



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Libby Morrison	2 month hx of dramatic weight loss, lethargy. PE is unremarkable other than unrelated severe mobility issues. Thyrotabs, Gabapentin
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: CBC/chem/T4: Elevated liver enzymes ( ALT 135 TBIL 19) chest/abdominal xrays : Rounded liver margins, possible enlarged spleen?
Canine	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Mastiff	<b>Urinary System</b>
<b>SEX</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.
FS	The area of the aortic trifurcation was free of pathology including no evidence of medial Iliac or sublumbar lymphadenopathy/masses.
<b>AGE</b>	
8 years	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. 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. The left kidney measured 8.3 cm in length. The right kidney measured 9.2 cm in length.
<b>WEIGHT</b>	
73.4 kg	<b>Adrenal Glands</b>
<b>INTERPRETED BY</b>	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.84 cm width at the caudal pole and 0.72 cm width at the cranial pole. The right adrenal gland was not definitively visualized owing to patient size. No obvious evidence of pathology was noted in the area of the right adrenal gland, although not definitively visualized.
R. McKenzie Daniel, DVM, DABVP	
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Crystal Hill	The spleen was normal in size and contour with subtle splenic parenchyma heterogeneity. Potential for mild areas of splenic folding which is not indicative of underlying splenic pathology and likely a patient variant was present. No splenic masses or nodules were noted. Normal splenic vascularity was noted.
<b>HOSPITAL NAME</b>	
Lynden AC	<b>Liver/ Gallbladder</b>
<b>REFERRING VET</b>	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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
Dr. Collins	
<b>INVOICE</b>	
14396	
<b>DATE</b>	
7/26/22	



**PATIENT**

***Gastrointestinal***

Libby Morrison

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 gastric body wall width measured 0.57 cm.

**SPECIES**

Canine

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. The duodenum wall measured 0.6 cm width. The jejunum wall measured 0.42 cm width.

**BREED**

Mastiff

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

**SEX**

FS

***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 were evident.

**AGE**

8 years

***Free Abdomen***

No omental masses, lymphadenopathy or effusion were present.

**WEIGHT**

73.4 kg

**ULTRASONOGRAPHIC FINDINGS**

- Minor splenic parenchyma heterogeneity - subjectively benign
- Low-grade hepatopathy - subjectively benign, metabolic, reactive or low-grade inflammatory hepatopathy possible
- Overtly normal gastrointestinal tract

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, no evidence of significant abdominal visceral pathology with largely mild to early age-related changes and without a definitive cause of the patient's clinical signs and weight loss. No evidence of intraabdominal neoplastic criteria.

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Lynden AC

A GI panel to include PLI/TLI/Cobalamin/Folate is suggested to rule out occult gastrointestinal or pancreatic disease as a contributing factor to the weight loss. Thorough muscular/skeletal and neurological examination, given the severe mobility issues, is suggested. Likewise, to assess for occult or muscular/skeletal disease as a contributing factor. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. Alternatively, given the low-grade ALT elevation, monitoring of ALT levels would be reasonable.

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**PATIENT**

Libby Morrison

**SPECIES**

Canine

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**SEX**

FS

**AGE**

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**REFERRING VET**

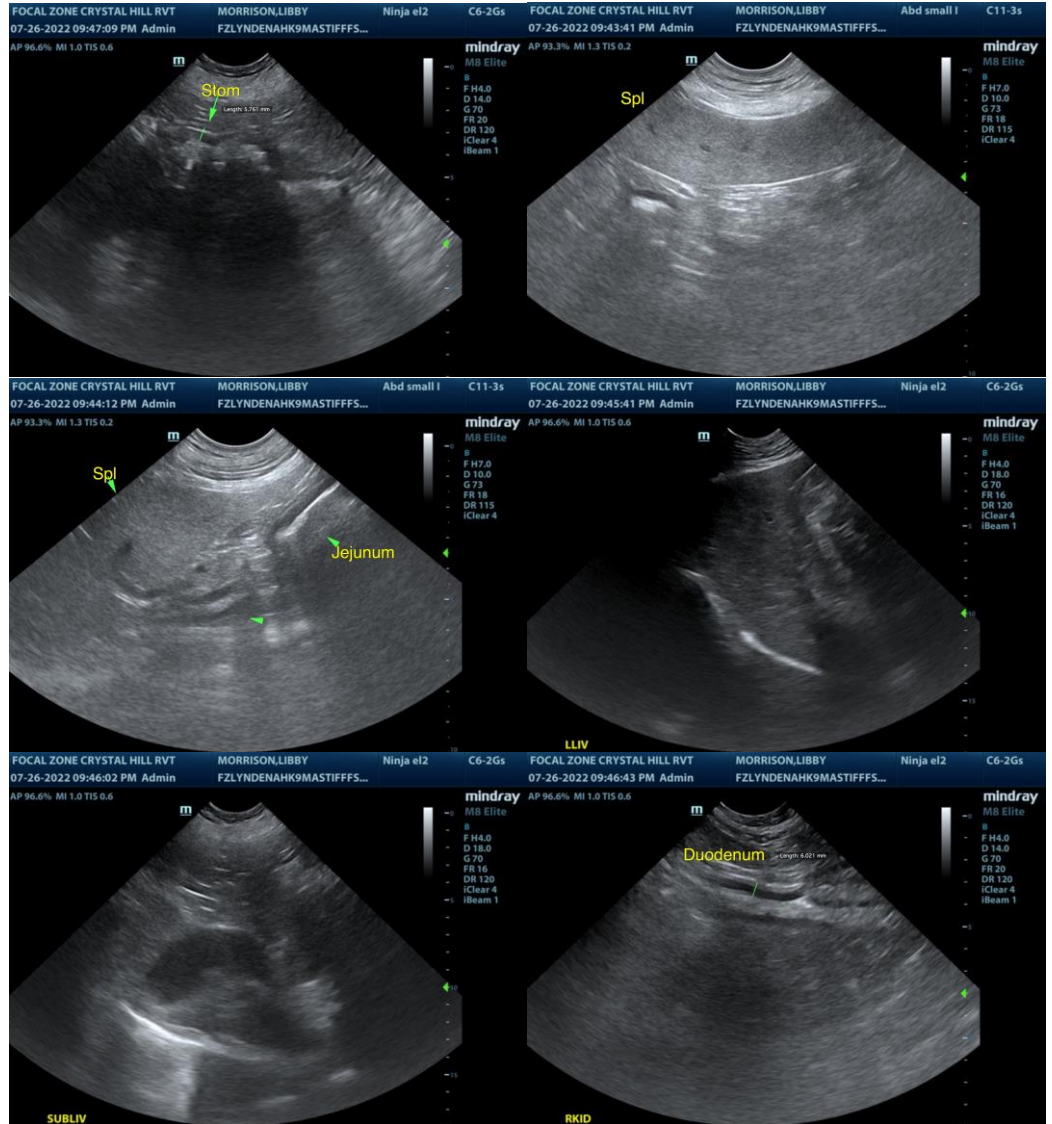
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**PATIENT**

Libby Morrison

**SPECIES**

Canine

**BREED**

Mastiff

**SEX**

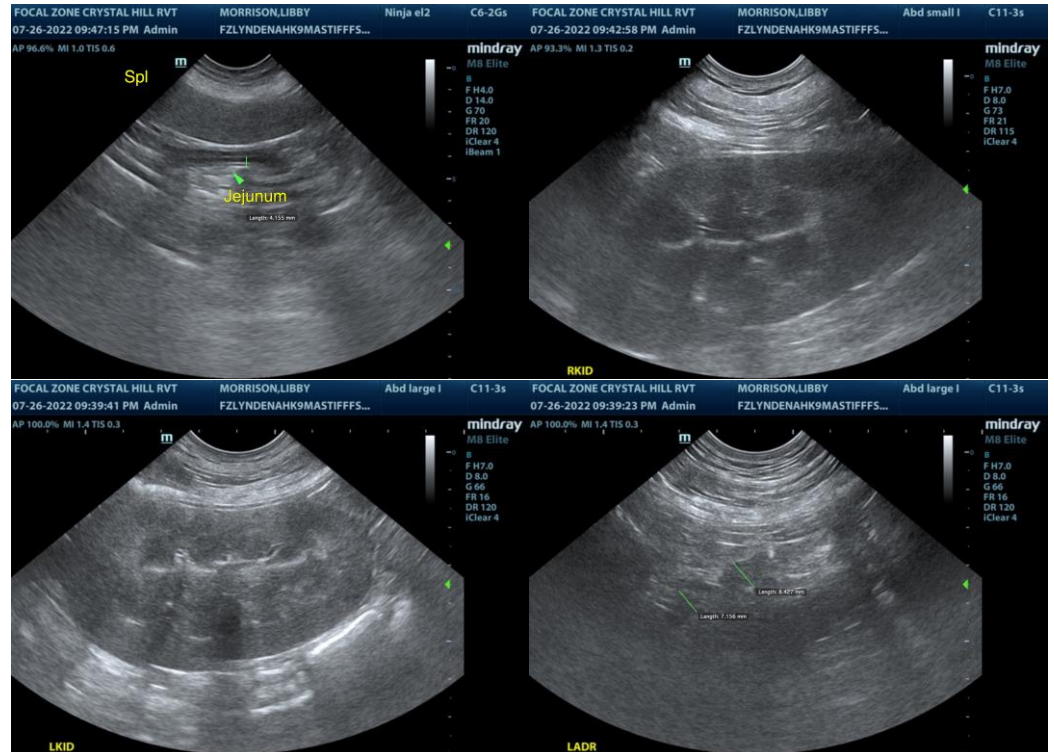
FS

**AGE**

8 years

**WEIGHT**

73.4 kg



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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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