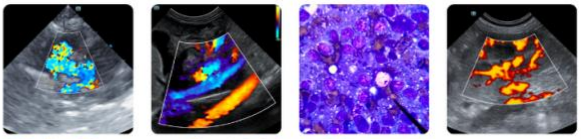


PATIENT

Hannah McPherson

SPECIES

Canine

BREED

Boxer

SEX

Spayed Female

AGE

10 Years

WEIGHT

44.4 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Dr. Harold Mike Beard

HOSPITAL NAME

Animal Care Veterinary Center

REFERRING VET

Dr. Harold Mike Beard

INVOICE

14761

DATE

03/31/26

PRESENTING CLINICAL SIGNS

Weight loss, Sarcopenia, Uremic smell (breath).

Abnormal PE/Chem/CBC/UA Results: Elevated ALT, SAP, GGT, BUN, precision PSL and PLT count, T4 low. UA bact, low SpG.

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. 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 change were noted.

Normal size and margination was 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 6.1 cm in length. The right kidney measured 6.2 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized with no obvious pathology yet overtly normal in size, position and shape. The left adrenal gland subjectively measured 0.58 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.

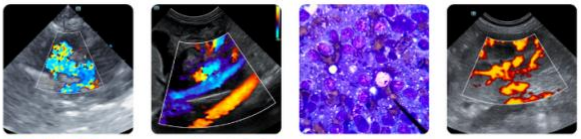
Liver & Gallbladder

The liver presented enlarged in size. 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 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.

Gastrointestinal

The stomach presented overtly normal intact visible wall. The stomach exhibited moderate distention with retained nonshadowing ingesta/chyme and echogenic fluid. No obvious visualized obstruction to pyloric outflow.



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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. An example of small intestine wall measured 0.45 cm wall width.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Normal gallbladder.
- Moderate distended stomach with retained nonshadowing ingesta/chyme and fluid.
- Sonographically unremarkable empty small intestine.
- Normal area of the pancreas.
- Indistinctly visualized adrenal glands- potentially secondary to chronic prednisone therapy.
- Mild age-related renal changes.
- Sonographically normal urinary bladder and visible proximal urethra.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious evidence of mechanical pyloric or upper intestinal outflow obstruction which may suggest metabolic gastric ileus. Nonvisualized area of upper intestinal obstruction or nonobvious ulceration given elevated BUN is not definitively excluded. Mild to chronic pancreatitis at times may present sonographically normal. The liver, although nonspecific, suggests benign criteria with considerations including chronic vacuolar or steroid hepatopathy, inflammatory disease, hyperplasia, nonobstructive cholestasis or other with occult hepatic neoplasia thought less likely.

Assuming normal clotting status, hepatic FNA cytology could be considered to assess for occult disease. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs, neurological / musculoskeletal examination and rule out competitive eating environment are recommended to assess for or rule out occult disease or contributing factors which may cause weight loss. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Hospitalization with documented 12-hour fast with gastrointestinal support and sonographic monitoring of the stomach for evidence of persistent stasis or emptying is indicated.

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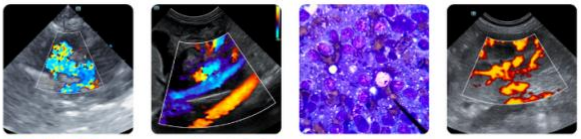

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Educational Teleconsultation Services™

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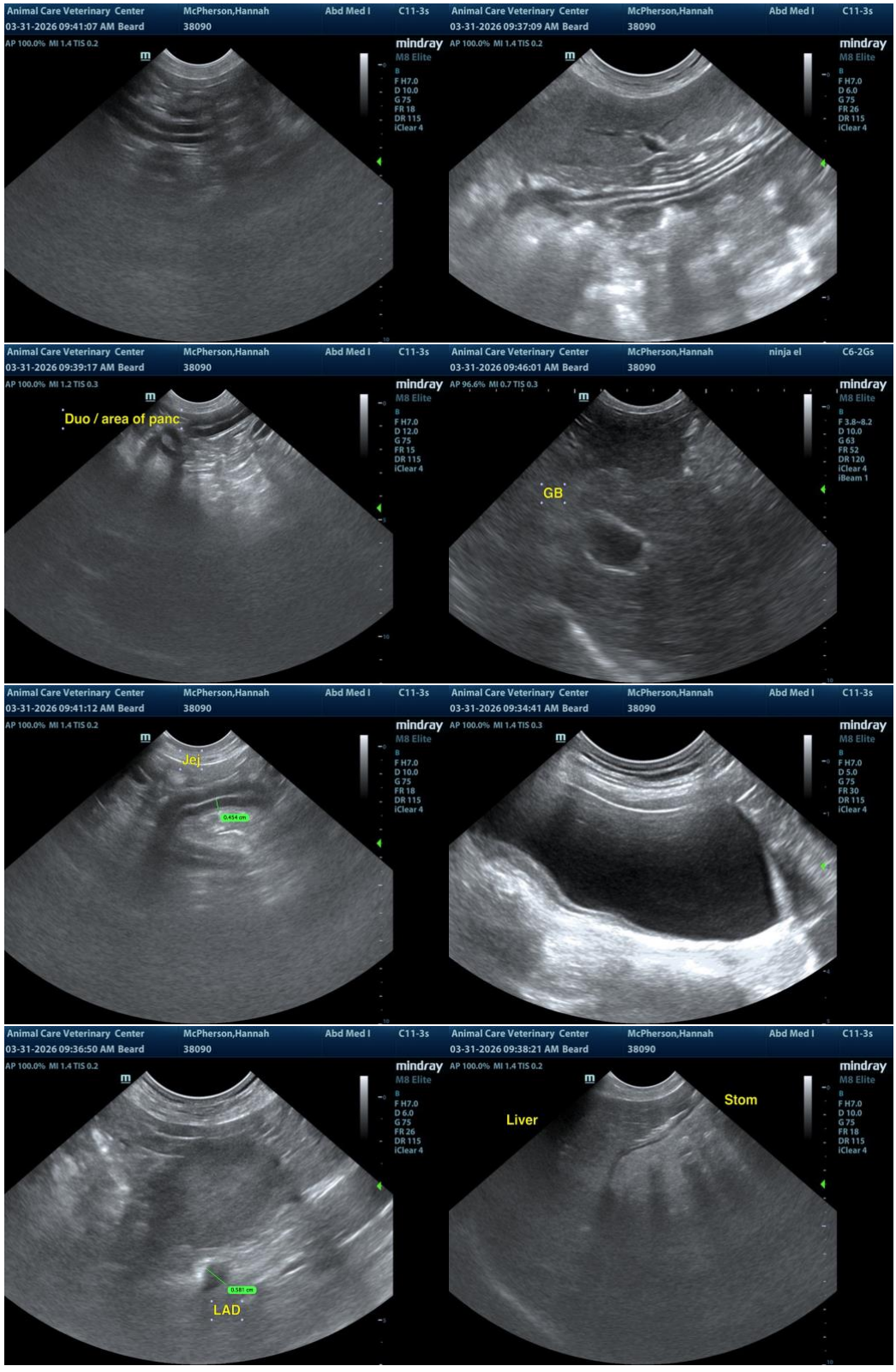

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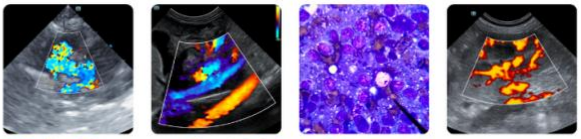

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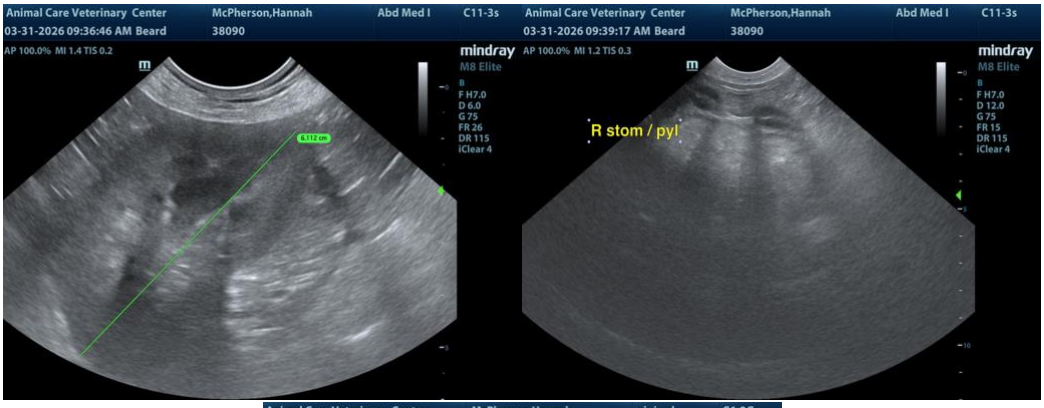

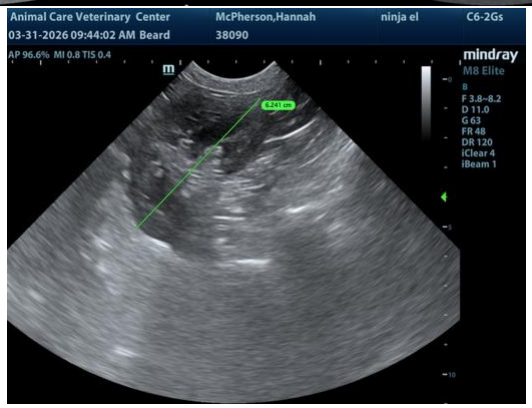

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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