



PATIENT

Nikita Panfile

SPECIES

Canine

BREED

Pitbull

SEX

Spayed Female

AGE

12 Years

WEIGHT

57 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Chelsea Pastor

HOSPITAL NAME

Fredon AH

REFERRING VET

Dr. Linda Grau

INVOICE

14309

DATE

3/14/22

PRESENTING CLINICAL SIGNS

History: Weight loss, behavior is off
Abnormal PE/Chem/CBC/UA Results: CBC/chem wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with mild, primarily uniform thickening of the ventral and apical urinary bladder wall was present without overt mass. The ventral apical urinary bladder wall measured 0.87 cm width. Anechoic urine was present. Moderate nondependent particulate sediment was present, which may indicate cellular or crystalline debris with potential for mucus. No evidence of calculi noted. The proximal urethra was overtly normal in structure and tone to a depth of 4.0 cm.

No overt pathology in the area of the aortic trifurcation.

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 6.7 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

The left adrenal gland was overtly normal. The left adrenal gland measured 0.63 cm width at the caudal pole.

The right adrenal gland was not definitively visualized.

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. 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, containing primarily anechoic content with mild to moderate inspissated hyperechoic luminal debris. No evidence of gallbladder or peripheral gallbladder inflammation. 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 evidence of retained ingesta, fluid or foreign material.

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.



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

Nikita Panfile **Pancreas**

SPECIES 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 was evident.

Canine

Free Abdomen

BREED No omental masses, lymphadenopathy or effusion was present.

Pitbull

Other

SEX No overt pathology in the area of the uterine remnant.

Spayed Female

ULTRASONOGRAPHIC FINDINGS

AGE

12 Years

- Cystitis pattern with moderate urinary bladder sediment
- Mild chronic renal changes
- Mild to moderate inspissated gallbladder debris (non-mucocele)
- Overtly normal gastrointestinal tract

WEIGHT

57 Lbs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant abdominal visceral pathology as an obvious cause of the patients weight loss and clinical signs. Full urinary work up, including urinalysis +/- culture and sensitivity (if evidence of inflammatory cells) and/or screening BRAF assay (if clinically indicated) is recommended.

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The inspissated gallbladder debris is likely incidental, given the lack of hepatic enzyme elevations or cholestasis. Ursodiol therapy could be considered if evidence of cholestasis develops.

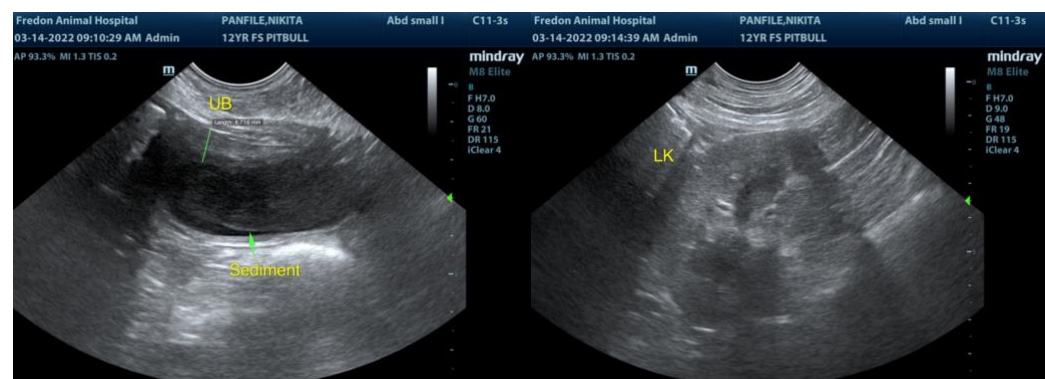
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A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss. Pending additional diagnostics, resting cortisol level could be considered to rule out occult Addisons disease.

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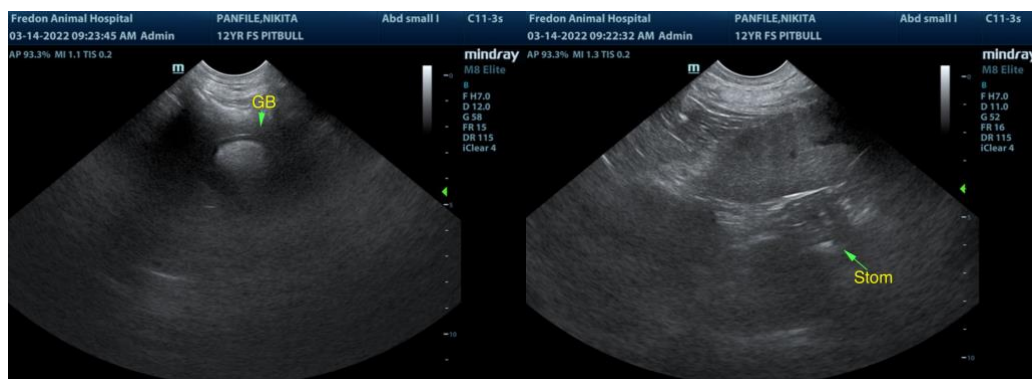
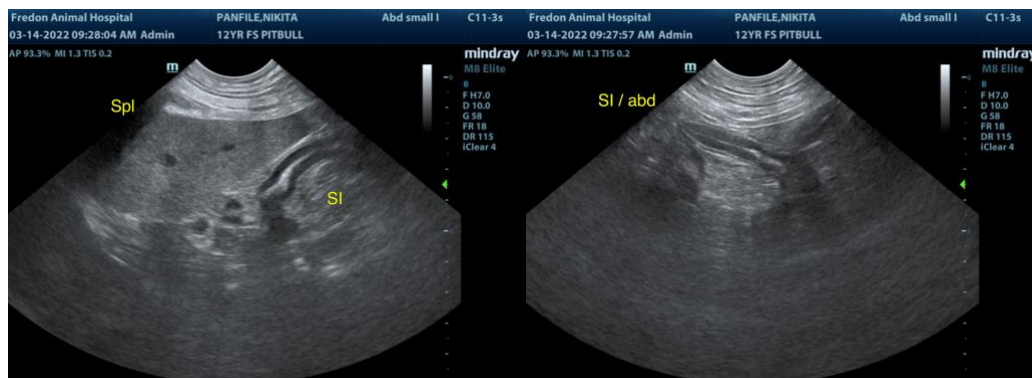
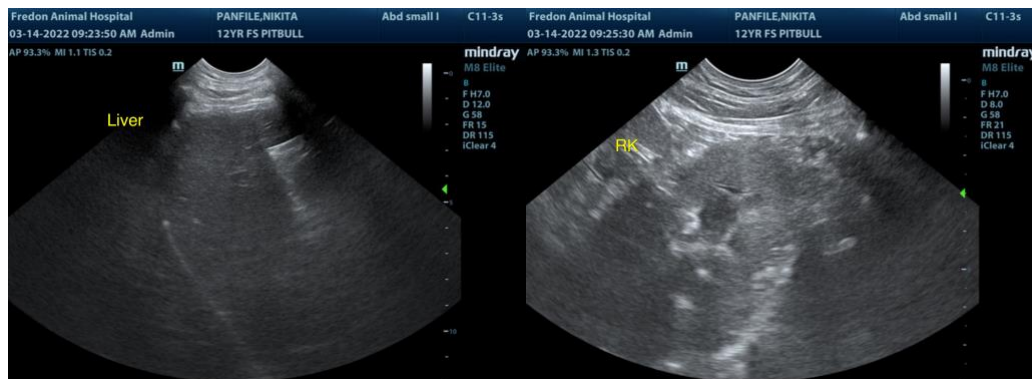
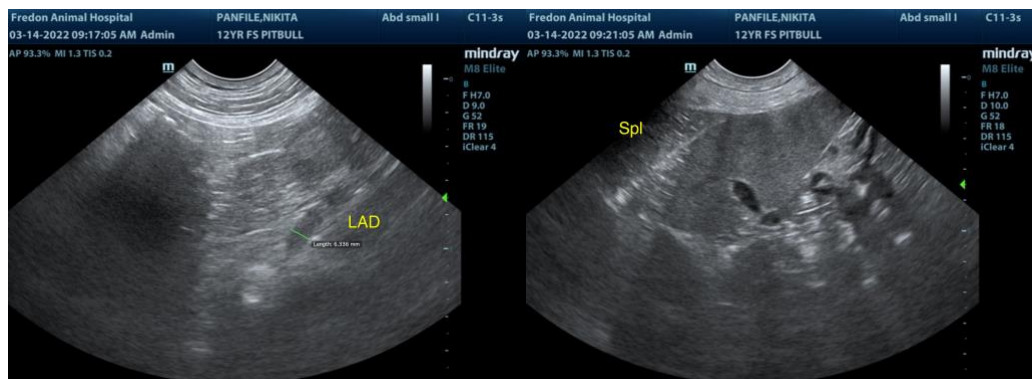
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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