



PATIENT	PRESENTING CLINICAL SIGNS
Grip Skalyn	Presented to clinic for notable weight loss and muscle loss. Continues to have very good appetite, no GI signs. Good energy levels. No other concerns.
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results: Mild AST elevation at 55 (previously 67 in Oct 2022). Possible cranial abdominal discomfort on PE.
BREED	
Shetland Sheepdog	
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
	Urinary System
MN	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.
AGE	
8 years	The residual prostate was free of pathology.
WEIGHT	
12.9 kg	The area of the aortic trifurcation was free of pathology.
INTERPRETED BY	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 5.1 cm in length. The right kidney measured 5.1 cm in length.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Adrenal Glands
IMAGING PERFORMED BY	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm width at the caudal pole.
Dr. Sarah Barthelemy	The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.62 cm width at the caudal pole.
HOSPITAL NAME	Spleen
Creature Comforts AH	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.
REFERRING VET	Liver/ Gallbladder
Dr. Decker	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.
INVOICE	
20912	The gallbladder was non-distended in size with primarily anechoic content and minor incidental nonorganized echogenic debris. No evidence of gallbladder or peripheral gallbladder inflammation. The cystic and common bile ducts were normal.
DATE	
2/1/23	



PATIENT

Gastrointestinal

Grip Skalyn

The stomach presented intact wall layering with a normal wall layer ratio. Mild nonshadowing ingesta/chyme was present. No evidence of mechanical pyloric outflow obstruction. The ventral gastric body wall measured 0.25 cm.

SPECIES

Canine

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 0.51 cm. The jejunum wall measured 0.31 cm.

BREED

Shetland Sheepdog

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

SEX

Pancreas

MN

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.

AGE

8 years

Free Abdomen

WEIGHT

No omental masses, lymphadenopathy or peritoneal free fluid was present.

12.9 kg

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

- Overtly normal abdomen
- Intact, sonographically unremarkable gastrointestinal walls
- Minor incidental gallbladder debris

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

IMAGING PERFORMED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dr. Sarah Barthelemy

No sonographic evidence of significant visceral, specifically gastrointestinal pathology. A definitive cause of the weight and muscle loss in this patient 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. Potential for underlying intestinal disease, malassimilation disorder or low-grade pancreatitis, all of which may present sonographically normal, are possible. Assessment for possible competitive eating environment and/or caloric plane may be considered, if clinically indicated.

HOSPITAL NAME
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AH

REFERRING VET

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Grip Skalyin

SPECIES

Canine

BREED

Shetland Sheepdog

SEX

MN

AGE

8 years

WEIGHT

12.9 kg

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REFERRING VET

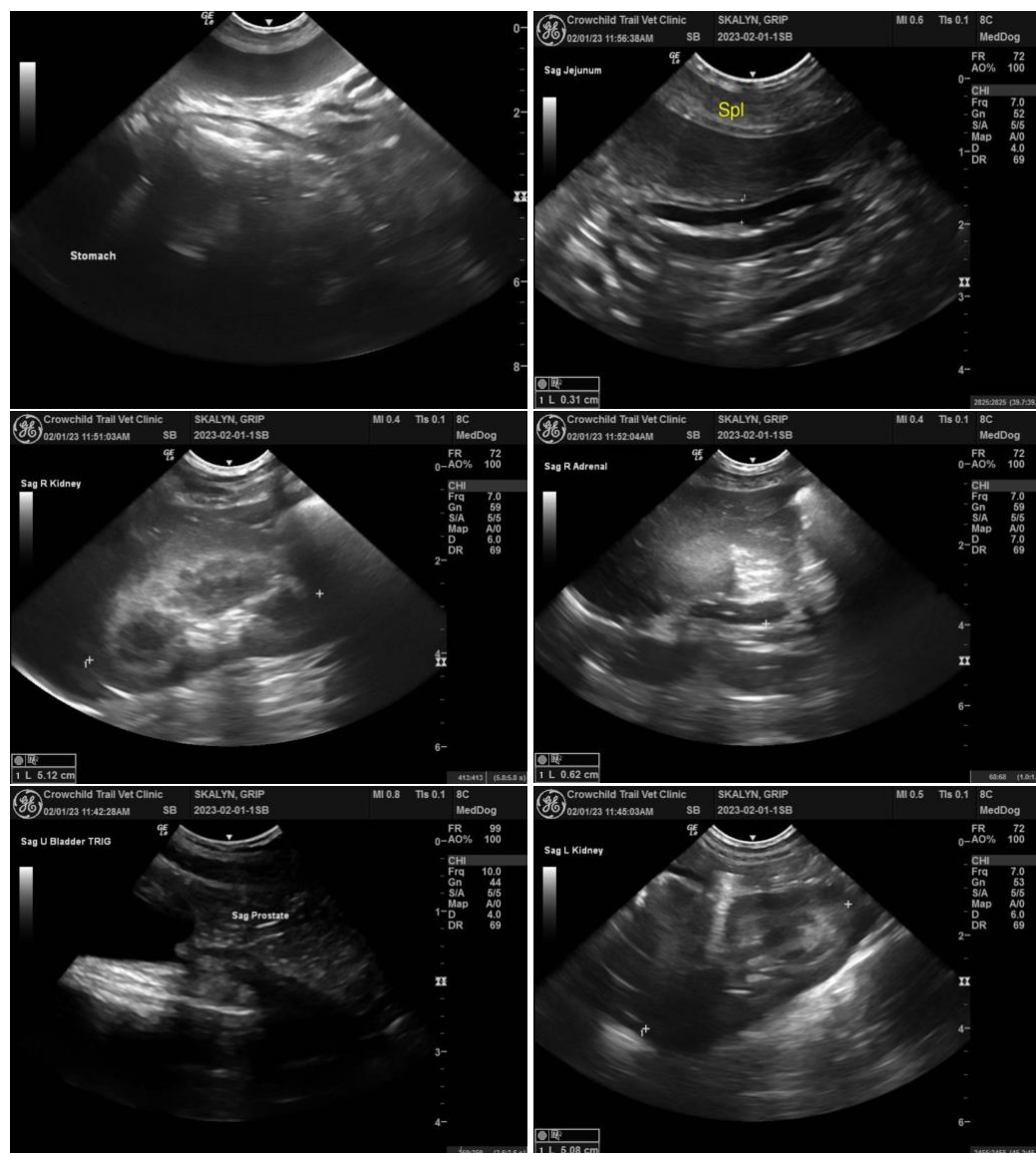
Dr. Decker

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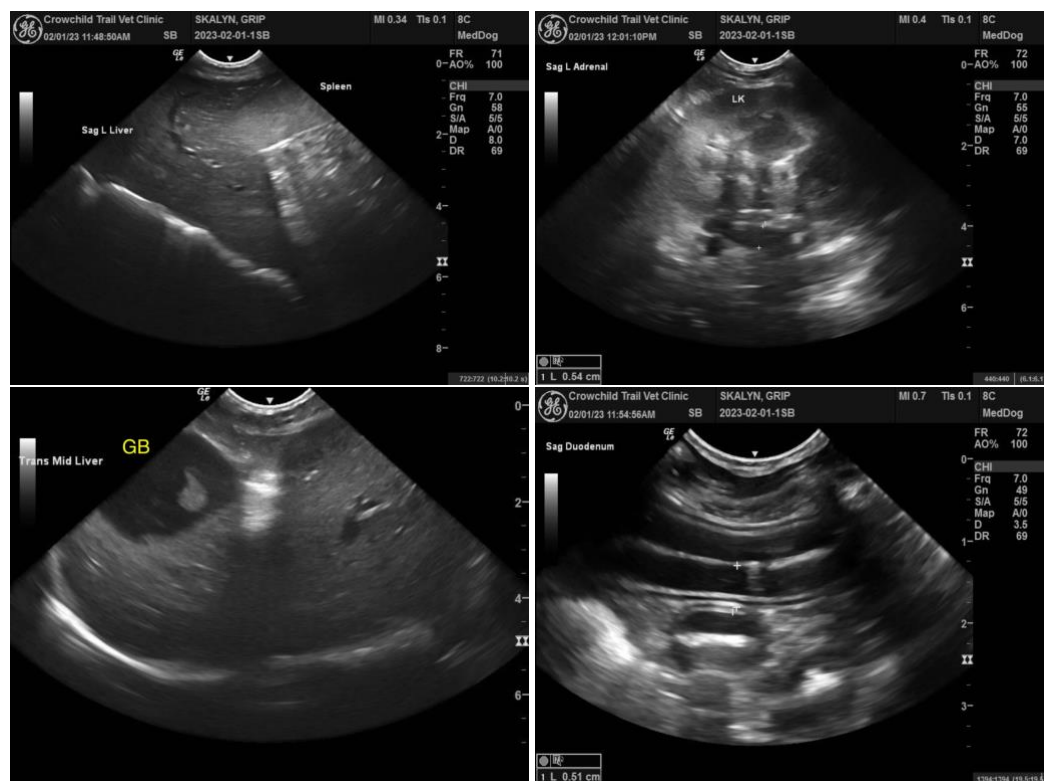
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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