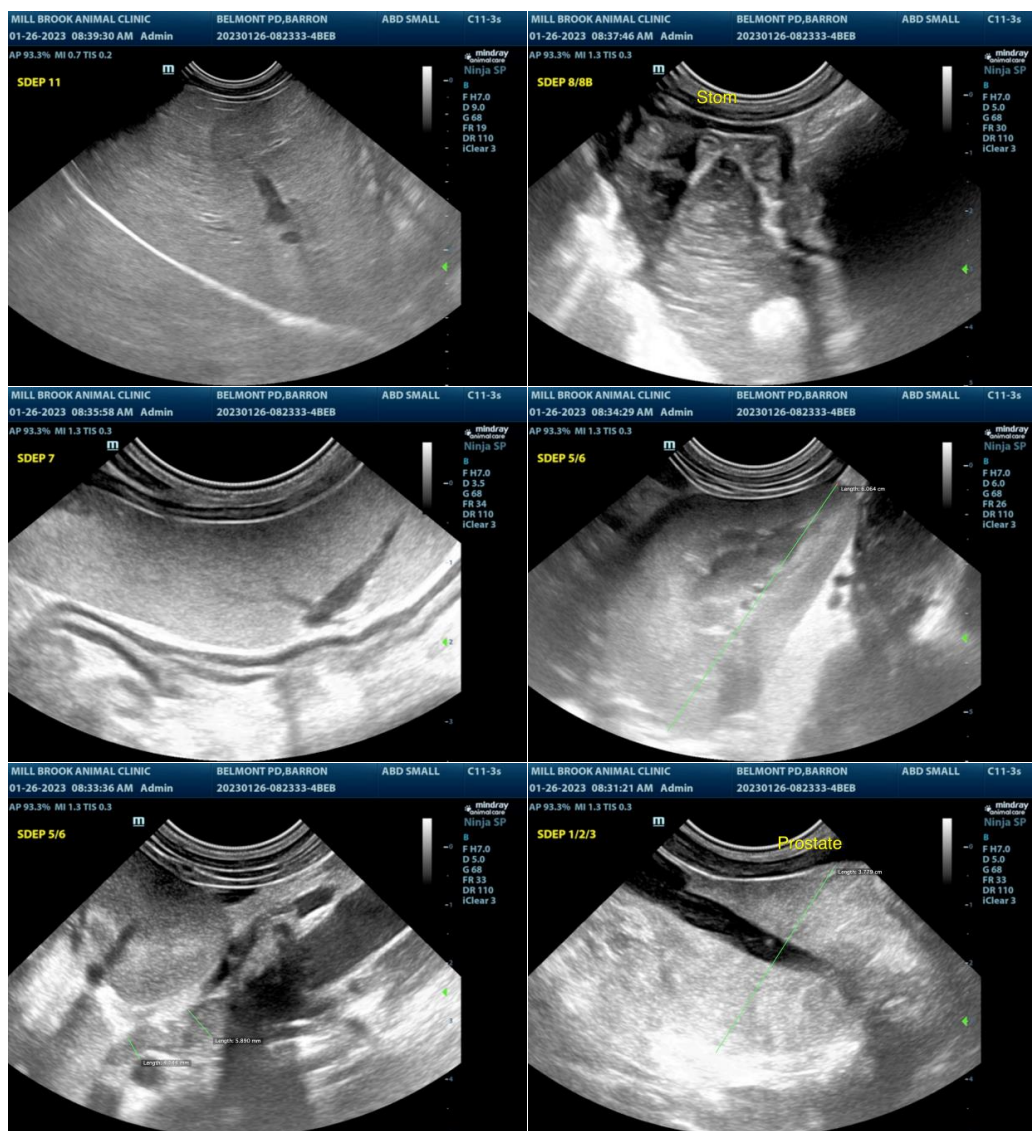
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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