



PATIENT

Boru Larson

SPECIES

Canine

BREED

Irish Wolf Hound

SEX

MN

AGE

7

WEIGHT

106

INTERPRETED BY

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

IMAGING PERFORMED BY

Gallick

HOSPITAL NAME

Magnolia Springs VC

REFERRING VET

Dr. McCoy

INVOICE

14142

DATE

6/28/22

PRESENTING CLINICAL SIGNS

Hx of weightloss - O said Boru eats about 1978kcal per day.

Abnormal PE/Chem/CBC/UA Results: Discussed muscle mass loss - patient has always been around 118lbs, but muscle mass appears to be less. Ideal weight ~140lbs. ~1978kcal/day. Owner thinks that patient easily eats this but will calculate. Discussed running Senior Panel, consider TLI (BATT as well if hypoproteinemia). Patient today was 106lbs. Lab work will be attached. Patient did have a splenectomy on 09/16/19.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 was noted.

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

The obvious pathology was noted in the area of the iliac trifurcation, including no overt medial iliac or sublumbar lymphadenopathy / masses.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Minor loss of corticomedullary border demarcation was present. No evidence of pyelectasia was noted. The left kidney measured 7.2 cm in length. The right kidney measured 7.5 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized yet without overt pathology subjectively measuring 0.95 cm at the caudal pole. The right adrenal gland was not definitively visualized likely owing to patient size/conformation.

Spleen

The spleen was not visualized owing to previous splenectomy. No overt pathology in the area of the previous spleen was noted.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the falciform fat 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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The visualized gastric walls were sonographically normal. The lumen of the stomach contained mild to possibly moderate ingesta exhibiting subtle progressive distal acoustic shadowing. The ventral gastric body wall width measured 0.46 cm.



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The visualized segments of small intestine exhibited intact wall layering and subjective maintained 1:3 muscularis/mucosa ratio. No overt evidence of loss of intestinal wall layering, masses or mechanical / metabolic intestinal ileus was noted. The duodenum wall width measured 0.56 cm. The jejunum wall width measured 0.50 cm.

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

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Pancreas

The visualized pancreas exhibited normal size and contour with subtle hypoechoic to nonhomogeneous parenchyma compared to adjacent omentum.

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Free Abdomen

No overt lymphadenopathy was present. The omentum exhibited uniform echogenicity. A small pocket of scant anechoic free fluid was noted in the caudal abdomen around the distal to descending colon and urinary bladder.

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ULTRASONOGRAPHIC FINDINGS

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- Mildly hypoechoic pancreas
- Overtly normal gastrointestinal tract with gastric ingesta
- Small pocket of nonspecific scant caudal abdominal peritoneal free fluid

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant abdominal visceral pathology as an obvious cause of the patient's weight loss.

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The small pocket of scant peritoneal free fluid is nonspecific given normal recent albumin levels and may potentially be physiologic.

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Potential for low-grade pancreatitis is possible. The presence of gastric ingesta may correlate with post prandial presentation. Assessment of most recent meal ingestion is recommended. If documented NPO, some degree of metabolic gastric stasis or nonobstructive delayed gastric emptying could be considered.

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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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Resting cortisol level to rule out the unlikely potential for occult Addison's Disease may be considered.

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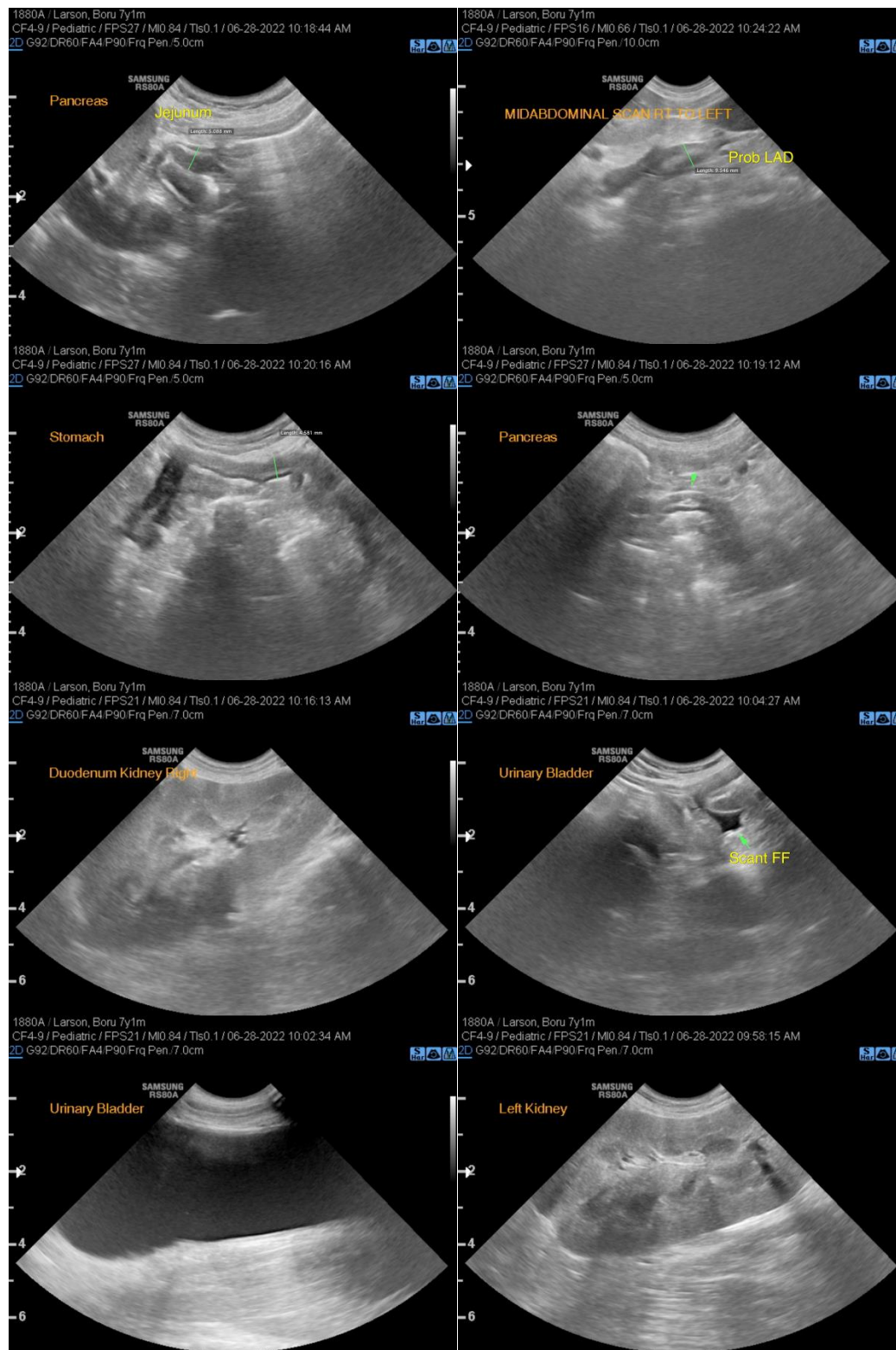
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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