



PATIENT

Cody Drapinski

SPECIES

Canine

BREED

Shar Pei, Chinese
Crested Mix

SEX

MN

AGE

12 years

WEIGHT

44.5 lbs.

PRESENTING CLINICAL SIGNS

Presented for muscle wasting and weight loss over last few months. In 2020 was 61lbs and has gradually lost weight. No clinical signs at home with the exception of eating grass.

Abnormal PE/Chem/CBC/UA Results: WBC 4.46 (6-17) NEU 2.89 (3.62-12.30) MONO 0.09 (0.14-1.97) Lipase 539 (0-225) Trig 315 (30-130)

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. Multiple small areas of mineral within the cystourethral junction and proximal urethra were present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.87 cm in diameter.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.5 cm in length. The right kidney measured 5.7 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 0.75 cm width at the caudal pole and 0.60 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 0.63 cm width at the caudal pole and 0.62 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. Intermittent uniformly hyperechoic, non-expansive parenchymal nodules, which may indicate benign myelolipomas, nodular hyperplasia, or emerging mineralization, were present. These nodules are incidental. 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 potential for mild generalized 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

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(Canine and Feline)

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging
Michigan

REFERRING VET

Wixom Family Pet
Practice

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signs of congestion. The gallbladder was non-distended in size with mild hyperechoic gallbladder debris. The cystic and common bile ducts were normal.

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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 gastric body wall width measured 0.49 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. The duodenum wall width measured 0.51 cm. The jejunum wall width measured 0.44 cm.

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

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Pancreas

The left pancreatic limb, right pancreatic limb, and pancreas base exhibited subjective prominent size with asymmetrical contour and nonuniformly echogenic pancreatic parenchyma with multifocal hypoechoic nodules.

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44.5 lbs.

Free Abdomen

A small pocket of scant free fluid was noted between the spleen and caudal left liver margins. No overt lymphadenopathy was present.

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- Nonuniformly echogenic to diffusely nodular pancreas
- Overtly normal gastrointestinal tract

Secondary Findings

- Small benign hyperechoic splenic nodules
- Mild gallbladder debris (non-mucocele)
- Mild urinary bladder and cystourethral junction mineral
- Possible mild hepatomegaly - subjectively benign

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Urine culture and sensitivity on a sterile urine sample is recommended.

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The nonuniform to nodular pancreas may indicate chronic to mixed pattern pancreatitis with areas of nodular hyperplasia. A minor potential for pancreatic neoplastic disease cannot be definitively excluded yet thought less likely.



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Although no evidence of structural gastrointestinal pathology, structurally insignificant gastrointestinal disease may be possible. Further assessment with a GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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If accessible, ultrasound-guided FNA of the pancreas, assuming normal clotting status, could be considered for screening cytology. Three view chest radiographs and thorough muscular skeletal / neurological examination are recommended to rule out occult disease which may cause weight loss in older patients.

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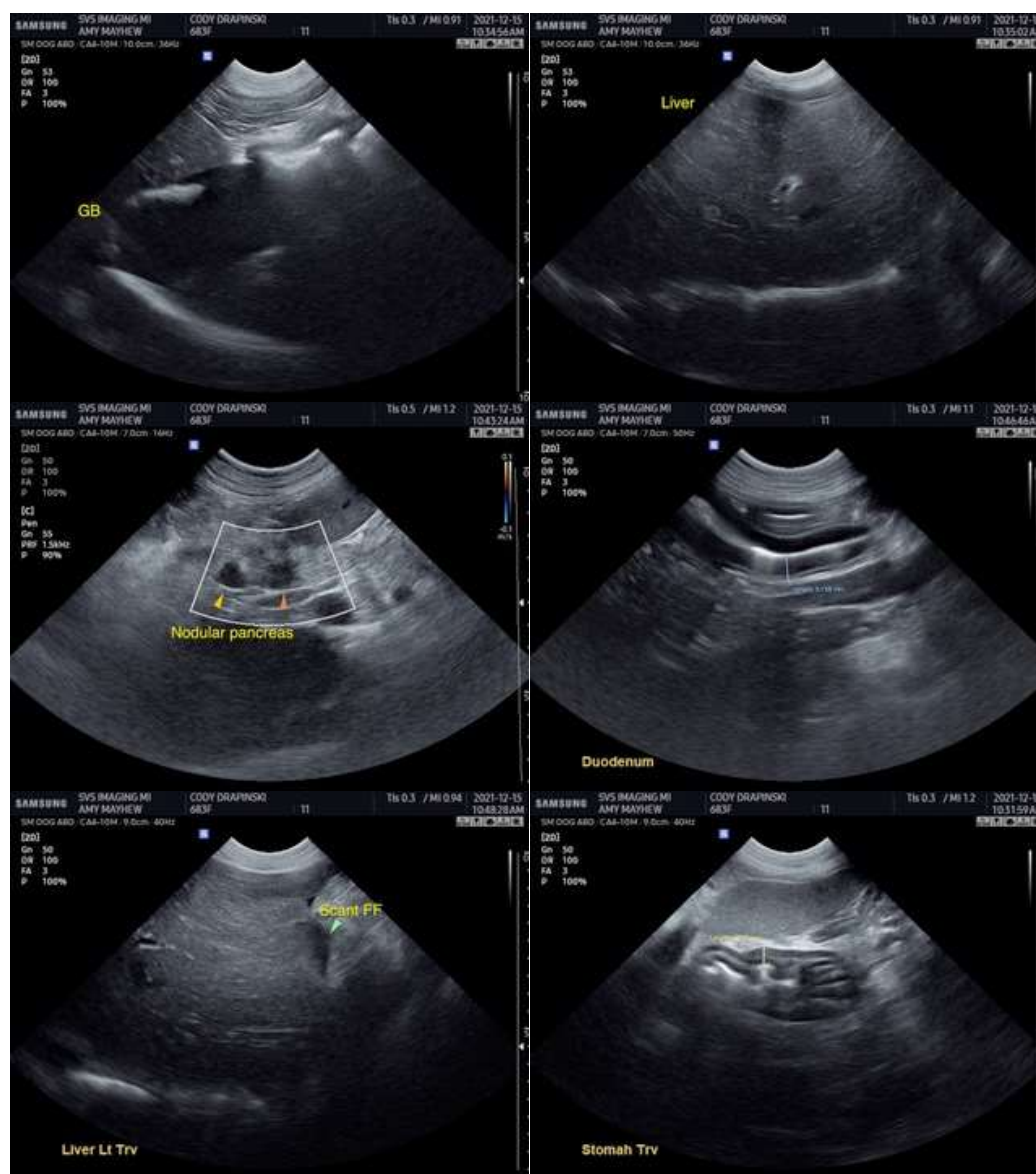
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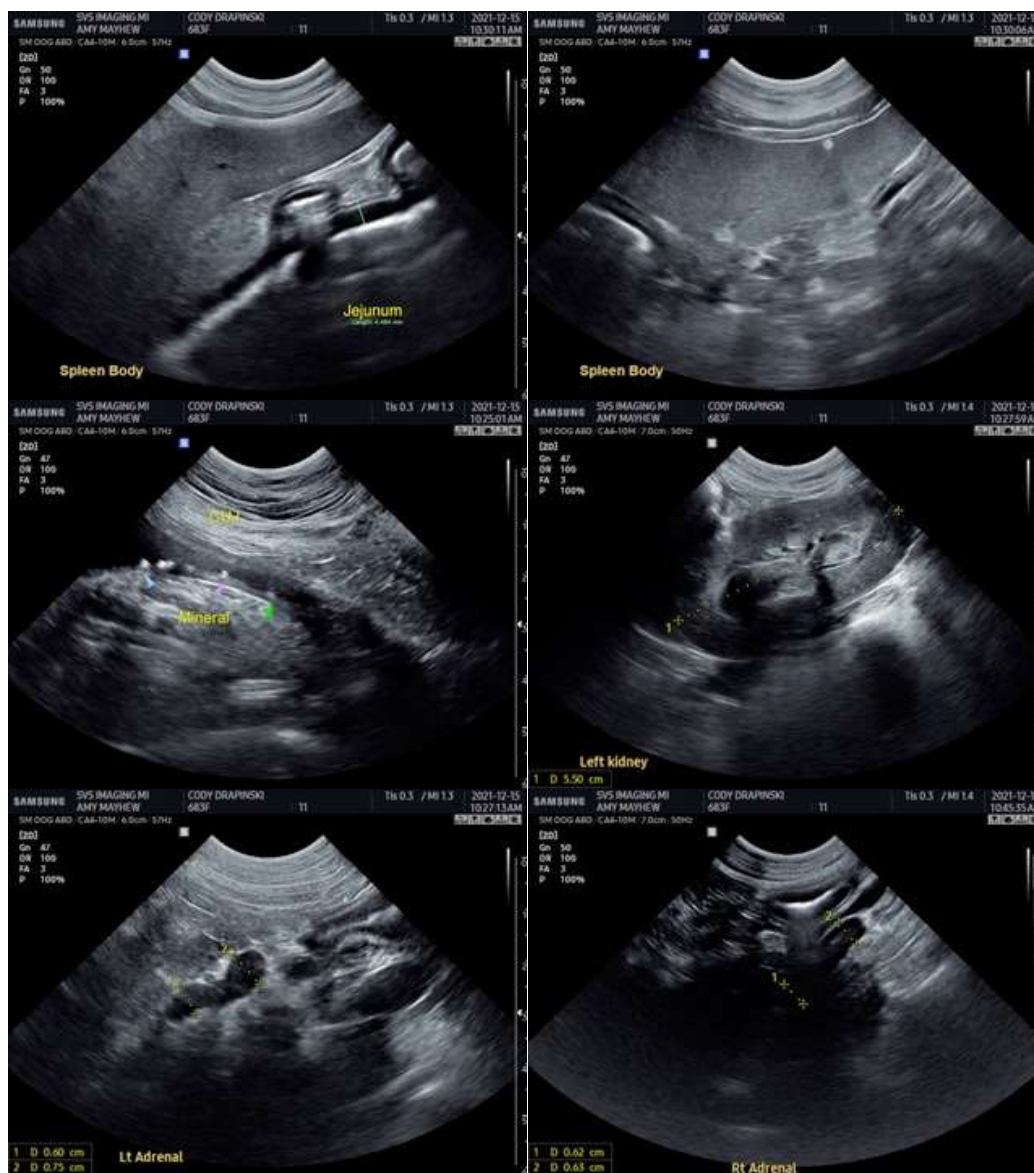
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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