



**PATIENT PRESENTING CLINICAL SIGNS**

Kasey Virga Chronic weight loss, hematuria, pyuria.

Medication: FortiFlora

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Boxer

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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.

**SEX**

No evidence of pathology was noted in the area of the uterine remnant.

FS

The area of the aortic trifurcation was free of pathology.

**AGE**

2013

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was present with minor indistinct corticomedullary border demarcation. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation or pyelectasia. The left kidney measured 7.1 cm in length. The right kidney measured 7.0 cm in length.

**WEIGHT**

57.2

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 3.0 cm length x 0.58 cm width at the caudal pole. No overt pathology was noted in the area of the right adrenal gland.

**INTERPRETED BY**

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

**Spleen**

The spleen was normal in size with minor capsule asymmetry and subtle nonhomogeneous splenic parenchyma. No splenic masses or nodules were visualized. Normal splenic vascularity was noted.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

**Liver/ Gallbladder**

**HOSPITAL NAME**

Brodheads ville VC

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. 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.

**REFERRING VET**

Dr. Goldstein

**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.

**INVOICE**

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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.

**DATE**

7/19/23

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



**PATIENT** *Pancreas*

Kasey Virga 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.

**SPECIES**

Canine

**Free Abdomen**

No omental masses, overt lymphadenopathy, or evidence of peritoneal effusion were noted.

**BREED**

Boxer

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

FS

- Mild heterogeneous spleen - suspect benign
- Sonographically unremarkable gastrointestinal tract
- Minor age-related renal changes
- Sonographically normal urinary bladder and visible proximal urethra

**AGE**

2013

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No obvious visceral pathology was noted as an obvious cause of the patient's urinary clinical signs and reported chronic weight loss.

**WEIGHT**

57.2

Given the weight loss, screening splenic FNA cytology using a 25-gauge needle and assuming normal clotting status, may be considered primarily to ensure only suspected benign changes are present and rule out the less likely potential for early infiltrative splenic neoplasia.

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(Canine and Feline)

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. 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 +/- competitive eating environment, if clinically applicable, may be considered.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**HOSPITAL NAME**

BrodheadsVille VC

**REFERRING VET**

Dr. Goldstein

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**PATIENT**

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**BREED**

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**REFERRING VET**

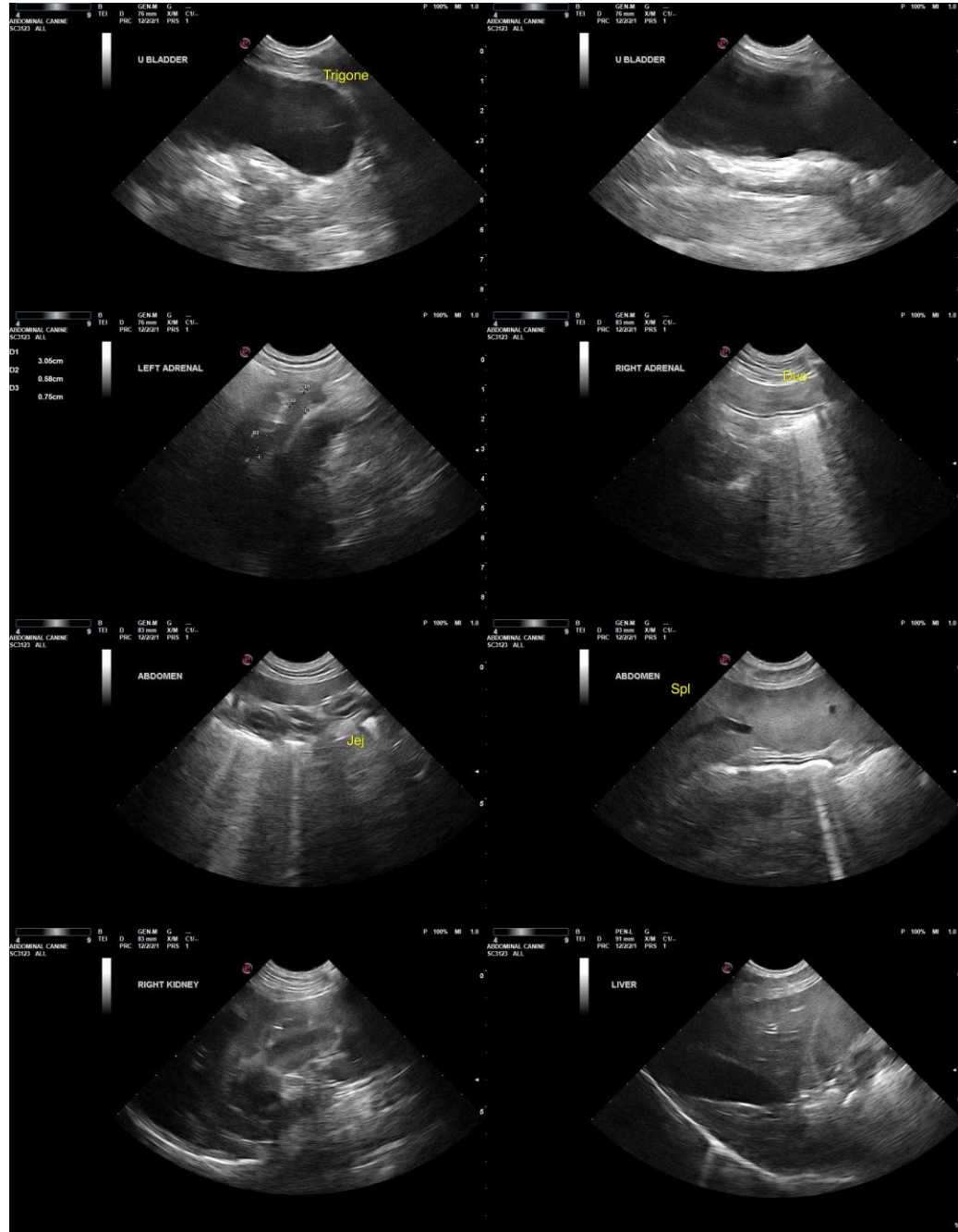
Dr. Goldstein

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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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