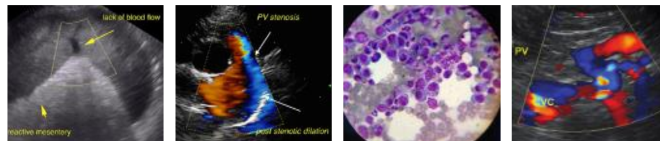


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Oliver Anderson

SPECIES

Canine

BREED

Husky Mix

SEX

MN

AGE

13yr

WEIGHT

45.7lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ellen Puthoff

HOSPITAL NAME

Kings Veterinary Hospital

REFERRING VET

Dr. Ellen Puthoff

INVOICE

14192ag

DATE

06/23/2023

PRESENTING CLINICAL SIGNS

Oliver presented to the hospital for the first time last week for weight loss and an increase in urination. They noticed that Oliver's breath was odorous in January. No changes in thirst level, appetite - eating the same amount and type of food. No vomiting/diarrhea, no coughing/sneezing. On levothyroxine for historic hypothyroidism. Physical exam showed general muscle atrophy secondary to weight loss, mild dental tartar and prominent R anal gland (suspect scar tissue from two historic AG abscesses but could not r/o tumor). CBC/Chemistry panel unremarkable, fecal negative, TT4 normal (1.4).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. Variably thickened ventroapical bladder wall with minor asymmetrical luminal surface contour was noted measuring 0.59 cm in width. The trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with a solitary dependent cystic calculus measuring 1.0 cm in diameter.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral minor pinpoint medullary mineral was present. A left kidney thinly walled craniolateral cortical cyst was present. The left kidney measured 6.6 cm in length. The right kidney measured 6.6 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.70 cm width at the caudal pole and 0.61 cm width at the cranial pole. The right adrenal gland was not definitively visualized.

Spleen

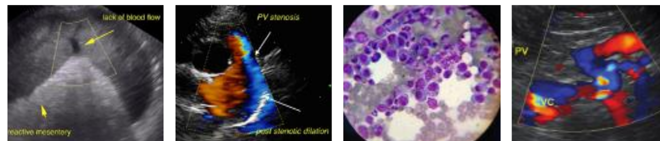
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute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

Liver/Gallbladder

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

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate variably echogenic non-shadowing ingesta 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 was evident.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

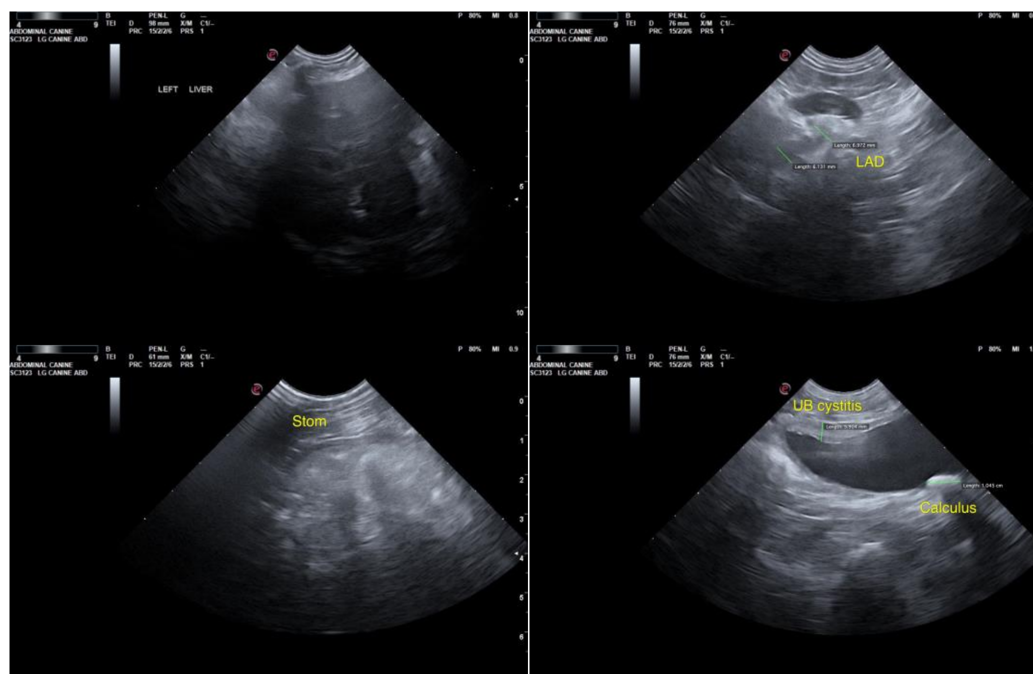
- Mild chronic renal changes with minor medullary mineral, left kidney cortical cyst.
- Sonographically unremarkable GI tract with moderate non-shadowing gastric ingesta-probable post prandial presentation.
- Ventroapical cystic pattern with solitary cystic calculus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A full urinary workup including UA, C/S and baseline UPC level if evidence of proteinuria is suggested.

A definite cause of the patient's weight loss was not obvious. No evidence of GI pathology.

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. Assessment of caloric plane and/or competitive eating environment may be considered if clinically applicable.



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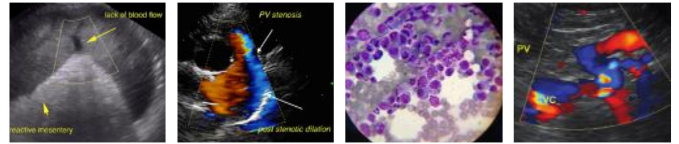

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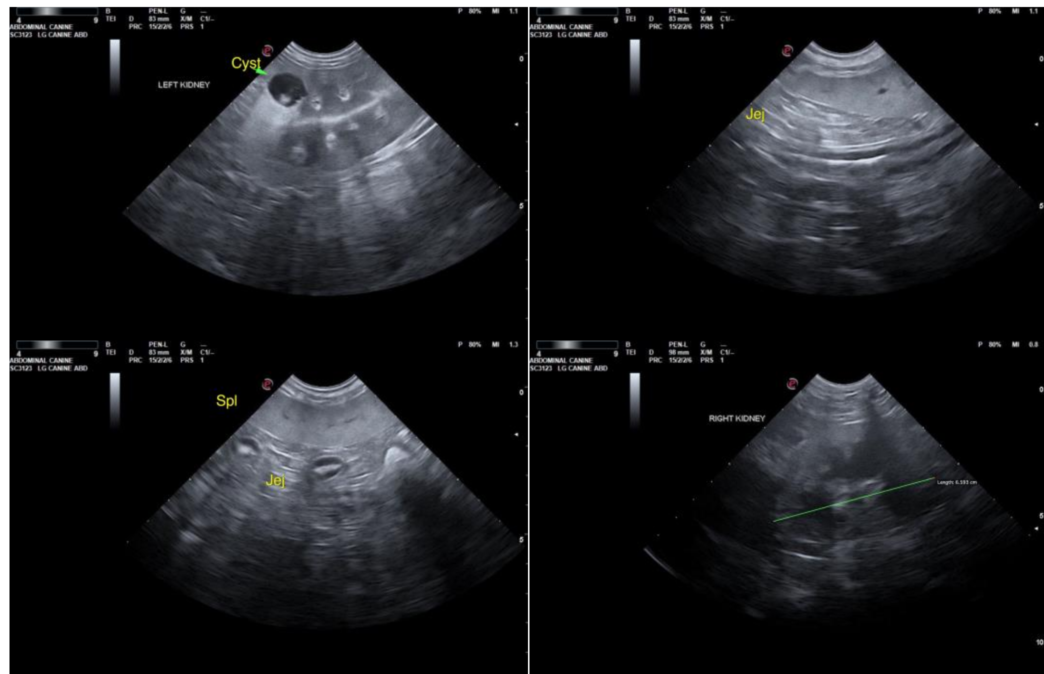

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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