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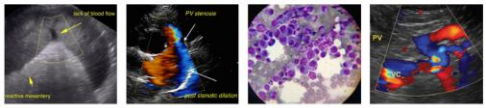


SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

**PATIENT**

Gilderoy Lockhart

**SPECIES**

Canine

**BREED**

Chinese Crested

**SEX**

MN

**AGE**

3.5yr

**WEIGHT**

6.8lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Woode River Animal Hospital

**REFERRING VET**

Dr. Plunkett

**INVOICE**

11284ag

**DATE**

08/05/2022

## PRESENTING CLINICAL SIGNS

History: Always has been underweight (BCS 3/9) - thought he started gaining weight after neuter but has lost more weight. Has ravenous appetite and regurgitates food if eaten too fast. Fecal cytology showed abundance of rod bacteria - stated Proviable 7/29. Normal stools. Radiographs: slightly ventrally deviated trachea. Recommend barium study if ultrasound inconclusive.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 were noted.

Normal size and margination was 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 3.7 cm in length. The right kidney measured 3.95 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate exhibited normal size and contour with subtle nonhomogeneous parenchyma without overt evidence of pathology-likely indicative of patient variant or changes owing to relatively recent neuter. The residual prostate measured 0.71 cm in diameter.

### *Adrenal Glands*

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm width at the caudal pole and 0.42 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 0.35 cm width at the caudal pole and 0.35 cm width at the cranial 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.

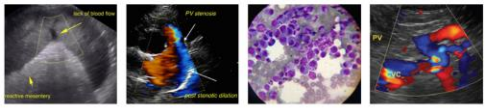
### *Liver*

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 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 measured 0.29 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental propensity for mildly prominent jejunal mucosa was present. The lumen of the small intestine was





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empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.20 cm in width. The jejunum wall measured up to 0.33 cm in width.

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

***Pancreas***

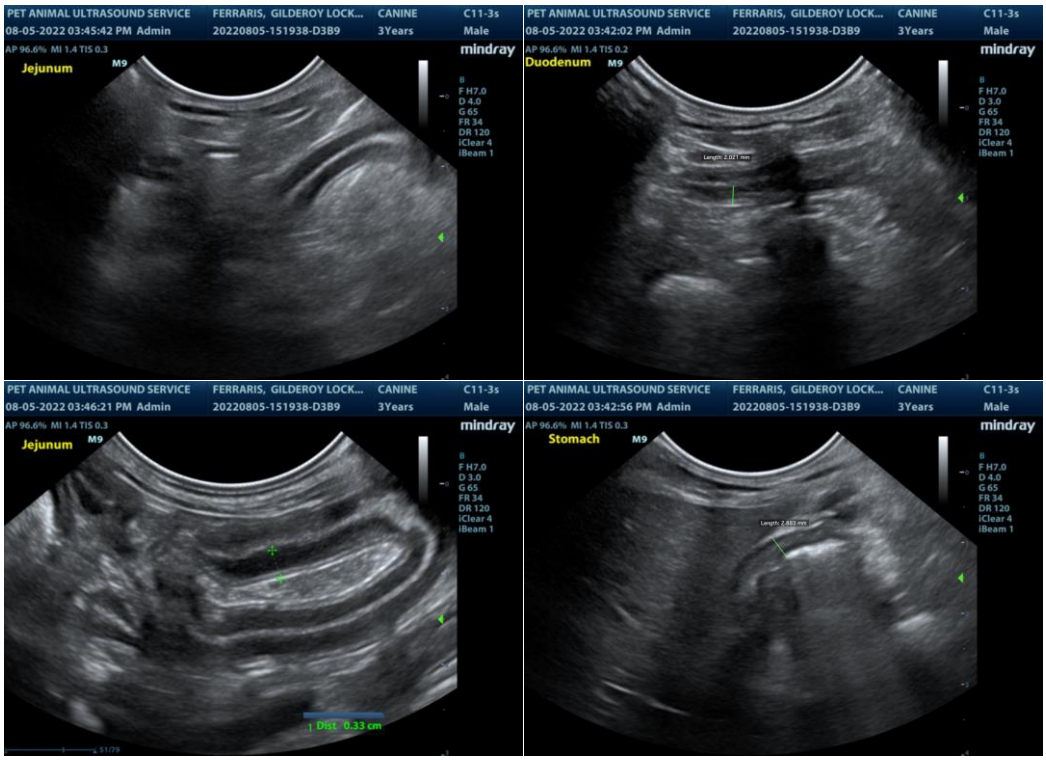
The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

## ULTRASONOGRAPHIC FINDINGS

- Overtly normal GI tract with segmental propensity for mildly prominent jejunal mucosa

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of significant abdominal visceral pathology was present in this study. In addition to a potential barium study to assess esophageal and GI motility, a GI panel to include a PLI/TLI/ Cobalamin and Folate could be considered to rule out occult GI disease. A resting cortisol level to rule out occult Addison's disease could be considered. Small more frequent meals with a canned hydrolyzed diet with as needed GI support and potential empirical therapy for esophageal reflux may prove beneficial.



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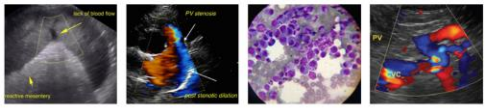

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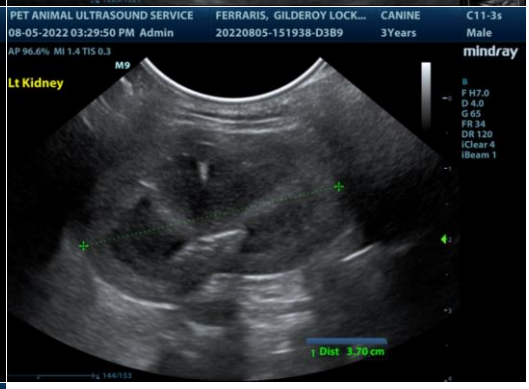
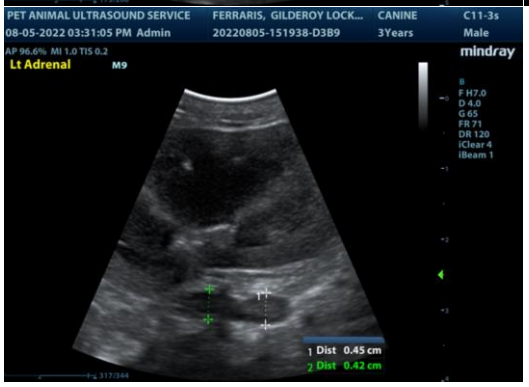
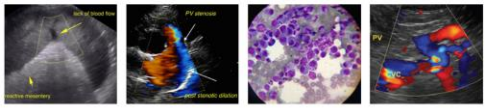



**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I





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can be of any further assistance please contact me.

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