



PATIENT PRESENTING CLINICAL SIGNS

Goose Lyons History: Acute onset anorexia and diarrhea. PE shows significant weight loss (7 kg since last weigh in), tachycardia, cranial abdominal pain. Cannot palpate obvious mass however extremely tense in abdomen. Increased lung sounds however panting continuously.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Neut 11.75 (2.95-11.64), Mono 1.87 (0.16-1.12). Glob 52 (25-45), ALT 767 (10-125), ALP 1498 (23-212), GGT 12 (0-11), TBil 16 (0-15), Chol 10.53 (2.84-8.26), Amylase 1792 (500-1500).

BREED

Shepherd X

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered Male

The urinary bladder, trigone and cystourethral junction 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.

AGE

11 Years

No overt pathology in the area of the residual prostate.

No overt pathology, including no evidence of medial iliac or sublumbar lymphadenopathy/masses in the area of the iliac trifurcation.

WEIGHT

N/A

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 6.9 cm in length. The right kidney measured 6.9 cm in length.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.3 cm in length x 0.57 cm width at the caudal pole.

IMAGING PERFORMED BY

Kelly Reschny

The right adrenal gland was indistinctly visualized owing to patient size yet without overt pathology, subjectively measuring 2.3 cm in length x 0.93 cm caudal pole width.

HOSPITAL NAME

Snelgrove VS

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.

REFERRING VET

Dr. Gunsinger

Liver

The liver was subjectively normal in size, structure, and contour. 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.

INVOICE

16364

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

DATE

6/27/22

Gastrointestinal



PATIENT

Goose Lyons

The visualized stomach exhibited intact and overtly normal wall layering. The stomach was empty without evidence of retained ingesta, fluid or foreign material and with mild luminal gas.

SPECIES

Canine

The visualized segments of small intestine exhibited intact wall layering and maintained 1:3 muscularis to mucosa ratio. No evidence of loss of intestinal wall layering, overt intestinal masses or mechanical/metabolic intestinal ileus pattern.

BREED

Shepherd X

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

SEX

Neutered Male

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 peritoneal effusion was present.

AGE

11 Years

ULTRASONOGRAPHIC FINDINGS

- Nonspecific hepatopathy
- Overtly normal gastrointestinal tract
- Mild age-related kidneys

WEIGHT

N/A

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

The overall appearance of the liver was nonspecific with considerations including vacuolar hepatopathy, nonspecific hepatitis (viral, bacterial, leptospirosis, toxin, etc.), nonobstructive cholestasis, or other hepatopathy. No overt evidence of hepatic or hepatobiliary neoplastic criteria, which is considered an unlikely differential diagnosis. Further assessment of the liver may include (if accessible) ultrasound guided FNA for screening cytology +/- Leptospirosis titers/PCR, if clinically indicated.

IMAGING PERFORMED BY

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No overt evidence of structural gastrointestinal or pancreatic pathology as a contributing factor to the patients weight loss or potential cause of cranial abdominal pain. Dietary intolerance/food allergy, dysbiosis, infectious disease, low grade to mild pancreatitis, which may present sonographically normal, structurally insignificant inflammatory bowel or less likely occult gastrointestinal neoplasia could be possible. 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.

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Empirical hepatogastrointestinal support with continued monitoring of hepatic enzymes and clinical response would be reasonable.

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**IMAGING
PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

Snelgrove VS

REFERRING VET

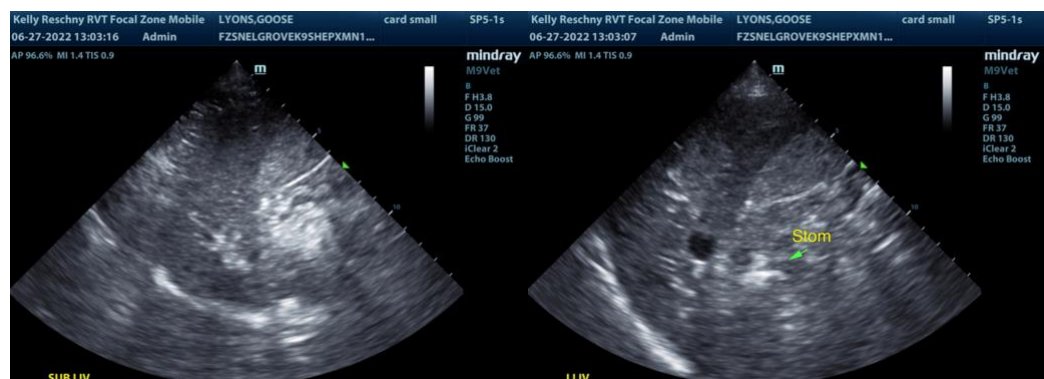
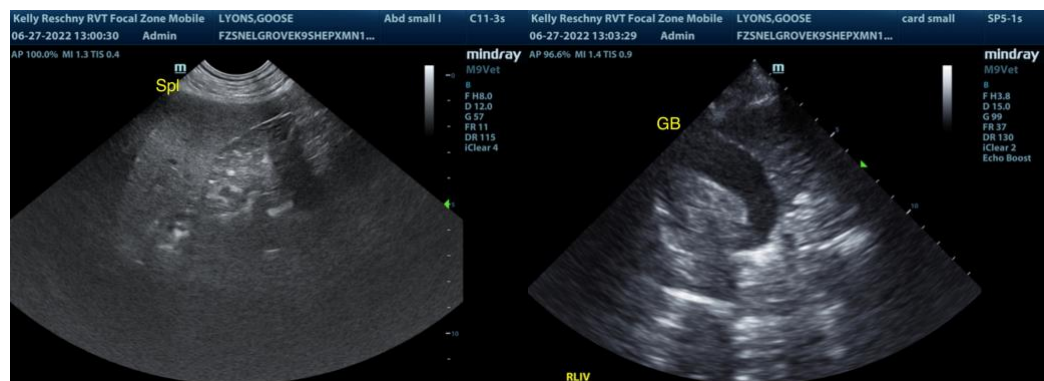
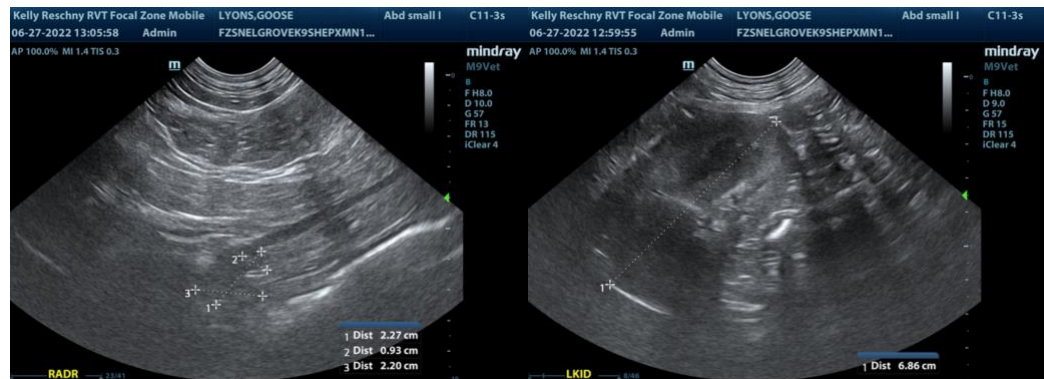
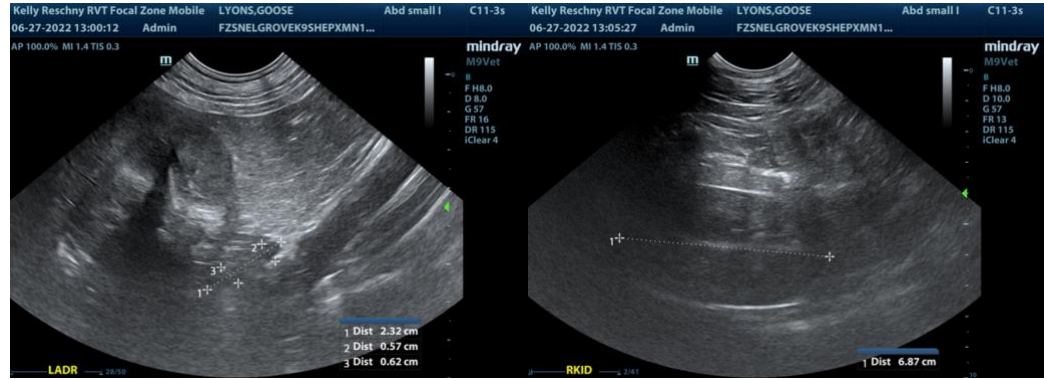
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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