**PATIENT**

Loki Nicol

SPECIES

Canine

BREED

Goldendoodle

SEX

Neutered Male

AGE

7 years

WEIGHT

52 lbs

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Kula

INVOICE

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DATE

10/24/22

PRESENTING CLINICAL SIGNS

History: Lethargy, weight loss, refusal to eat

Abnormal PE/Chem/CBC/UA Results: CBC: unremarkable, Chemistry: Calcium 15 (7.9-12) all other values wnl Electrolytes: all values wnl, Na/K: 34. Thyroid normal Anal glands normal size with normal contents. Thoracic radiographs did not show metastasis

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – cm exhibited normal thickness and tone. Mild, dependent, hyperechoic sand to mineral was noted. Mild, non-dependent, particulate sediment was noted. This may indicate concurrent, mild cellular debris/protein, crystalline debris or mucous. The dependent sand to mineral exhibited subtle progressive, distal acoustic shadowing. 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.

The area of the iliac trifurcation was free of pathology.

Normal size and margination was 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 6.0 cm in length. The right kidney measured 5.8 cm in length.

Adrenal Glands

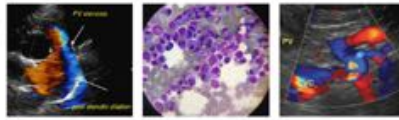
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.64 cm width at the caudal pole and 0.62 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.56 cm width at the caudal pole and 0.58 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 presented subjective mild enlargement. 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. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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The gallbladder revealed mild to moderate, hyperechoic, mildly congealed debris. There was no evidence of gallbladder or peripheral gallbladder inflammation. The common bile duct was normal.

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Gastrointestinal

The stomach presented intact wall layering with subjective, mildly prominent, yet intact pylorus wall as the stomach was empty without evidence of retained ingesta, fluid or foreign material with mild luminal gas. The pylorus wall measured 0.67 cm in wall width.

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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 ileus, obstruction or foreign material. Duodenum measured 0.48 cm and the jejunal wall measured 0.4 cm.

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

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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 was evident.

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Free Abdomen

No overt lymphadenopathy, omental masses or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS***Primary Findings***

- Mildly prominent, yet intact pylorus wall.
- Sonographically unremarkable small bowel.
- Subjective mild hepatomegaly exhibiting uniform hepatic parenchyma- non-specific.
- Gallbladder debris (non-mucocele)- incidental given lack of cholestasis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, there was no evidence of significant visceral pathology specifically overt, intraabdominal neoplastic criteria as an obvious cause of the patient's hypercalcemia. The mildly prominent, yet intact pylorus walls may suggest some degree of pyloric gastritis. There is a potential for emerging infiltrative pyloric neoplasia, yet this is considered less likely possibility. Screening hepatosplenic FNA cytology can be considered. GI panel to include PLI, TLI, cobalamin and resting cortisol level is recommended to rule out occult disease as a contributing factor to the hypercalcemia and weight loss can be considered. However, the bilateral adrenal glands appear to be sonographically normal.

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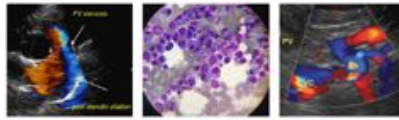
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Internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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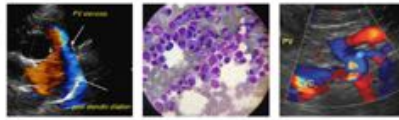
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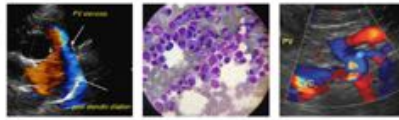
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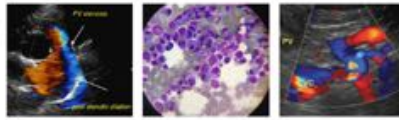
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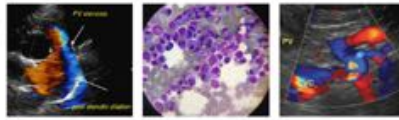
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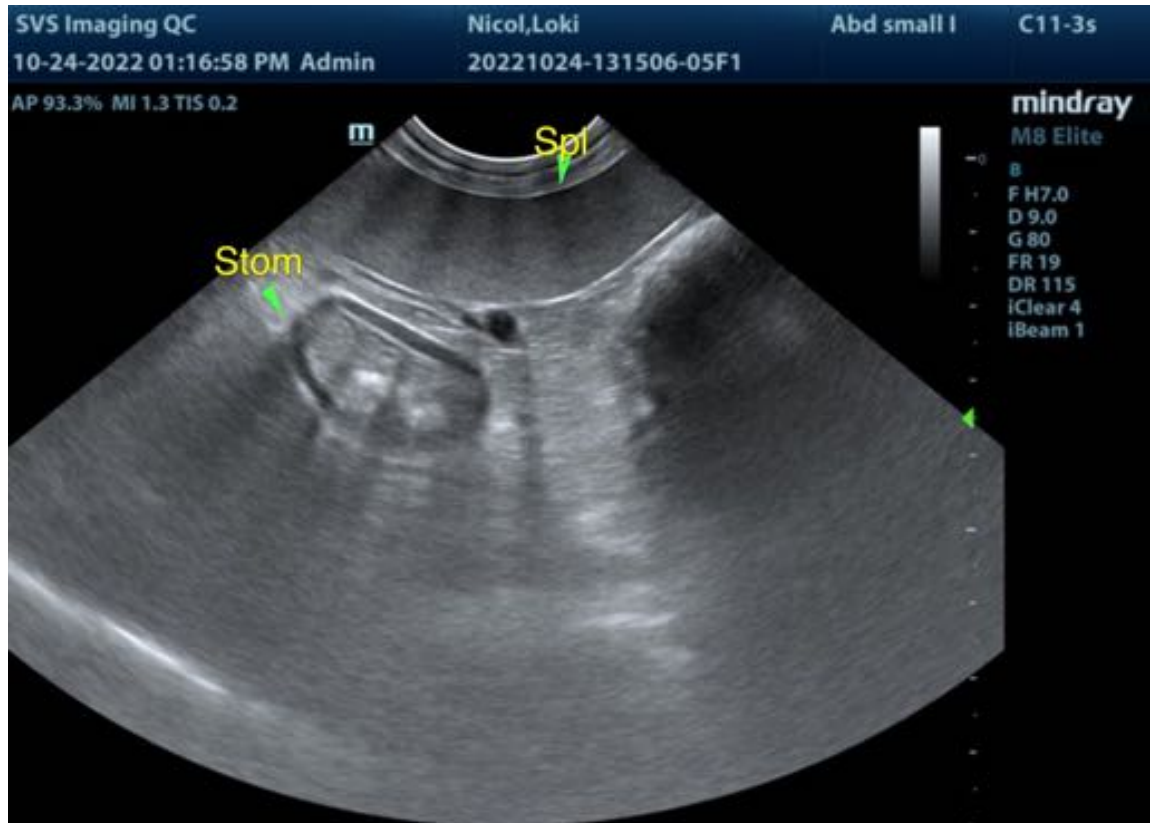
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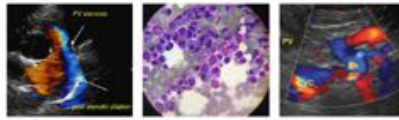
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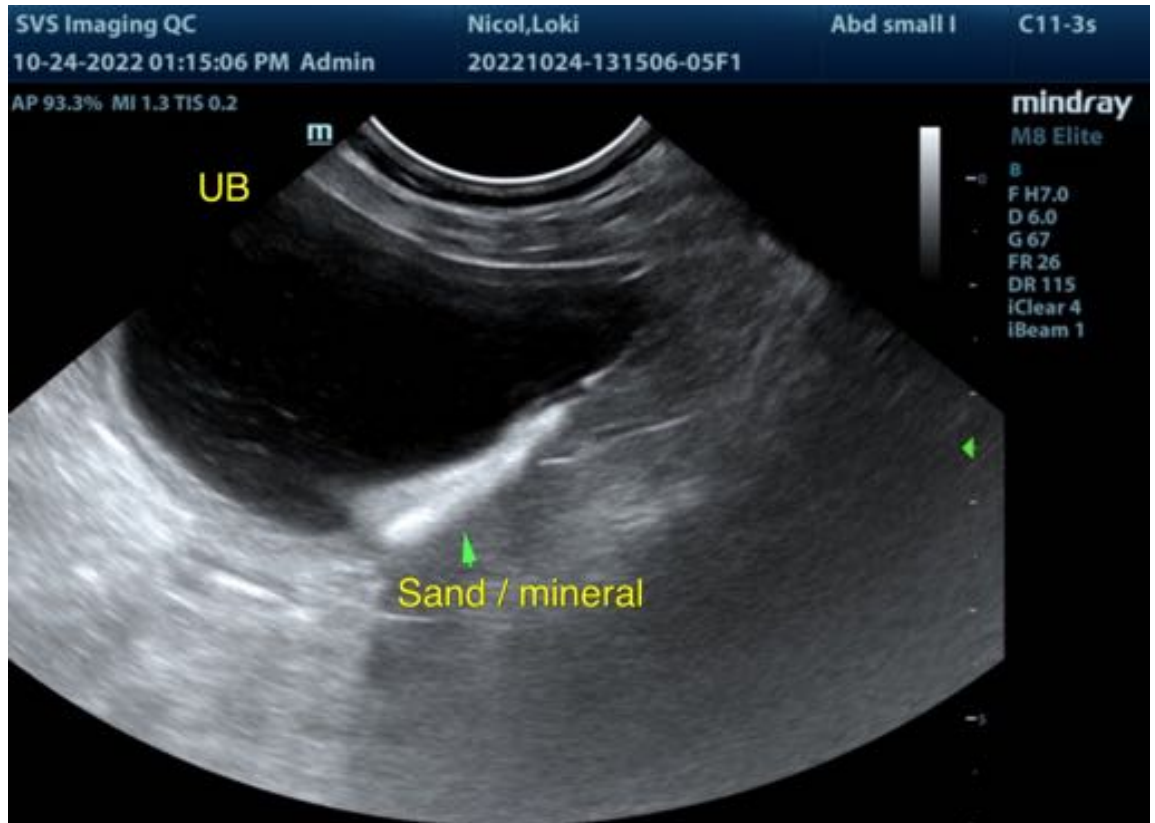
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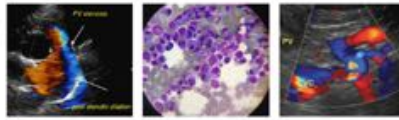
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Sarah Pender, CVT

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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