



PATIENT	PRESENTING CLINICAL SIGNS
Tanner Armstrong	Patient presents for progressive, continued weight loss. Current med: Thyrotabs. Abnormal PE/Chem/CBC/UA Results: CBC/Chem: WNL. T4: 3.3.
SPECIES	
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Golden Retriever	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.
MN	
AGE	The residual prostate was overall normal in size measuring 1.3 cm in diameter. Subtle nonhomogeneous parenchyma was present with indistinct to possible emerging nodule noted in the caudal prostate measuring approximately 0.56 cm in diameter. Potential pinpoint parenchymal mineralization vs. small residual prostatic urethral mineral was noted. No evidence of inflammation around the residual prostate was evident.
13 years	
WEIGHT	The area of the aortic trifurcation was free of pathology.
49 lbs.	
INTERPRETED BY	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 6.1 cm in length. The right kidney measured 5.8 cm in length.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	Adrenal Glands
Kelly Vazquez	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.64 cm width at the caudal pole and 0.64 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.76 cm width at the caudal pole and 0.78 cm width at the cranial pole.
HOSPITAL NAME	Spleen
Animal General on Hudson	The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.
REFERRING VET	Liver/ Gallbladder
Dr. Karen Zelinski	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 containing primarily anechoic content
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PATIENT	with mild inspissated hyperechoic debris in the caudal lumen exhibiting subtle progressive distal acoustic shadowing measuring 2.5 cm in diameter. The cystic and common bile ducts were normal.
Tanner Armstrong	
SPECIES	<i>Gastrointestinal</i>
Canine	The stomach presented intact wall layering with a normal wall layer ratio. Mild hyperechoic nonshadowing ingesta / chyme was present.
BREED	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.
Golden Retriever	Normal visible colon wall layers were present with apparent formed feces in lumen.
SEX	<i>Pancreas</i>
MN	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	<i>Free Abdomen</i>
13 years	No omental masses, lymphadenopathy or evidence of peritoneal effusion was present.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
49 lbs.	<ul style="list-style-type: none"> • Indistinct to emerging small residual prostate nodule with pinpoint mineralization • Mild chronic renal changes • Mild inspissated gallbladder sludge • Overtly normal gastrointestinal tract
INTERPRETED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The appearance of the residual prostate is nonspecific and likely indicates age-related variant. Potential for emerging prostatic nodular pathology cannot be definitively excluded. Ideally, sonographic monitoring of the residual prostate with initial recheck in 4-6 weeks is recommended.
IMAGING PERFORMED BY	The inspissated gallbladder sludge is likely incidental, given the lack of cholestasis. Potential for emerging cholelith is possible.
Kelly Vazquez	Overall, an obvious cause of the patient's progressive continued weight loss was not definitively evident. No evidence of intraabdominal neoplastic criteria was evident. 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 and for potential competitive eating environment could be considered if clinically indicated and if no evidence of gastrointestinal signs, i.e., vomiting, diarrhea, etc.
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Animal General on Hudson	
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Tanner Armstrong

SPECIES

Canine

BREED

Golden Retriever

SEX

MN

AGE

13 years

WEIGHT

49 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal General on
Hudson

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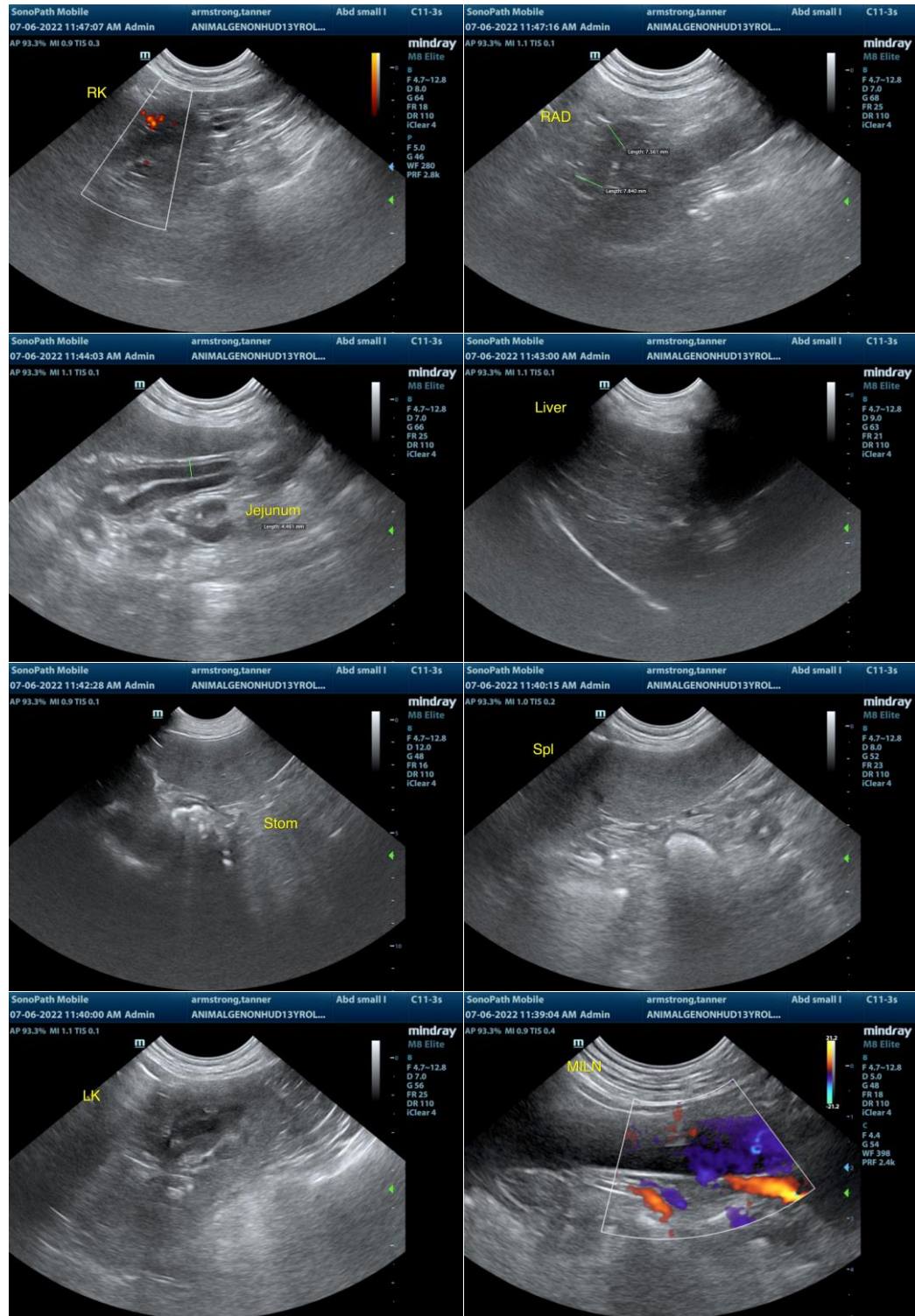
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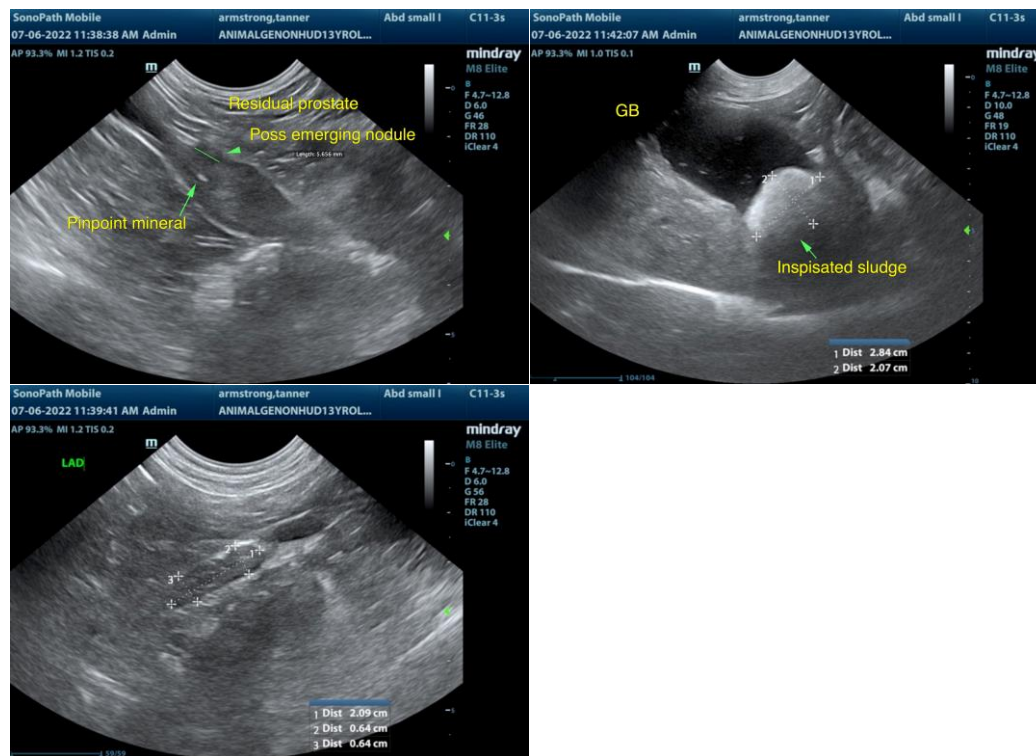
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com