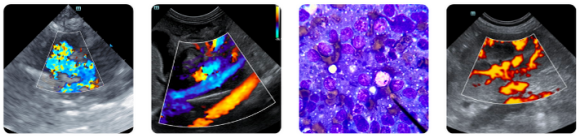



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**PATIENT**

Hope Chestnut

**SPECIES**

Canine

**BREED**

Cane Corso

**SEX**

Female Intact

**AGE**

1 yrs

**WEIGHT**

109 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

The Ark Veterinary Clinic

**REFERRING VET**

Dr. Cordes

**INVOICE**

12774

**DATE**

11/5/25

## PRESENTING CLINICAL SIGNS

History: BCS 5/9 but has lost 5+ lbs since her last visit (Os say weight loss has been pretty rapid). MMI 3/3 NEURO: No neurologic deficits noted at this time. ABNORMAL Lab work Values Mild elevations in ALT, AST, and cholesterol, all other values WNL

Current Medications Maropitant Citrate 60mg 1 SID, Entyce 30mg/ml PER ML 5mls SID, Proviable-forte Kit

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 were noted.

The area of the uterus and bilateral ovaries 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 7.0 cm in length. The right kidney measured 7.0 cm in length.

### *Adrenal Glands*

The left and right adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.51 cm width at the caudal pole. The right adrenal gland measured 0.53 cm width at the caudal 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 with normal vascular volume. 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 wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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The visualized segments of the small intestine exhibited intact wall layering and normal wall layer ratio with empty lumen without mechanical/metabolic ileus to the level of the colon.

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

### *Pancreas*

The area of the pancreas was sonographically normal.

### *Free Abdomen*

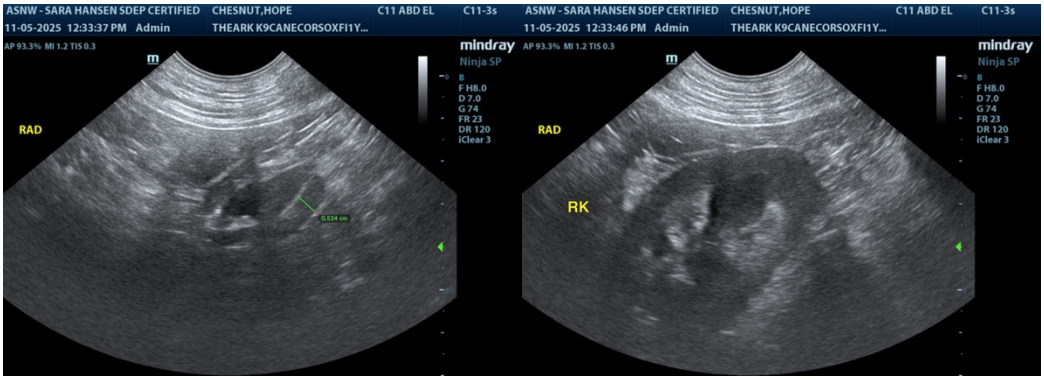
No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable normal volume liver – consistent mild, benign hepatopathy
- Normal gallbladder
- Sonographically unremarkable visualized gastrointestinal tract

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious or significant visualized pathology as a definitive cause of the patient's weight loss. Assuming normal clotting status and if persistent or progressive hepatopathy, hepatic FNA cytology could be considered primarily to assess for nonspecific inflammatory disease given elevated ALT/AST combination. No evidence of porter vascular anomaly. Bile acid profile could be considered if evidence of hepatic dysfunction. A GI panel to include PLI/TLI/Cobalamin/Folate and 3-view chest radiographs given normal neurological function to assess for occult disease is warranted. Assessment of caloric plane and +/- competitive eating environment if clinically indicated may be considered.



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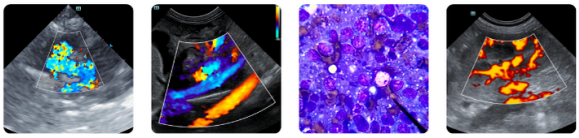

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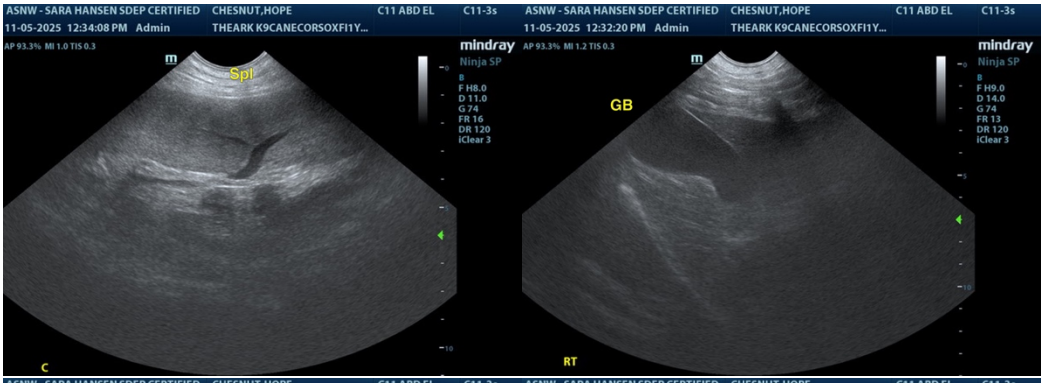


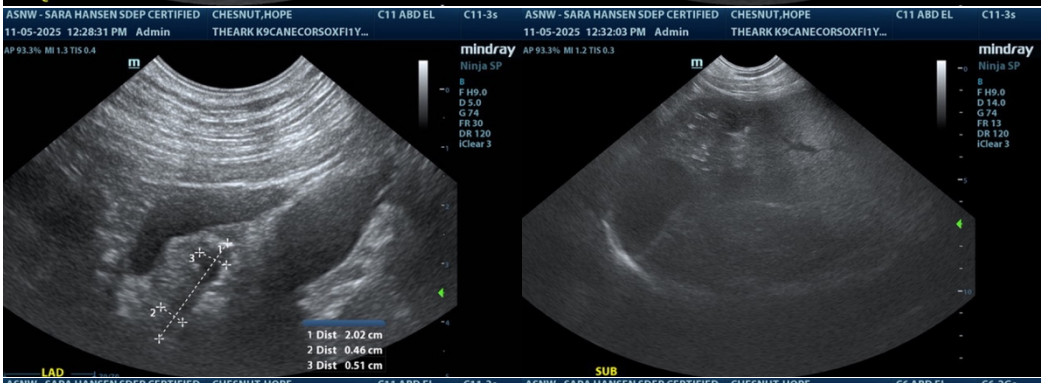


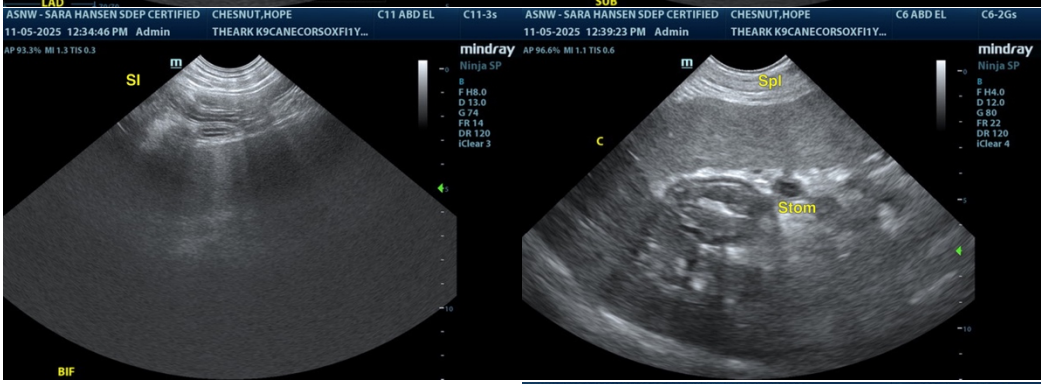


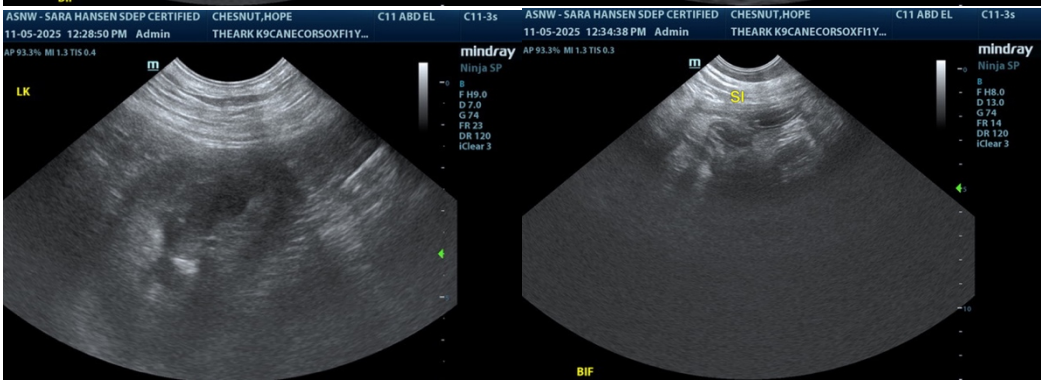

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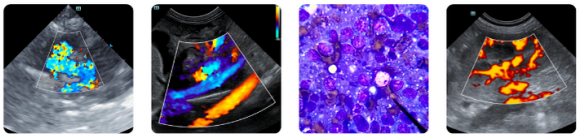

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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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