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Clinical Sonography & Telecytology
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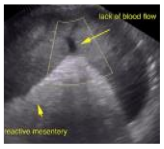
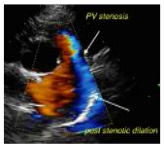
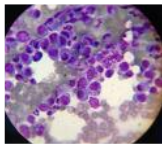
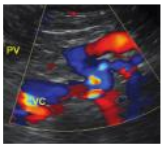




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Honey Creed

SPECIES

Canine

BREED

Vizsla

SEX

FS

AGE

10 years

WEIGHT

30

INTERPRETED BY

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

IMAGING PERFORMED BY

Brita Kiffney

HOSPITAL NAME

Northshore Veterinary Hospital

REFERRING VET

Brita Kiffney

INVOICE

14860

DATE

8/17/23

PRESENTING CLINICAL SIGNS

losing weight rapidly x 1 month. vomiting started two weeks ago, for a few days vomited all food, now intermittent. Has a good appetite, formed stool muscle wasted 2/4 BCS 4/9 Grade 2/6 systolic murmur

Abnormal PE/Chem/CBC/UA Results: cortisol pending chem : nl CBC: stress leukogram (so unlikely to be addisons) mild splenomegaly

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

No evidence of pathology in the area of the aortic trifurcation.

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 5.5 cm in length. The right kidney measured 6.1 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.60 cm width at the caudal pole and 0.51 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 0.53 cm width at the caudal pole.

Spleen

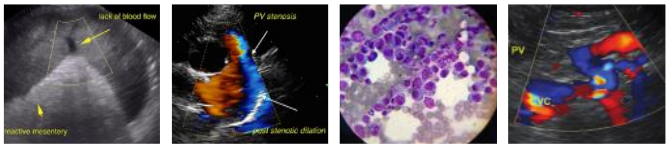
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

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.

Gastrointestinal

The stomach exhibited overtly normal visualized intact wall layering. The stomach contained a mild amount of retained, variably echogenic, non-shadowing ingesta, sonographically consistent with food. The pylorus wall width measured 0.49 cm. No evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology was noted.



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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. The duodenum wall measured 0.52 cm width. The jejunum wall measured 0.45 cm width.

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

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable gastrointestinal tract with mild nonshadowing gastric ingesta - ingesta sonographically consistent with food
- Mild age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, there was no evidence of significant visceral pathology as an obvious cause of the patient's weight loss and gastrointestinal signs.

Correlation with pending cortisol level is suggested, although the bilateral adrenal glands were sonographically unremarkable.

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.

Empirically, a canned novel protein or hydrolyzed diet trial with potential long term dietary therapy and gastroprotectant protocol Omeprazole 1.0 mg/kg PO SID over the next 2-3 weeks with an assessment of clinical response and monitoring of body weight, pending additional diagnostics, would be reasonable. If documented NPO prior to the ultrasound, some degree of metabolic or functional gastric hypomotility or nonobstructive delayed gastric emptying could be possible.

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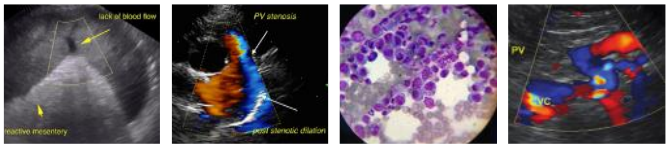

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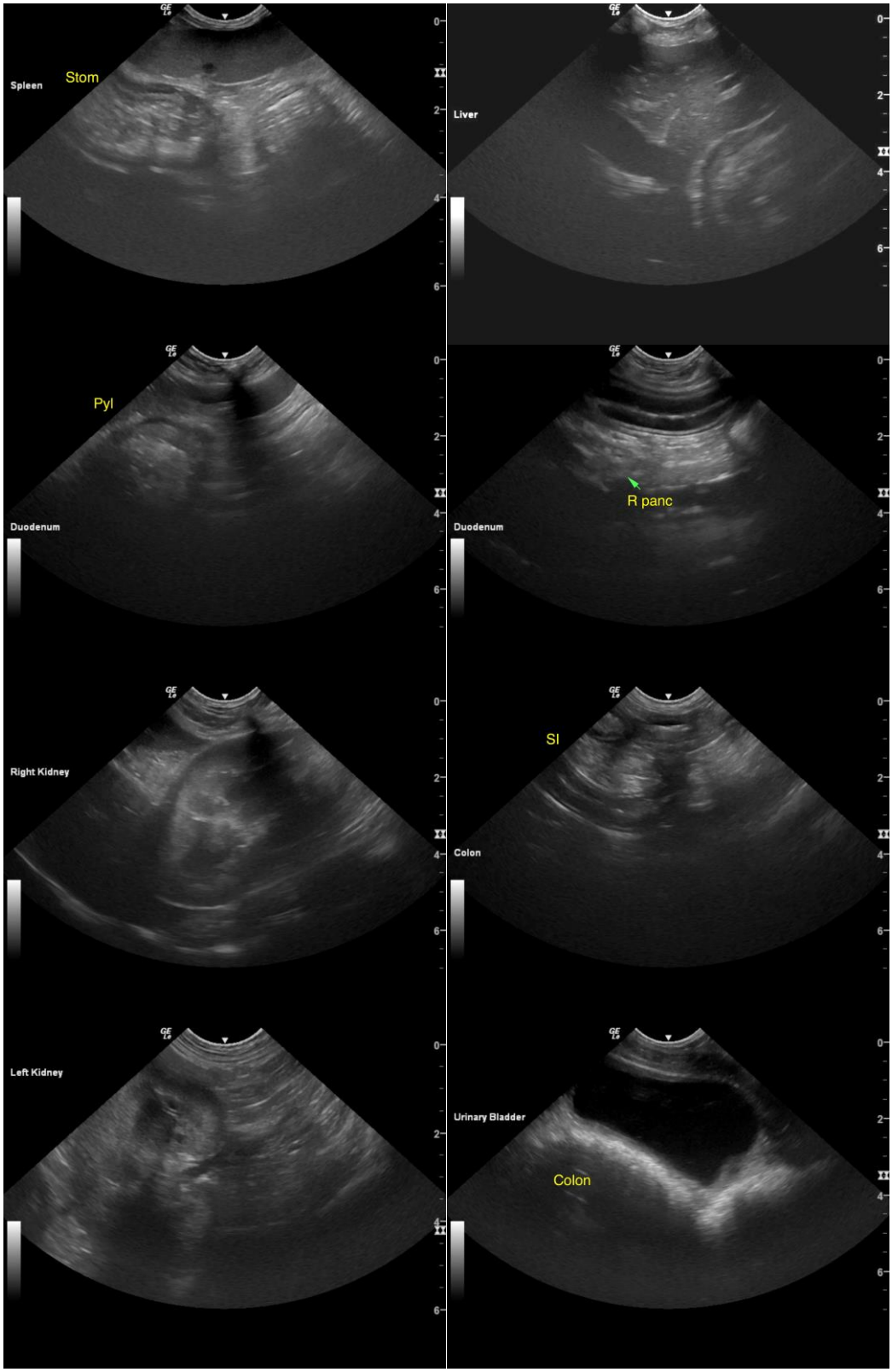

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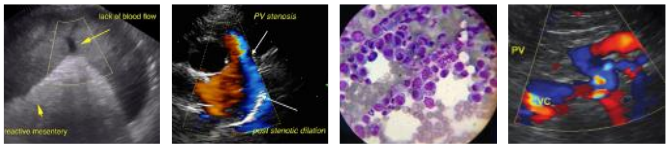

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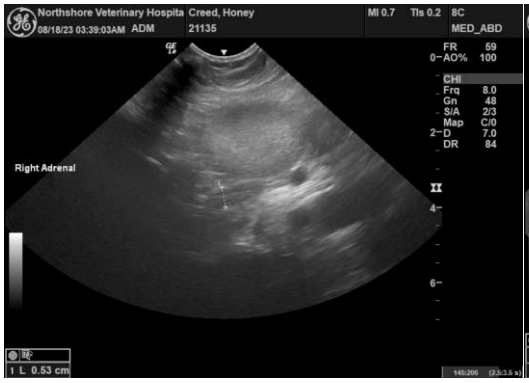

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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