



PATIENT

Moose Molisso

SPECIES

Canine

BREED

Lab Mix

SEX

NM

AGE

7 years

WEIGHT

82

INTERPRETED BY

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

IMAGING PERFORMED BY

Hope Brossman

HOSPITAL NAME

Animal Mansion VH

REFERRING VET

Shelley Parker DVM

INVOICE

15369

DATE

11/3/22

PRESENTING CLINICAL SIGNS

Sudden weight loss, Pot Bellied appearance, now not eating and lethargic.
Abnormal PE/Chem/CBC/UA Results: NSF on Superchem or CBC

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm 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 residual prostate was free of overt pathology.

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 pelvic dilation. The left kidney measured 7.6 cm in length. The right kidney measured 7.4 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. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.84 cm width at the caudal pole.

Spleen

The spleen exhibited potential for mild generalized enlargement yet maintained symmetrical capsule contour and a finely textured homogeneous parenchyma with normal splenic vascularity. No masses or nodules were noted. Mild medial folding of the caudal spleen was present, which is nonindicative of overt splenic pathology and a potential for patient variant.

Liver/ Gallbladder

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 containing anechoic content primarily with mild, uniform, echogenic, nonorganized, gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact and sonographically unremarkable wall layering. The stomach contained a moderate amount of anechoic to echogenic fluid, nonspecific ingesta, and luminal gas. No evidence



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of mechanical pyloric outflow obstruction was noted. The ventral gastric body wall width measured 0.45 cm.

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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.

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

Pancreas

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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

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No omental masses, lymphadenopathy, or evidence of peritoneal free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

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- Moderate gastric fluid and nonspecific ingesta, sonographically unremarkable small bowel
- Subjective mild splenomegaly exhibiting normal contour, homogeneous parenchyma, and mild folding - nonspecific
- Mild gallbladder debris (non-mucocele)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, a definitive cause of the patient's pot-bellied appearance and sudden weight loss was not obvious. Some degree of gastric hypomotility may be considered if documented NPO prior to the ultrasound and given the patient's history of inappetence. Technically, the possibility of nonspecific foreign material or some degree of mechanical pyloric outflow obstruction cannot be excluded. Monitoring for evidence of gastric emptying following documented NPO and/or contrast study to assess pyloric outflow could be considered.

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The gallbladder debris is considered incidental given the lack of cholestasis. Further assessment may include screening splenic FNA cytology using a 25-gauge needle and assuming normal clotting status, primarily to ensure only benign changes are present, GI panel to include PLI/TLI/Cobalamin/Folate and three-view chest radiographs to rule out occult pathology as a contributing factor.

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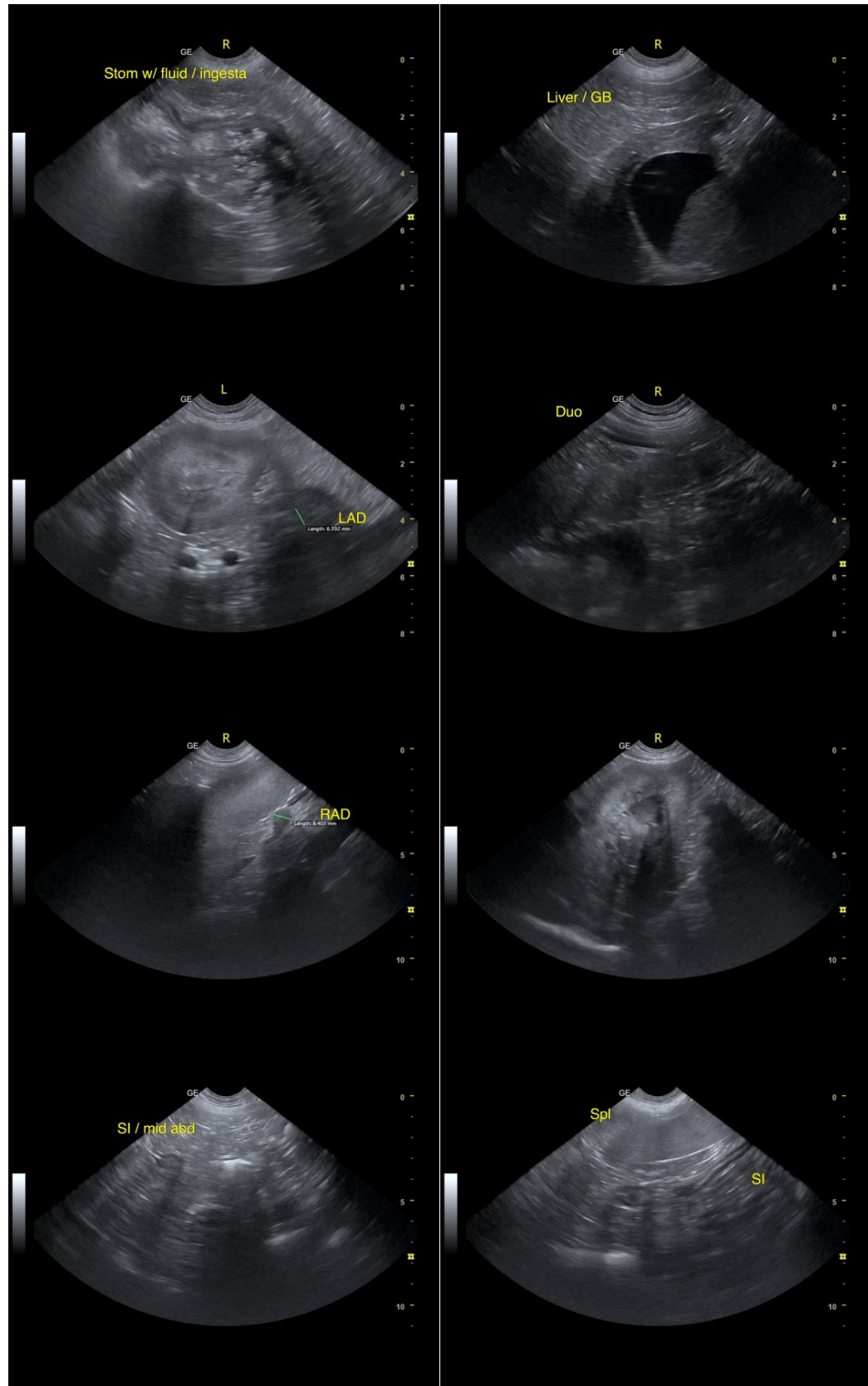
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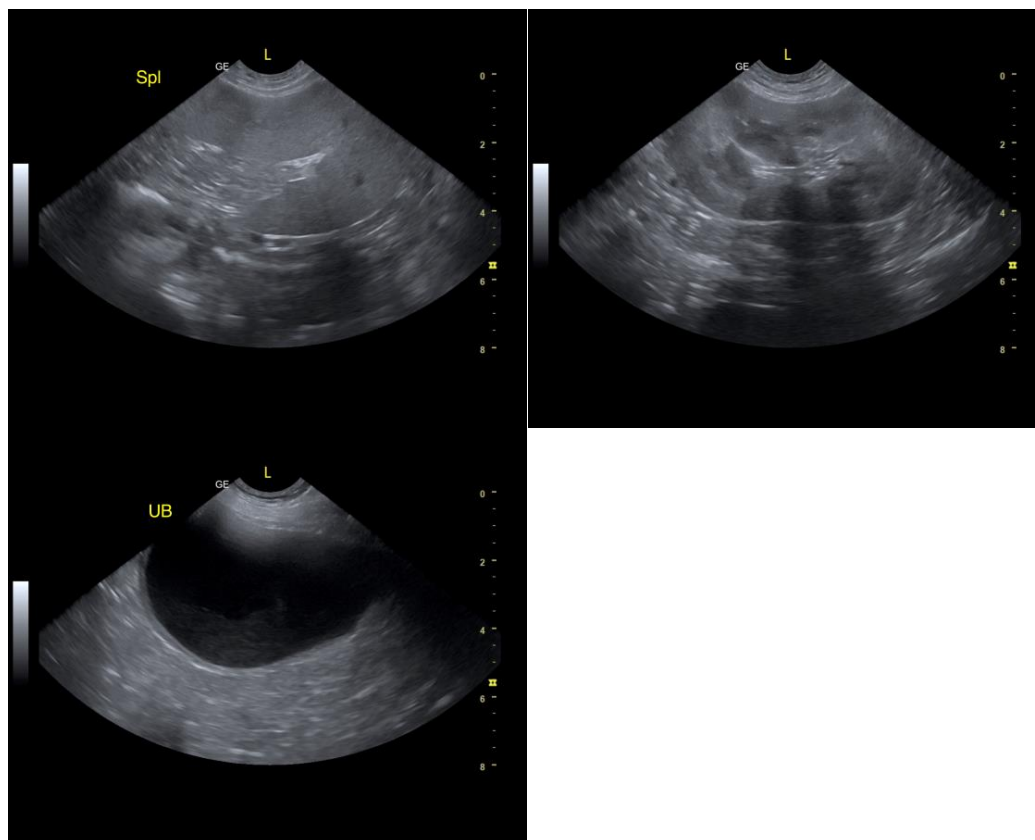
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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