



PATIENT

Bella Sferra

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

10 yr

WEIGHT

75.6 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Ellen Puthoff

HOSPITAL NAME

Kings Veterinary
Hospital

REFERRING VET

Ellen Puthoff

INVOICE

10322

DATE

7/14/2023

PRESENTING CLINICAL SIGNS

Bella presented for a hot spot last week. Approximately 10 lbs weight loss between early June and then was noted. No vomiting/diarrhea - eating well. Switched diets for around 2.5 months but had been on it in June when weight was still stable. Physical exam unremarkable outside of hot spot. CBC/Chemistry panel unremarkable (unable to obtain urine). Fecal exam pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 was noted.

The area of the aortic trifurcation was free of pathology.

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 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 6.5 cm in length. The right kidney measured 7.4 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitely visualized. No overt pathology in the area of the left and right adrenal glands.

Spleen

The spleen exhibited subjective borderline to mild enlargement and maintained a symmetrical capsule contour. A finely textured and mildly heterogeneous parenchyma that was hyperechoic to the liver and renal cortical parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. No splenic mass or nodules were visualized. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver was exhibiting potential for borderline enlargement 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. The gallbladder was non-distended in size with mildly thickened hyperechoic walls and primarily anechoic luminal content with mild hyperechoic nonorganized gallbladder sediment. No evidence of peripherally inflammatory gallbladder criteria. The cystic and common bile ducts were normal.

Gastrointestinal

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.



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

Bella Sferra **Pancreas**

SPECIES 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 were evident.

Canine

BREED **Free Abdomen**

German Shepherd No omental masses, lymphadenopathy, or peritoneal effusion was present.

SEX No evidence of medial or iliac sub-lumbar lymphadenopathy.

Spayed Female

ULTRASONOGRAPHIC FINDINGS

AGE **Primary Findings**

10 yr

- Borderline to mild splenomegaly – nonspecific, suspect hyperplasia, hematopoiesis, breed-associated hypersplenism, or similar. Infiltrative splenic neoplasia thought less likely.

WEIGHT

75.6 lbs

- Mild hepatic parenchymal remodeling
- Mildly thickened hyperechoic gallbladder wall with mild gallbladder sediment – patient/age variant potential mild chronic cholestasis.
- Mild chronic renal changes
- Sonographically unremarkable visualized gastrointestinal tract.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Sonographically no evidence of obvious visceral pathology of a definitive cause of the patient's weight loss. Assuming normal clotting status splenic FNA cytology using a 25-gauge needle could be considered. Given patient weight loss primarily to ensure only benign changes are present. Radiographic monitoring of the spleen for evidence of progressive splenomegaly would be a more conservative approach.

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The potential for mild chronic cholestasis is likely incidental given no reported hepatic enzyme elevations. 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 plan and for competitive eating environment may be considered if clinically indicated. Correlation with pending fecal exam suggested.

REFERRING VET

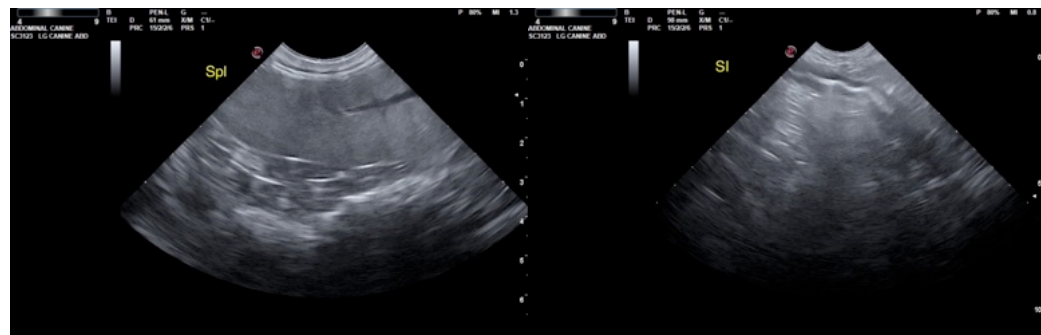
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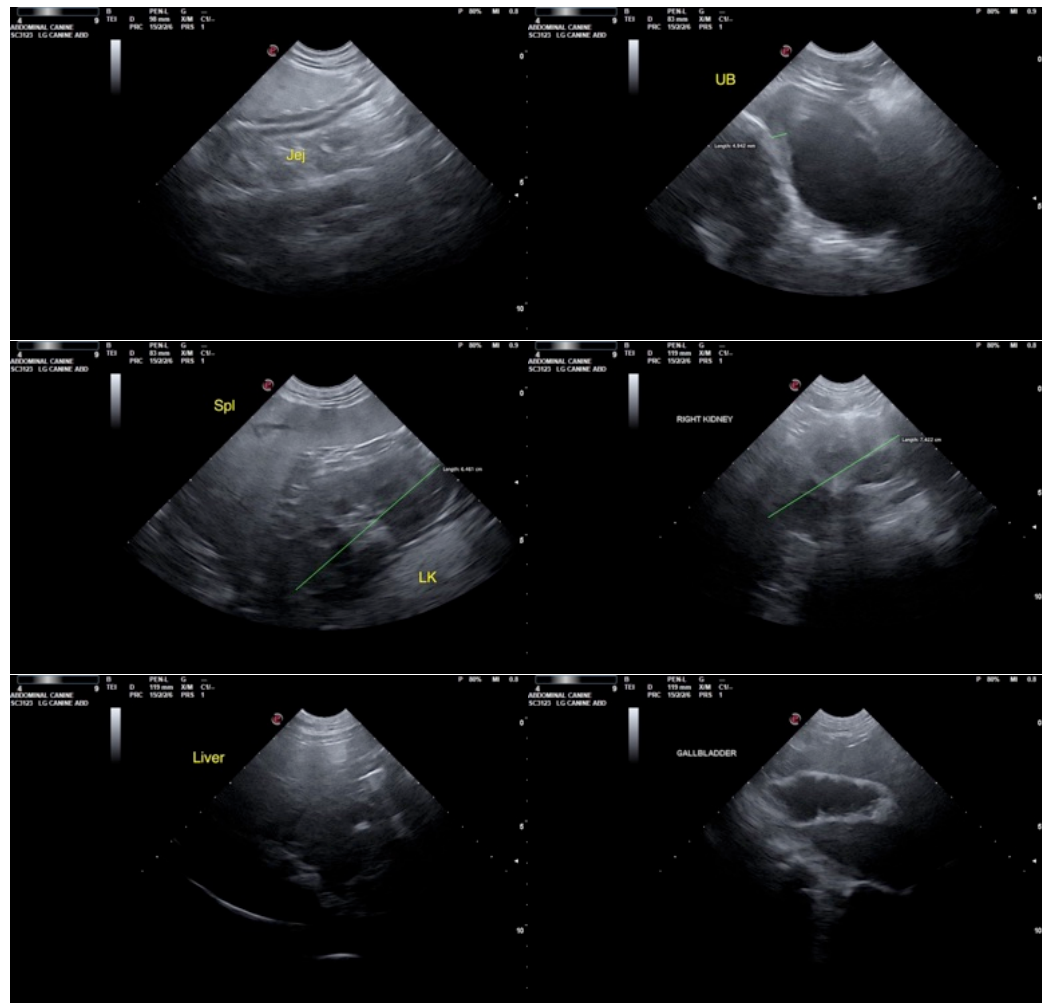
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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