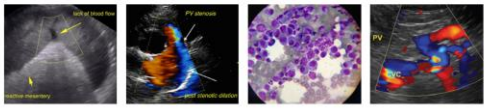
PAUS
Pet Animal Ultrasound Service



SonoPath
Clinical Sonography & Telecytology
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1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Lucy Packard

SPECIES

Canine

BREED

Boxer Mix

SEX

FS

AGE

9 years 7 months

WEIGHT

38 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Anchor AH

REFERRING VET

Nicole Mulready, DVM

INVOICE

15444

DATE

11/10/22

PRESENTING CLINICAL SIGNS

Approximately 1-2 months of increased thirst and urination. Significant weight loss, ~10 lbs since August 2022. Had been on Rimadyl. Now on Galliprant and Gabapentin for osteoarthritis. On exam, painful abdominal palpation, muscle atrophy. ALP 207.

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 was noted.

The area of the aortic trifurcation was free of pathology.

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 pyelectasia. The left kidney measured 5.8 cm in length. The right kidney measured 5.8 cm in length.

Adrenal Glands

Bilateral symmetrical adrenal gland mild enlargement based on caudal pole width measurement in light of patient body weight with uniformly hypoechoic parenchyma was present. No evidence of adrenal neoplastic criteria. The left adrenal gland measured 0.78 cm width at the caudal pole and 0.90 cm width at the cranial pole. The right adrenal gland measured 0.87 cm width at the caudal pole and 0.88 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/ Gallbladder

The liver exhibited 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. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

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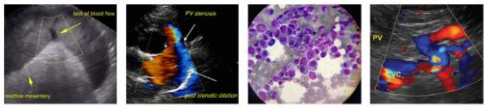

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

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 0.47 cm width. The jejunum wall measured 0.44 cm width.

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

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, subtly prominent, isoechoic mesenteric 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). An example lymph node measured 0.9 cm x 0.3 cm. These lymph nodes were not consistent with inflammatory or neoplastic criteria and likely incidental. No peritoneal free fluid or omental masses.

ULTRASONOGRAPHIC FINDINGS

- Bilateral prominent adrenal glands
- Mild hepatopathy - suggestive of mild vacuolar hepatopathy pattern
- Sonographically normal gallbladder
- Normal bilateral kidneys
- Sonographically unremarkable gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the weight loss doesn't overtly fit with Cushing's Syndrome, full adrenal workup to include LDDST or ACTH Stimulation test is warranted. Further workup for the PU/PD may include urine C/S on a sterile urine sample, as well as Leptospirosis titers / PCR if endemic to the area or potential exposure.

A definitive cause of the patient's weight loss 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.

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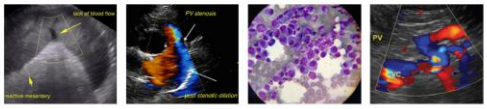

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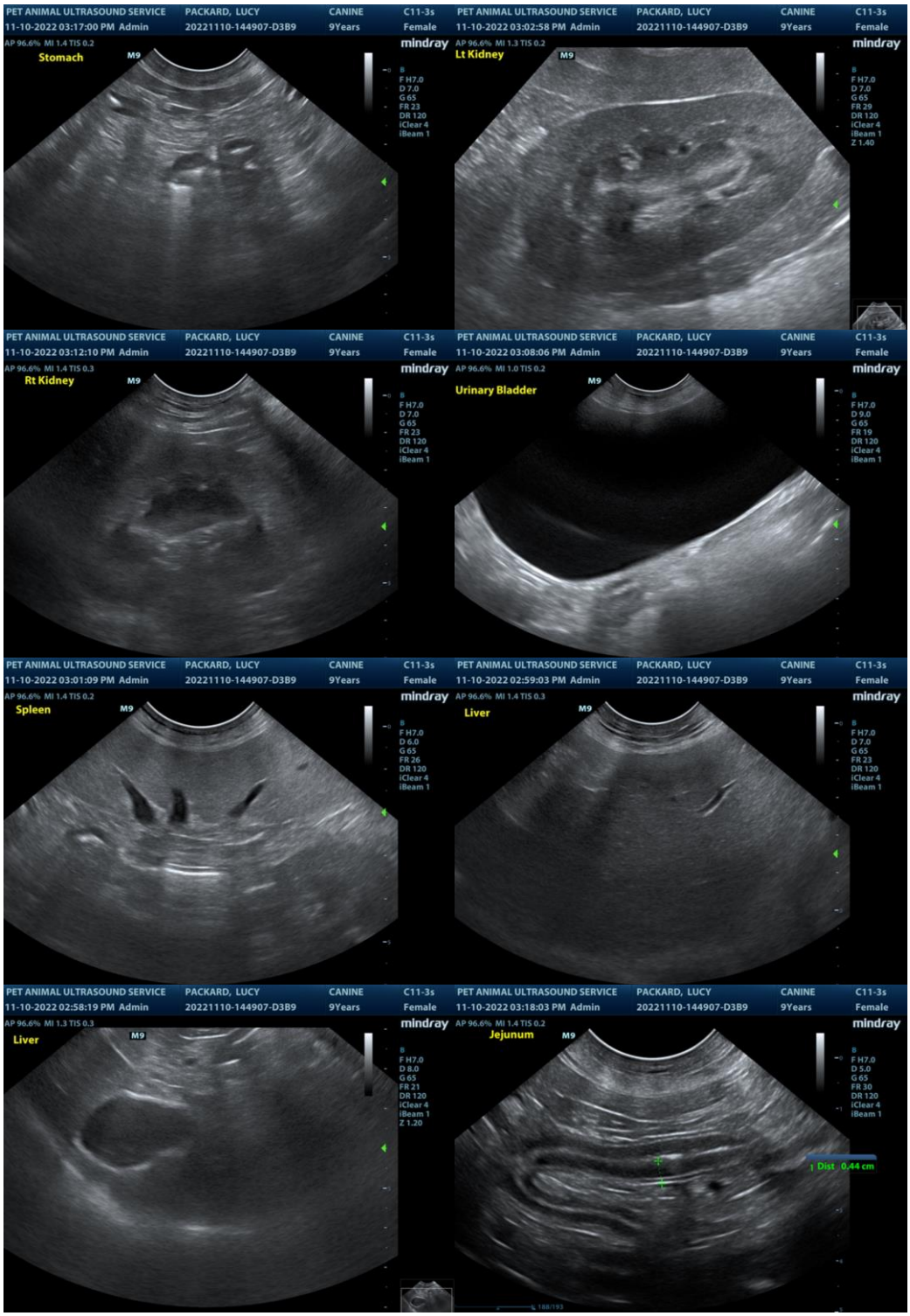

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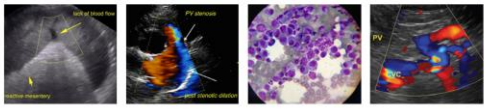

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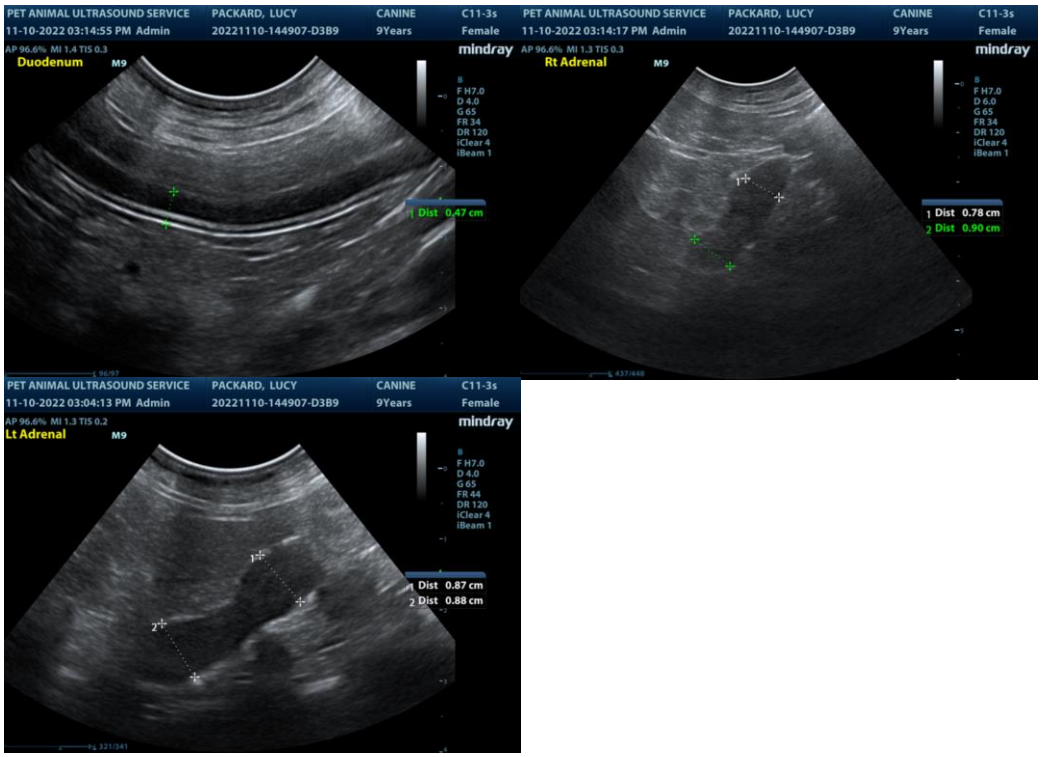

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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