

**PATIENT**

Holly Kupetis

PRESENTING CLINICAL SIGNS

History: Weight loss (3 pounds since end of march) and inappetence for about a week. Lethargic, seems dumpy.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Anemia present now that wasn't present when we did a dental prophylaxis at the end of March. Appears pale.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

Mix

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

SEX

FS

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.

AGE

12 y

The left kidney measured 5.0 cm in length. The right kidney measured 4.9 cm in length.

WEIGHT

27 lb

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.78 cm width in the cranial pole and 2.1 cm width in the caudal pole. No overt pathology in the area of the right adrenal gland.

INTERPRETED BY

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

Spleen

The spleen was subjectively mildly enlarged with non homogeneous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent non disruptive mildly hyperechoic nodules in the medial parenchyma were present, an example measuring 0.85 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

IMAGING PERFORMED BY

Sarah Pender CVT

Liver

The liver was subjectively normal in size, structure, and contour. A solitary isoechoic to nonhomogeneous nonexpansive nodule noted in the mid caudal liver measuring 2.2 cm in diameter. 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.

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Katie Merkes

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

INVOICE

10920ag

Transdiaphragmatic view revealed comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.

DATE

06/22/2022

Gastrointestinal

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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.

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.

SPECIES

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

Pancreas**BREED**

Mix

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.

SEX

FS

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

AGE

12 y

ULTRASONOGRAPHIC FINDINGS

- Mild nonhomogeneous to focally nodular liver
- Subjective borderline splenomegaly with mild parenchyma heterogeneity and intermittent hyperechoic nodules-consistent with benign myelolipomas
- Transdiaphragmatic comet tail artifact
- Mild chronic renal changes

WEIGHT

27 lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**INTERPRETED BY**

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

The definitive cause of the patient's weight loss was not overtly evident in the abdominal cavity. A screening hepatosplenic FNA using a 25g needle and assuming normal clotting status is warranted. A CBC pathology review given the recent anemia may be considered. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs recommended to assess for occult thoracic disease which may account for the weight loss in this patient. Continued GI supportive care is indicated.

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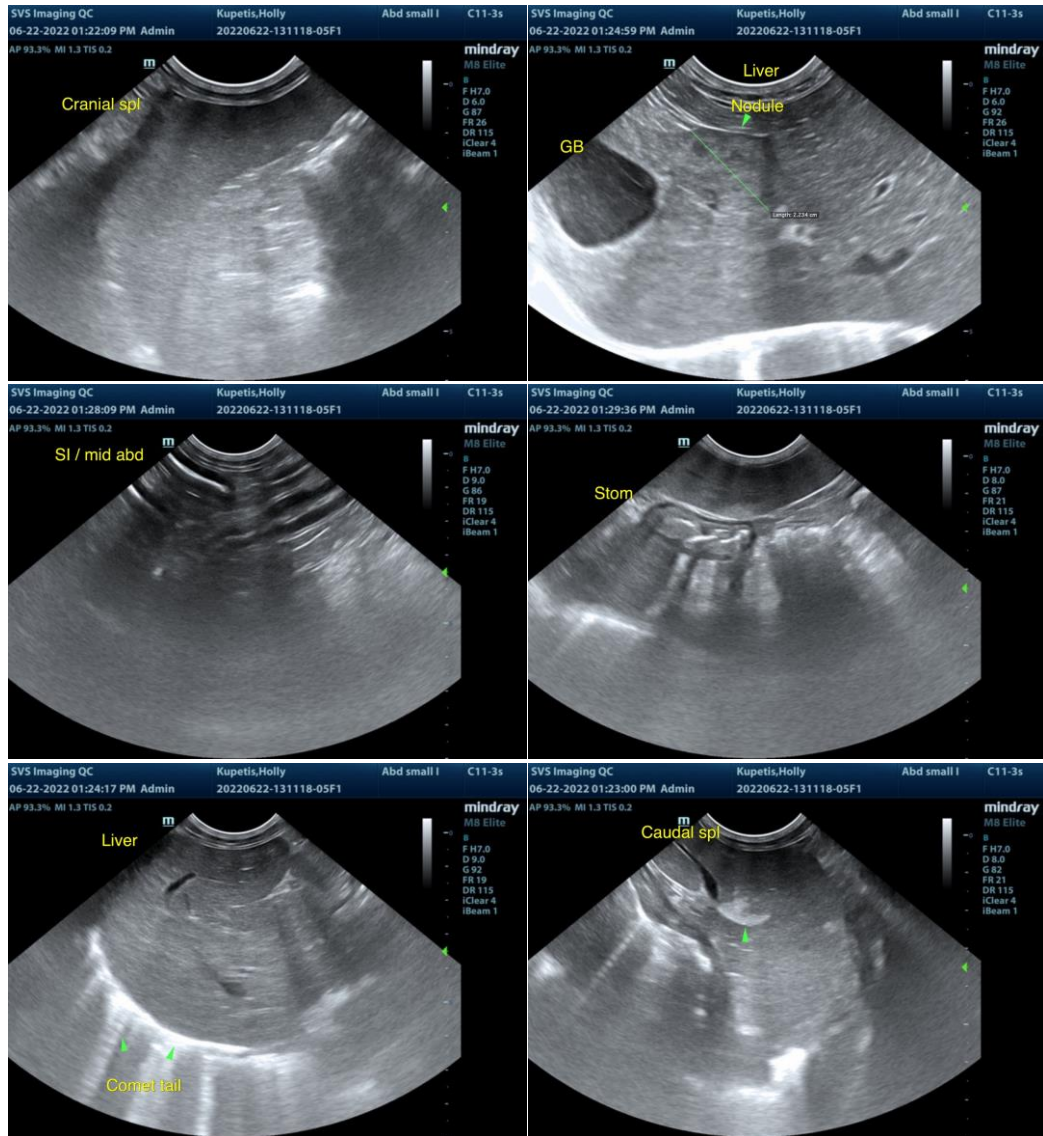
Dr. Katie Merkes

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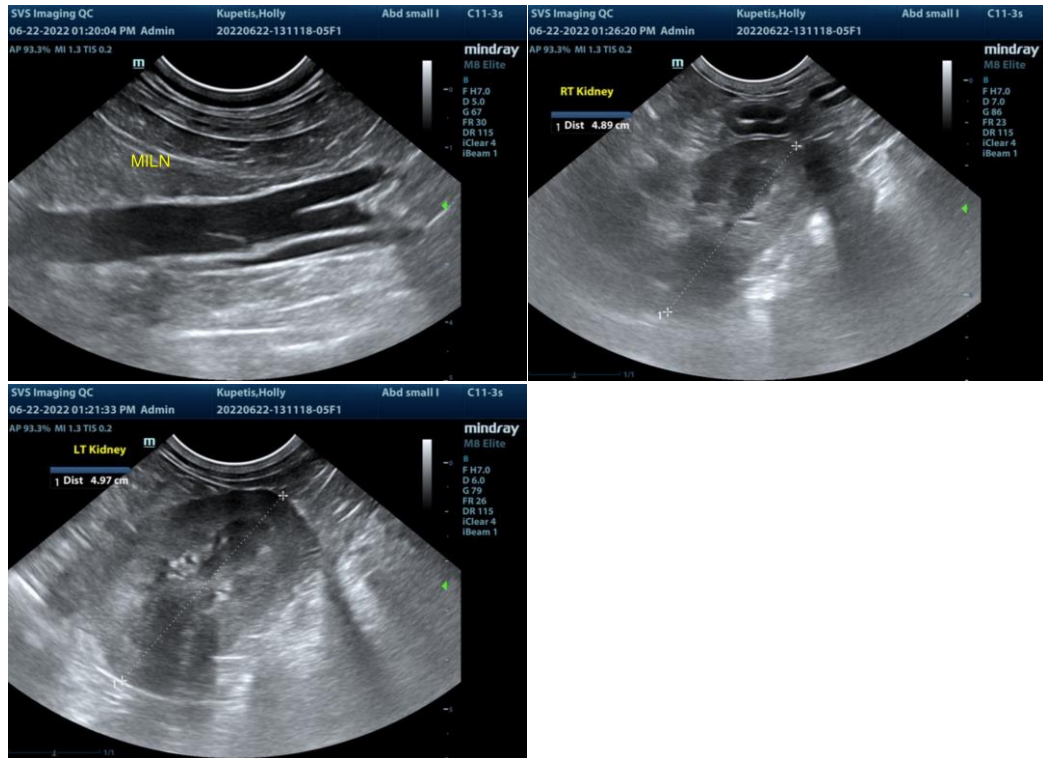
FS

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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.

INTERPRETED BY

R. McKenzie Daniel,
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(Canine and Feline)

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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