



## PATIENT

Dolly Price

## SPECIES

Canine

## BREED

Maltese

## SEX

FS

## AGE

9yr

## WEIGHT

5.84lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Christina Wagner

## HOSPITAL NAME

Angeles Clinic for  
Animals

## REFERRING VET

Christina Wagner

## INVOICE

23205

## DATE

12-9-25

## PRESENTING CLINICAL SIGNS

Weight loss - 7.3 lb 12/24, now 5.84 lbs. Owner reports pet is free-fed Royal Canin Ultamino due to hx atopy/allergies. Owner reports vomiting 1-3 times per week.

Abnormal PE/Chem/CBC/UA Results: PE - underweight, BCS 3.5/9 CBC - platelets 582k, otherwise NSF Chem - SDMA 16, creat 0.6 Cortisol - 10.6 UA - USG 1.037, 1+ protein, CaOx and Struvite crystals

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral medullary mineral was present. A right kidney thinly walled cyst was present. The left kidney measured 2.9 cm in length. The right kidney measured 3.5 cm in length.

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 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 0.41 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/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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild to moderate, non-organized, gravity-dependent debris. The cystic and common bile ducts were normal.

### Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material. The pylorus wall measured 0.34 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained similar appearing non-shadowing ingesta/chyme with no signs of obstruction or foreign material. The duodenum wall measured 0.34 cm width. The jejunum wall measured 0.36 cm width.

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

### **Pancreas**

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

### **Free Abdomen**

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

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary**

- Sonographically normal gastrointestinal tract with mild non-shadowing gastrointestinal ingesta and semi-formed fecal matter in colon.
- Mild heterogeneous remodeled pancreas
- Non-organized gallbladder debris
- Mild chronic renal changes exhibiting medullary mineral and small right kidney cyst

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No overt visceral pathology, specifically gastrointestinal pathology, as an obvious cause of the patient's weight loss. Non-structural gastrointestinal disease, as well as chronic pancreatitis at times may present sonographically unremarkable. 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. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. In addition to current dietary therapy, gastric protectants given intermittent vomiting may prove beneficial.



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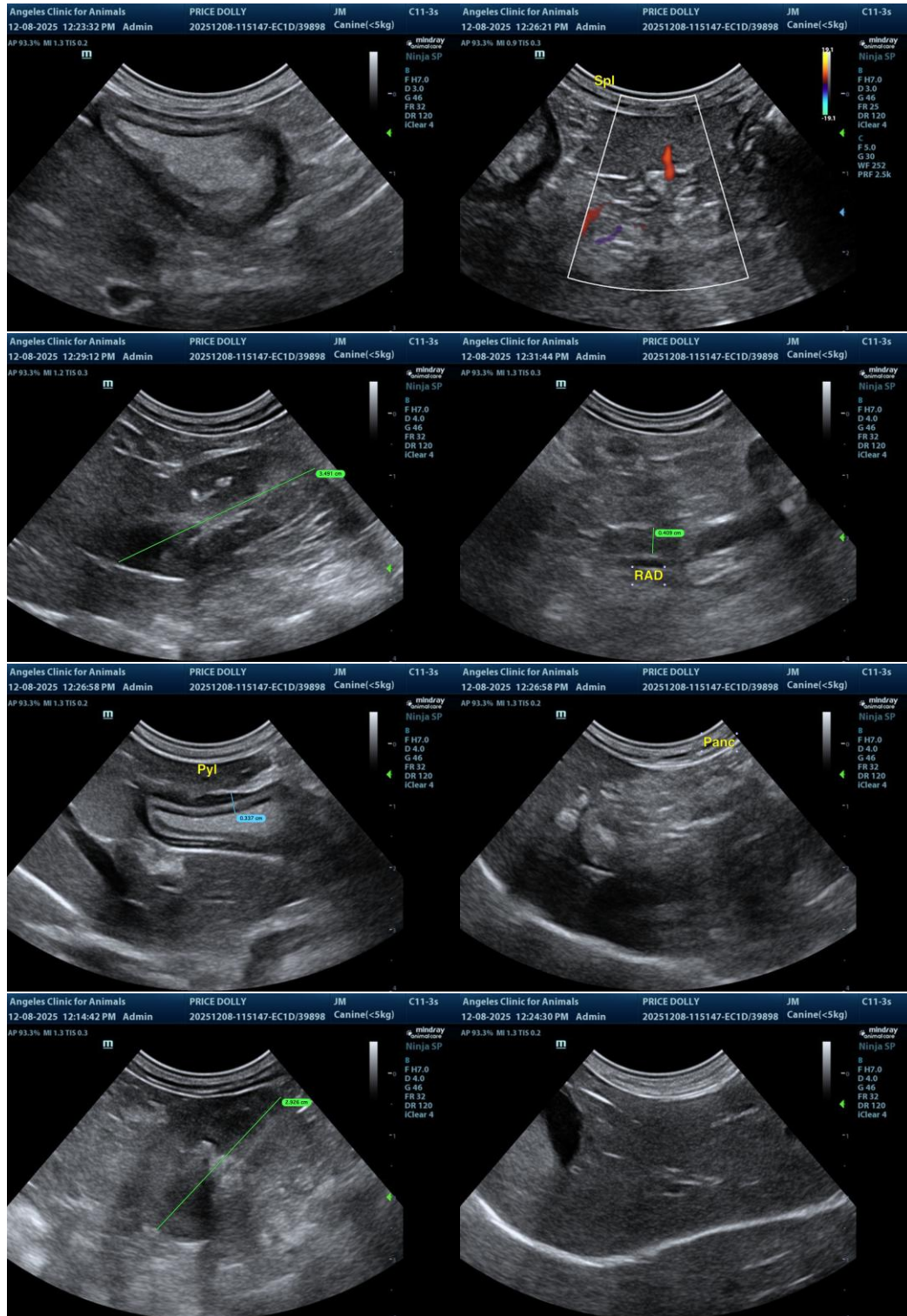
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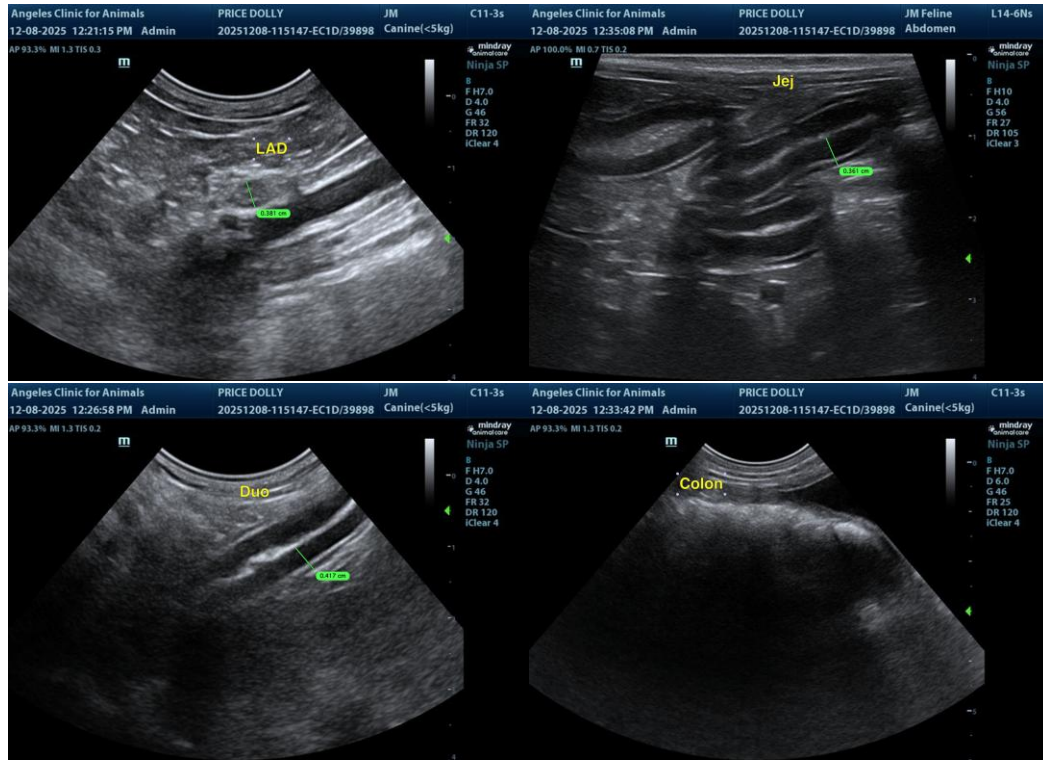
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**IMAGING PERFORMED BY**

Christina Wagner

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