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Clinical Sonography & Telecytology
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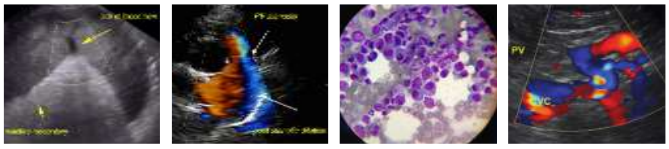

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Max Patino

SPECIES

Canine

BREED

Labrador Mix

SEX

M

AGE

9 years

WEIGHT

44.7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kim

HOSPITAL NAME

Ridgefield Park AH

REFERRING VET

Dr. Kim

INVOICE

13350

DATE

2/15/22

THIS SUBMITTED STUDY CONTAINED 10 VIDEOS AND 32 STILL IMAGES FOR REVIEW.

PRESENTING CLINICAL SIGNS

Patient presents to the hospital due to poor appetite, progressive weight loss, lethargy and abnormal behavior. Patient was QAR during PE. BCS 3/9, mildly pale MM. Loss of muscle mass is evident. Ow mentions that he has been eating a lot less than usual and sometimes he does not eat solids at all, including treats. He drinks water and urinates sometimes more than usual. His behavior has been abnormal since the past week. He stands and stares at walls, or gets stuck under chairs and he is unable to figure out how to get out.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 prostate was not definitively visualized.

The area of the aortic trifurcation was free of pathology. Suspect intra-abdominal lipoma was noted in the ventral abdomen. The lipoma measured 5.0-6.0 cm in diameter.

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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.9 cm in length. The right kidney measured 6.8 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 0.71 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 0.78 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. 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.

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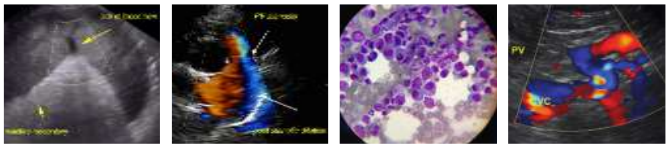

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Gastrointestinal

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. Mild retained anechoic gastric fluid was present. The gastric body wall width measured 0.35 cm.

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. Mild retained upper duodenal fluid was present. The duodenum wall width measured 0.44 cm.

No evidence of gastric or small intestinal mural hypertrophy, loss of intestinal wall layering or intestinal masses.

Normal visible colon wall layers were present with apparent 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, lymphadenopathy or peritoneal effusion were present.

ULTRASONOGRAPHIC FINDINGS

- Suspect ventral intra-abdominal lipoma
- Hypomotile stomach and upper duodenum - probable gastroduodenitis
- Heterogeneous pancreas - possible low-grade to chronic inflammation vs. age-related or patient variant

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant to visceral pathology was evident. Potential for low-grade to chronic pancreatic inflammation with secondary or primary to concurrent gastroduodenitis possible.

Resting cortisol to rule out occult Addison's Disease, a GI panel to include PLI/TLI/Cobalamin/Folate, three view chest radiographs to rule out occult thoracic pathology, as well as thorough muscular/skeletal and neurological examination to assess for additional occult pathology as a potential cause of the patient's clinical signs and weight loss are recommended. As-needed gastrointestinal support is suggested.

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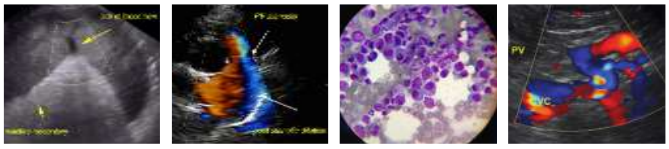

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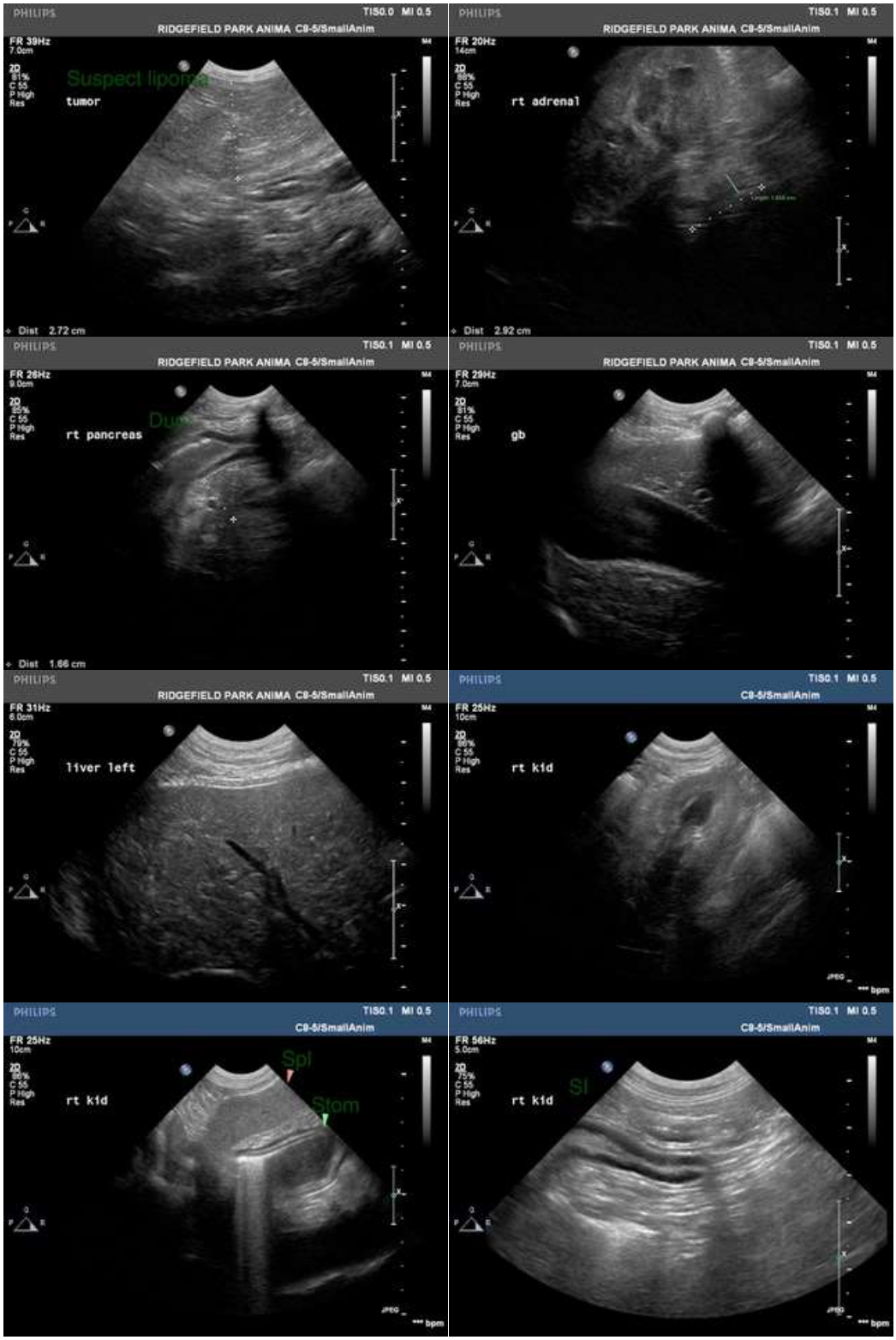

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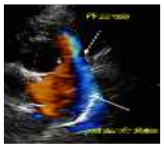
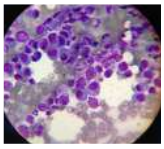
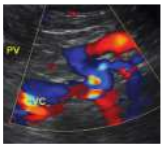

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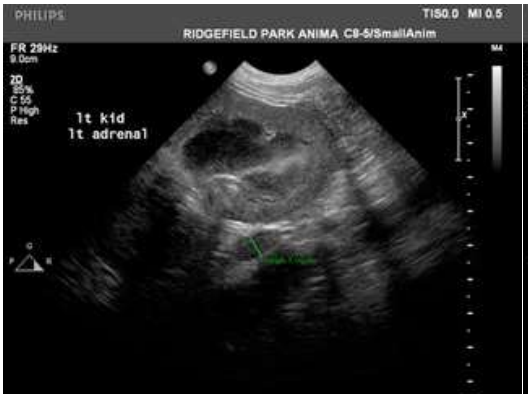

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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