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Clinical Sonography & Telecytology
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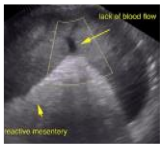
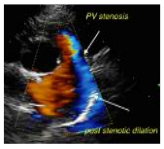
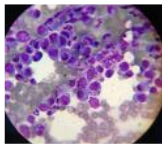
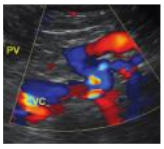




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Gus Riniker

SPECIES

Canine

BREED

Labrador Retriever

SEX

Male N

AGE

10 years

WEIGHT

87.7

INTERPRETED BY

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

IMAGING PERFORMED BY

Natalia Stiff

HOSPITAL NAME

Steamboat Veterinary Hospital

REFERRING VET

Dr. Lee Meyring

INVOICE

16788

DATE

5/9/23

PRESENTING CLINICAL SIGNS

Vomiting for few days (2-3) once a day. No changes in diet. Patient is on Rimadyl, Gabapentin and flea/teak preventative. Weight loss 91.6 lbs on 04.03.2023 and today 87.7lbs.

Abnormal PE/Chem/CBC/UA Results: BW on 05.09.2032 ALT 255 U/L increased since 07.07.2022 (165U/L) Everything else WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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. No evidence of mineral or calculi was noted. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the residual prostate was free of overt pathology.

No evidence of 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 6.1 cm in length. The right kidney measured 6.1 cm in length.

Adrenal Glands

The bilateral adrenal glands were indistinctly visualized yet overtly normal in size, position, and shape. The left adrenal gland subjectively measured 0.71 cm at the caudal pole. The right adrenal gland subjectively measured 0.66 cm width at the caudal pole.

Spleen

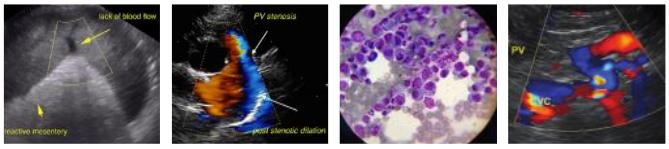
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

Subjective borderline to mild hepatic size was noted. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The liver exhibited normal vascular volume. 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 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.



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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.

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

Pancreas

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.

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

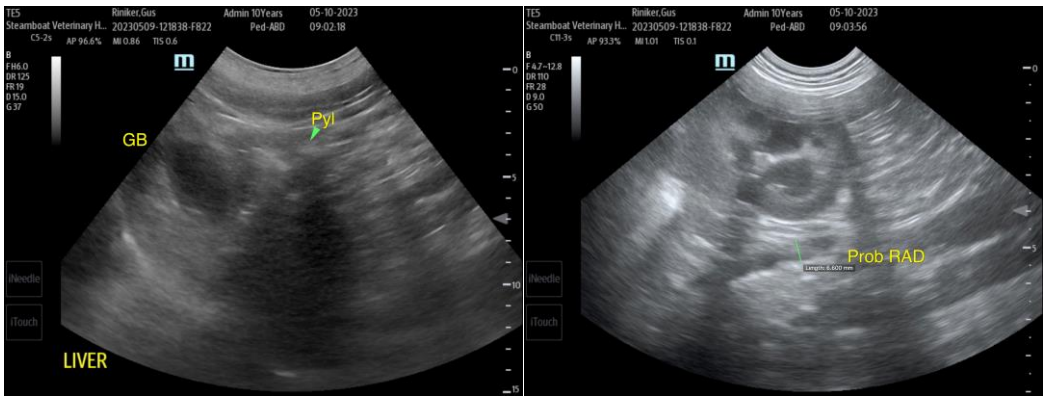
- Low-grade hepatopathy exhibiting potential borderline / mild subnormal hepatic size
- Sonographically normal gallbladder
- Mild age-related kidneys
- Structurally unremarkable gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, no evidence of significant visceral pathology as a definitive cause of the patient's vomiting and weight loss.

Although nonspecific, potential low-grade to chronic inflammatory hepatopathy is possible, given the mild ALT elevation. No evidence of intraabdominal neoplastic criteria was noted.

Hepatosupportive medications with temporary discontinuation of Rimadyl and reassessment of ALT level are suggested. Concurrent as-needed gastrointestinal support, which may include gastroprotectant protocol and bland or hydrolyzed diet trial may prove beneficial. 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. A resting cortisol level is suggested to rule out occult Addison's Disease.



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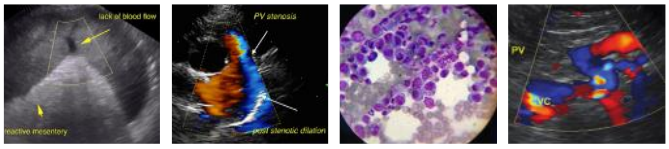

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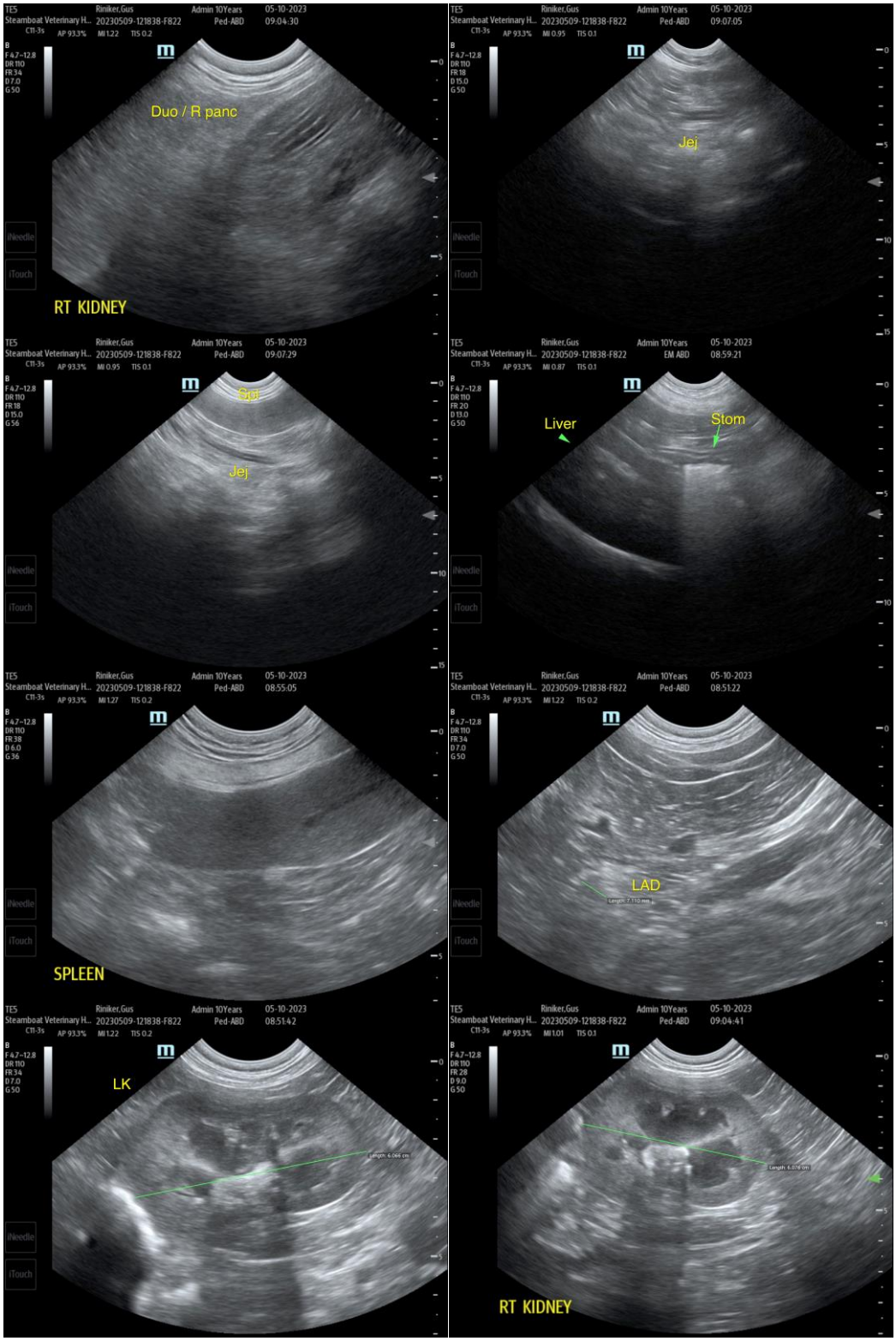

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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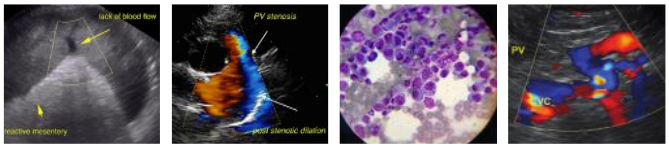

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com