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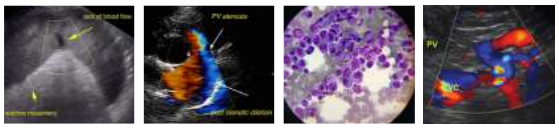


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Brody York

SPECIES

Canine

BREED

Shepherd Mix

SEX

Neutered Male

AGE

7 years

WEIGHT

32.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Heidi Putnam, SDEP Clinical Sonographer

HOSPITAL NAME

Campanion PC

REFERRING VET

Dr. Kasey Joynt

INVOICE

12084

DATE

8/9/21

PRESENTING CLINICAL SIGNS

weight loss and pale gums per O. Eating less food. muscle wasting lethargic the last few days. Meds-SQ fluids and Cerenia

Abnormal PE/Chem/CBC/UA Results: HCT 32% RBC 4.68 HGB 11.4% ALB 1.8 ALKP 13 CHOL 104 USG 1.068 Urine Protein Normal KET 15mg/dl everything else WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

The area of the aortic trifurcation was free of pathology.

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 5.2 cm in length. The right kidney measured 5.3 cm in length.

Adrenal Glands

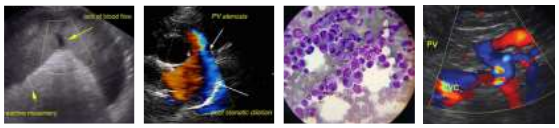
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.3 cm length x 0.43 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.7 cm length x 0.24 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 with moderate hyperechoic nonshadowing gallbladder debris. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was primarily empty with minor luminal gas with minor retained echogenic, nonshadowing pyloric ingesta. The gastric body wall width measured 0.37 cm. The pylorus wall width measured 0.56 cm.

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 width measured 0.30 cm. The jejunum wall width measured 0.29 cm.

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

Small pockets of scant peritoneal free fluid were noted in the caudal abdomen around the urinary bladder and the caudal liver margins.

No evidence of lymphadenopathy. The omentum exhibited uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

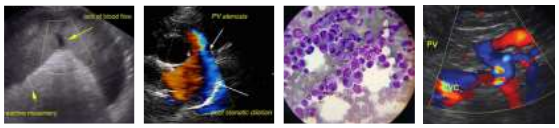
Primary Findings

- Sonographically unremarkable gastrointestinal tract with minor retained pyloric ingest
- Hyperechoic, mild inspissated yet mild nonorganized gallbladder debris (non-mucocele)
- Small pockets of scant caudal abdominal and perihepatic free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Without overt evidence of significant visceral pathology, an obvious cause of the patient's weight loss, decreased appetite, and muscle wasting, as well as lab work abnormalities, was not definitively evident. However, concern for underlying nonstructural gastrointestinal disease, given the weight loss, decreased appetite, and subnormal albumin levels give the lack of proteinuria, is warranted. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate.

The presence of minor retained pyloric ingesta may suggest some degree of metabolic gastric hypomotility without evidence of mechanical Ileus.



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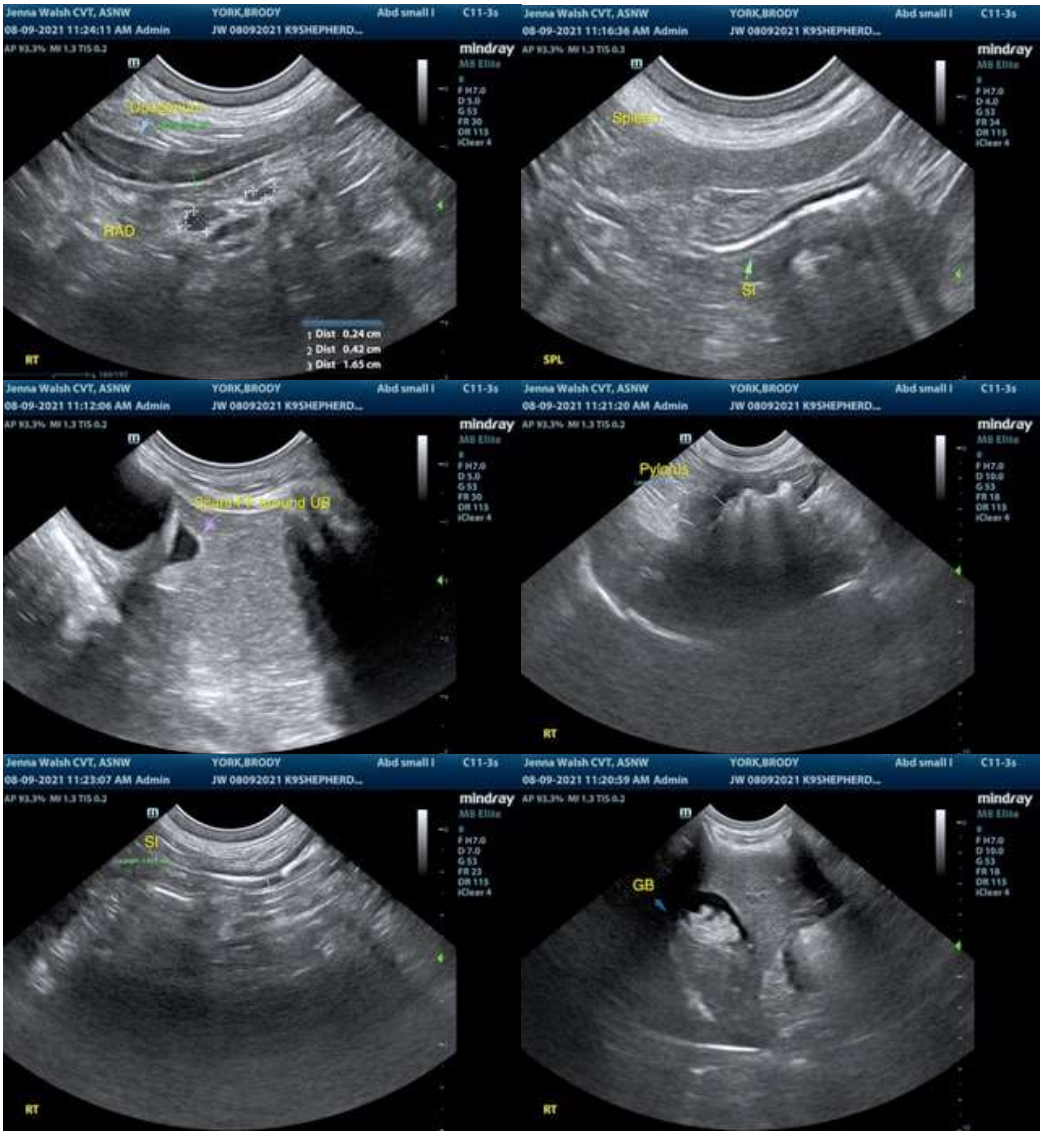
Adrenal screening with resting cortisol +/- ACTH Stimulation test if resting cortisol is <2.0, is warranted given the mild anemia and hypoalbuminemia and in light of the patient's vague clinical signs. Continued gastrointestinal supportive care is warranted pending additional diagnostics. Endoscopic intestinal biopsies may be Ideal In this patient pending additional diagnostics for further clarification.



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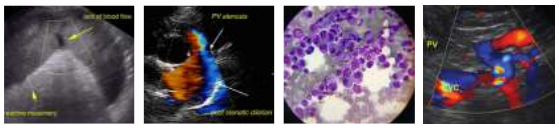

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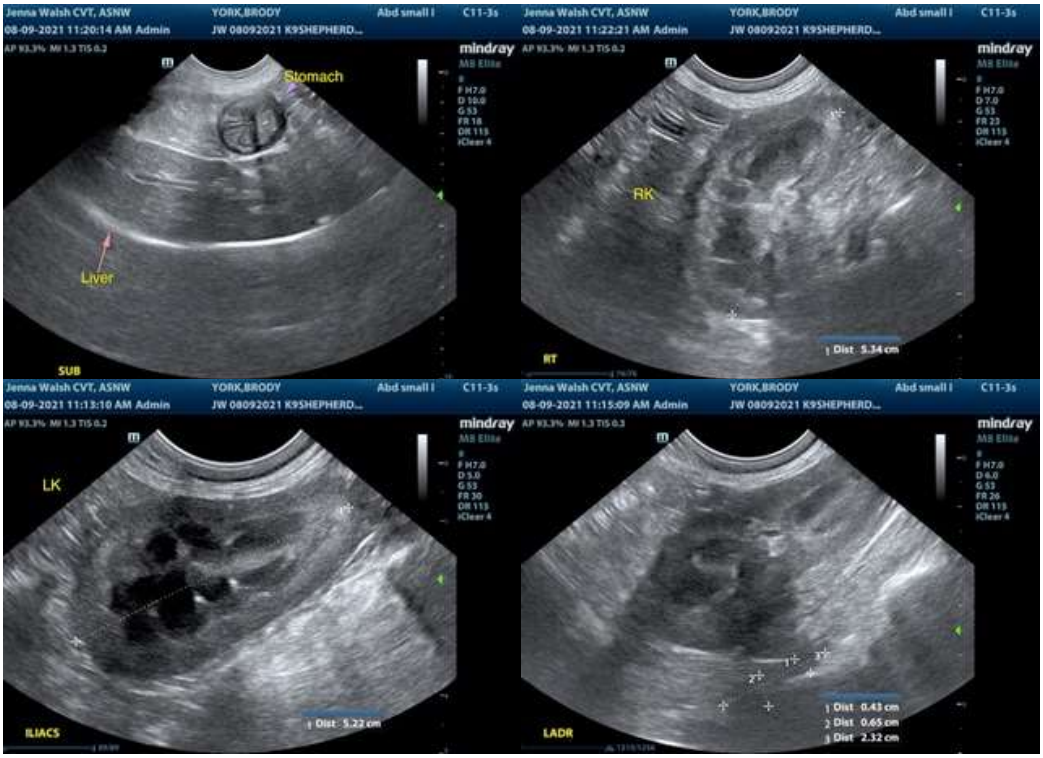

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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