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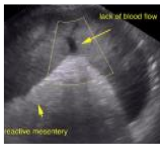
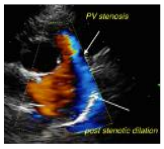
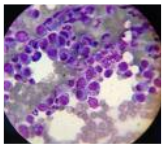
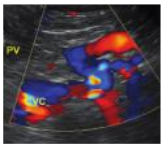





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Ellie Atkins

SPECIES
Canine

BREED
Bernese Mtn. Dog

SEX
Female

AGE
8 Years

WEIGHT
68 Pounds

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

IMAGING PERFORMED BY
Dr. Ebersole

HOSPITAL NAME
Scanvet

REFERRING VET
Dr. Bonte

INVOICE
15214

DATE
5/16/22

PRESENTING CLINICAL SIGNS

History: Decreased appetite x 6 months, clingy/whiny x 2 months. Weight loss of 13lbs since last year. **May have been bred the first week of April, with housemate. **

Abnormal PE/Chem/CBC/UA Results: BW: Anaplasmosis and Lyme +, Lyme QC6: 285. CBC/Chem: 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. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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 6.3 cm in length. The right kidney measured 5.6 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 0.64 cm width at the caudal pole and 0.66 cm width at the cranial pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.56 cm width at the caudal pole and 0.67 cm width at the cranial 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

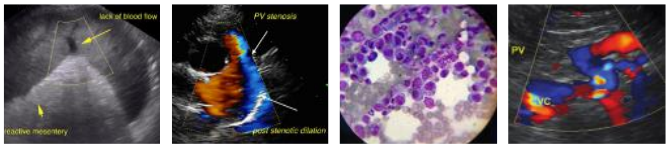
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with primarily anechoic content with mild dependent nonorganized luminal debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach exhibited sonographically unremarkable wall layering with mild non-shadowing ingesta/chyme present in the gastric lumen. The ventral gastric body wall measured 0.45 cm.

The visible segments of small intestine exhibited intact wall layering and maintained 1:3 muscularis to mucosa ratio. The small intestinal wall measured 0.30 cm.



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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 was evident.

Free Abdomen

No omental masses, lymphadenopathy or evidence of peritoneal effusion was present.

Other

The uterus and bilateral ovaries were overtly normal without evidence of pathology.

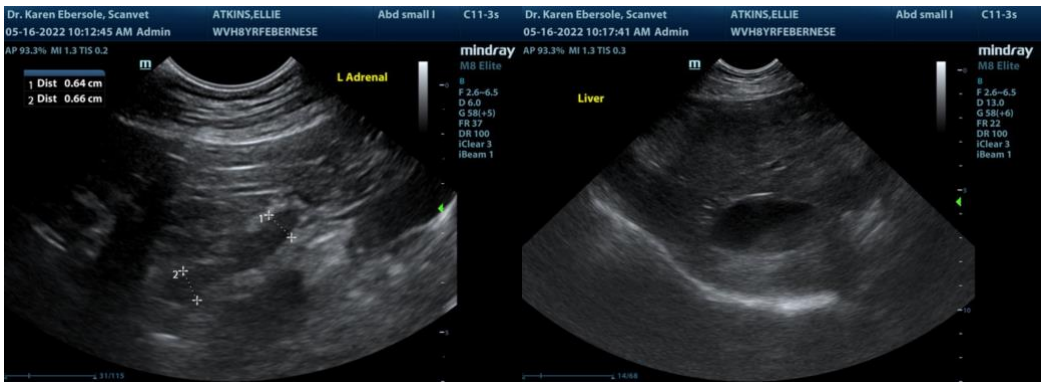
ULTRASONOGRAPHIC FINDINGS

- Overtly normal uterus and bilateral ovaries- no evidence of pathology/pregnancy
- Normal liver/spleen
- Mild gallbladder debris- incidental
- Overtly normal gastrointestinal tract with mild non-shadowing ingesta/chyme

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of significant visceral pathology, i.e., intraabdominal neoplastic criteria, as well as no evidence of pregnancy. An obvious cause of the patients decreased appetite and weight loss was not definitively evident. The presence of gastric ingesta/chyme may correlate with recent meal ingestion. However, if documented NPO, some degree of metabolic gastric stasis or nonobstructive delayed gastric emptying cannot be excluded.

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. Baseline UPC on sterile urine sample may be considered. As needed gastrointestinal support is recommended.



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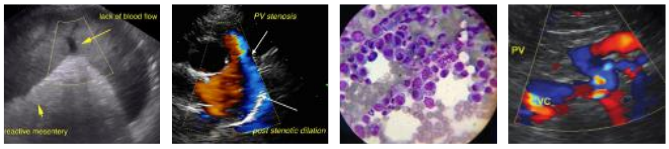

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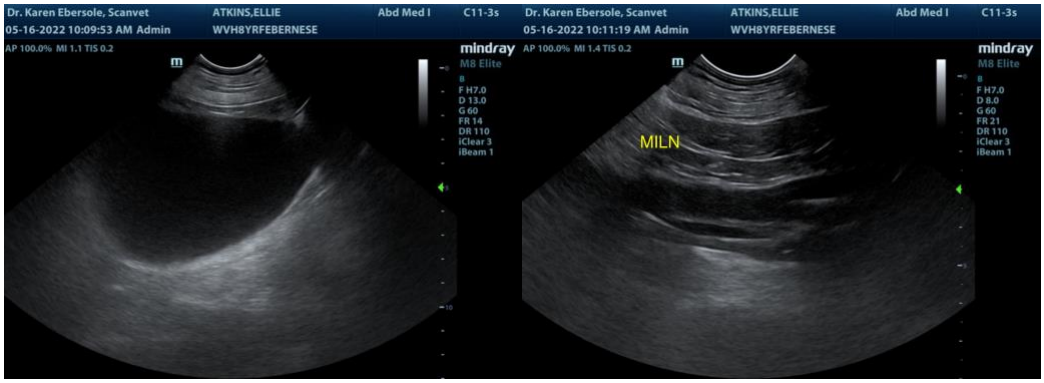

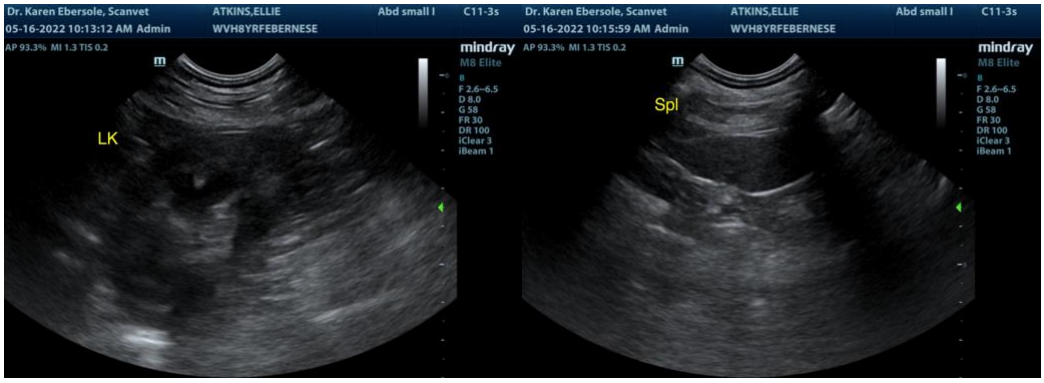

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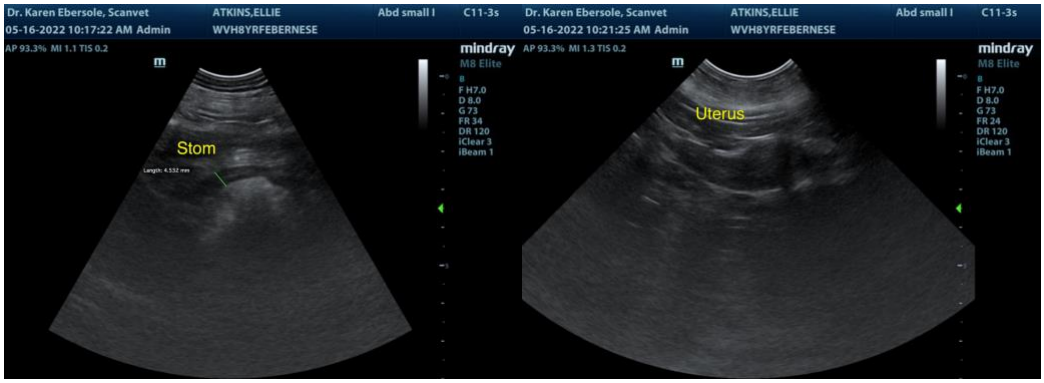

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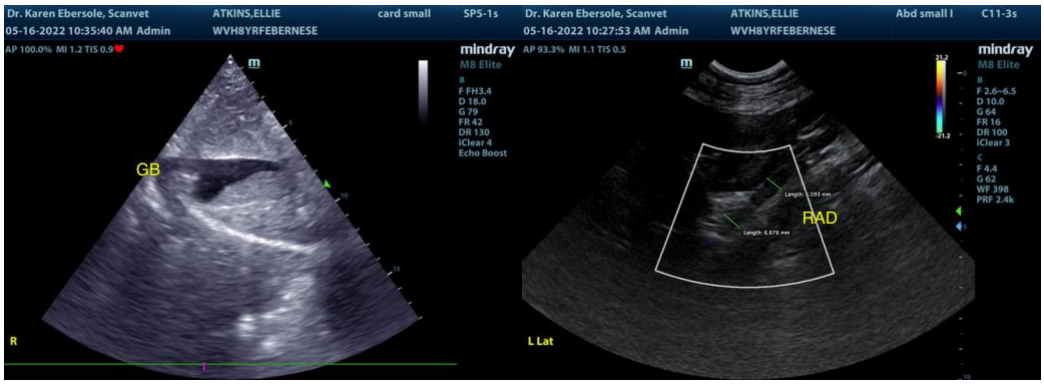

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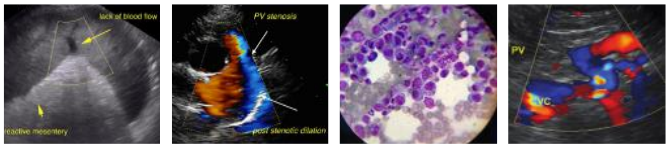

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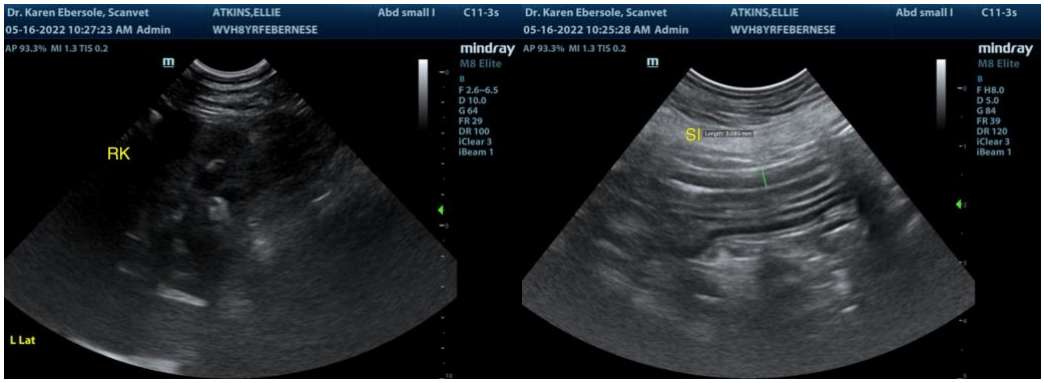

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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