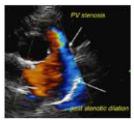
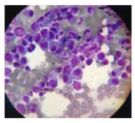
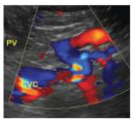




PATIENT

Zoey Gustofson

SPECIES

Canine

BREED

Chocolate Lab

SEX

SF

AGE

7 years

WEIGHT

87 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Sue Hartmann

INVOICE

14676

DATE

8/23/22

PRESENTING CLINICAL SIGNS

weight loss for no known reason. Normal Appetite Also limping on LR - suspect cruciate strain. Much improved since last week on Gabapentin and novox.
Abnormal PE/Chem/CBC/UA Results: T Bili 1.7 ALT 104 Rads - enlarged spleen

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild to moderate, nondependent, particulate sediment was present without evidence of calculus formation. Sediment may indicate cellular debris / protein, crystalline debris, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

The left kidney was mildly subnormal in size compared to the right kidney, primarily owing to potential loss of caudal left kidney corticomedullary architecture. Mild loss of corticomedullary border demarcation was noted in the left kidney. The left kidney measured 6.0 cm in length.

Normal size and margination were present in the right kidney. 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 right kidney measured 7.4 cm in length.

Adrenal Glands

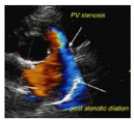
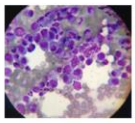
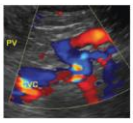
The bilateral adrenal glands were mildly prominent in size with areas of minor capsule asymmetry exhibiting nonhomogeneous to discretely nodular parenchyma. No evidence of mineralization was noted in either adrenal gland. The left adrenal gland measured 3.6 cm length x 0.99 cm width at the caudal pole. The right adrenal gland measured 2.6 cm length x 0.75 cm width at the caudal pole.

Spleen

The spleen exhibited potential for mild enlargement with maintained symmetrical capsule contour and finely textured homogeneous parenchyma. Focal area of caudolateral splenic folding was noted.

Liver/ Gallbladder

The liver exhibited subjective mild enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing anechoic content with mild hyperechoic gallbladder debris present in the cranial lumen. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The common bile duct was normal. No evidence of post hepatic obstruction was noted.

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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.

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

- Mild subnormal left kidney size primarily owing to subjective loss of caudal corticomedullary architecture
- Bilateral mildly prominent nonhomogeneous to discretely nodular adrenal glands-nonspecific
- Overtly normal gastrointestinal tract
- Mild splenomegaly exhibiting symmetrical capsule contour and homogeneous parenchyma - subjectively benign
- Mild gallbladder debris (non-mucocele)
- Subjective mild vacuolar hepatopathy pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The adrenals glands may indicate patient variant, mild benign adenomatous change or incidental hyperplasia with neoplastic criteria considered unlikely. Sonographic monitoring of the adrenal glands and assessment of blood pressure for evidence of hypertension which may allude to adrenal disease suggested.

The potential for mild splenomegaly was not overt consistent with neoplastic criteria with considerations including patient variant, incidental hyperplasia, hematopoiesis, or splenitis. Neoplastic criteria was not met and is considered unlikely.

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.

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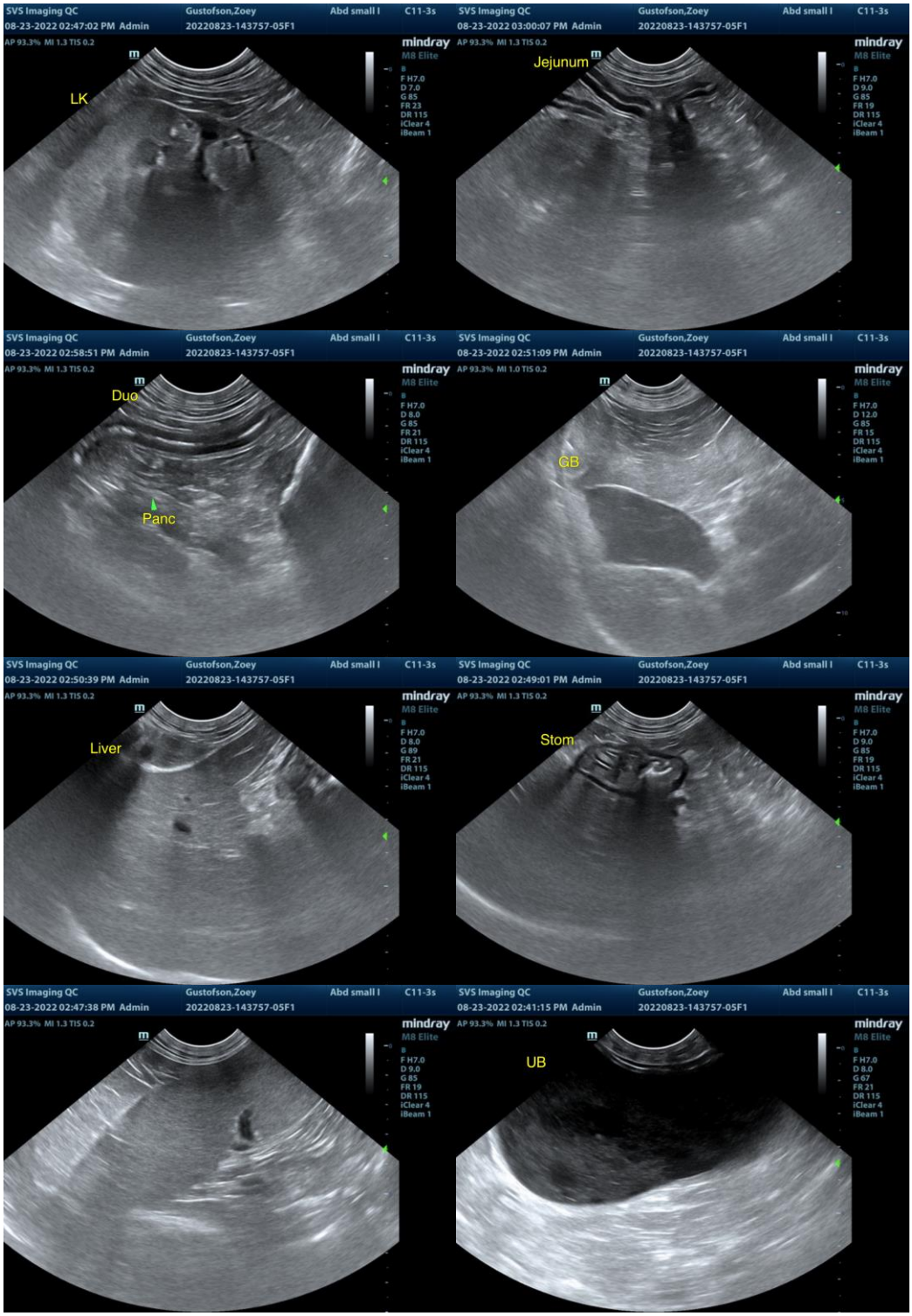
Hepatosupportive medications including Denamarin and Ursodiol are suggested if evidence of cholestasis or increasing hepatic enzyme levels.



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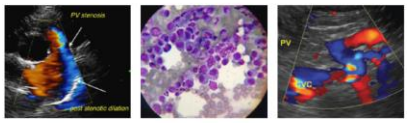

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Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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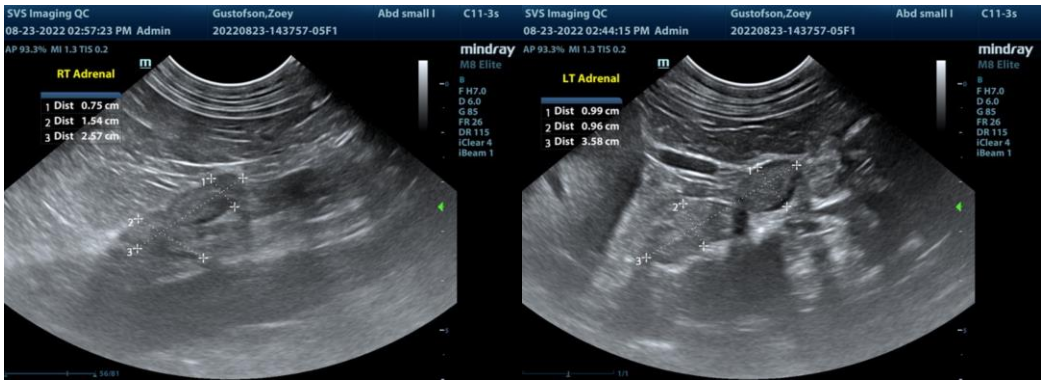

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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