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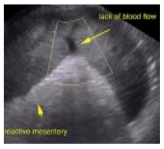

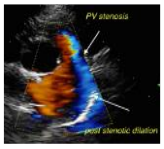

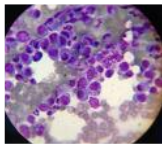
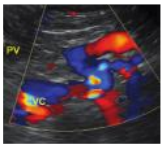

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1-800-838-4268 info@sonopath.com

PATIENT
Mugsy Wilkinson

SPECIES
Canine

BREED
Pitbull Mix

SEX
CM

AGE
6YO

WEIGHT
75 lbs.

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

IMAGING PERFORMED BY
Jose

HOSPITAL NAME
Animal Clinic of Queens

REFERRING VET
Dr. Kwasnik

INVOICE
14528

DATE
8/9/22

PRESENTING CLINICAL SIGNS

Decreased appetite for the past month, sometimes no appetite, no vomiting or diahhrea, normal water consumption, unknow other medical hx.
Abnormal PE/Chem/CBC/UA Results: BAR BCS 6/9 BW 6/13/22 WNL Heartworm test: Negative Fecal: Negative UA: Not performed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

The area of the iliac trifurcation was free of pathology including no evidence of medial Iliac or sublumbar lymphadenopathy.

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 7.7 cm in length. The right kidney measured 6.7 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 0.59 cm width at the caudal pole and 0.57 cm width at the cranial pole. The right adrenal gland was indistinctly visualized without overt pathology, subjectively measuring 0.50 cm width at the caudal pole. No overt pathology was noted in the area of the right adrenal gland.

Spleen

The spleen was normal in size and contour with mild generalized splenic parenchyma heterogeneity. No masses or nodules were noted. Normal splenic vascularity was 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 sonographically unremarkable visualized gastric walls with mild ingesta exhibiting subtle progressive distal acoustic shadowing present in the gastric lumen. No obvious evidence of obstruction to the pyloric outflow or pyloric mural pathology was noted. The ventral gastric body wall width measured 0.40 cm

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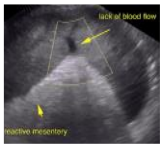

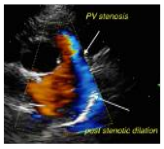

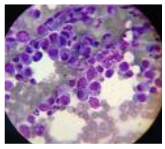
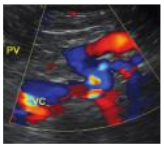

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of obstruction, or foreign material. No evidence of mechanical / metabolic small Intestinal ileus. The small intestine wall width measured 0.34 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

No omental masses, lymphadenopathy, or evidence of free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal gastrointestinal tract with mild gastric Ingesta
- Normal splenic size / contour with mid parenchyma heterogeneity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no evidence of abdominal visceral, specifically gastrointestinal and/or pancreatic, pathology as an obvious cause of the patient's decreased to loss of appetite, was noted.

The mildly heterogeneous spleen is nonspecific yet not overtly consistent with splenic pathology and a potential patient variant, incidental hyperplasia, hematopoiesis, or splenitis. No overt evidence of splenic neoplastic criteria was noted.

The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material. If evidence of weight loss going forward, a GI panel to include PLI/TLI/Cobalamin/Folate and if not done, three-view chest radiographs to assess for occult disease could be considered. A resting cortisol level to assess for or rule out occult Addison's Disease is warranted. As-needed gastrointestinal support would be reasonable.

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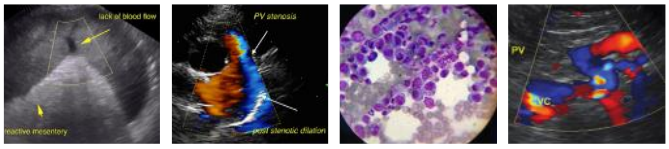

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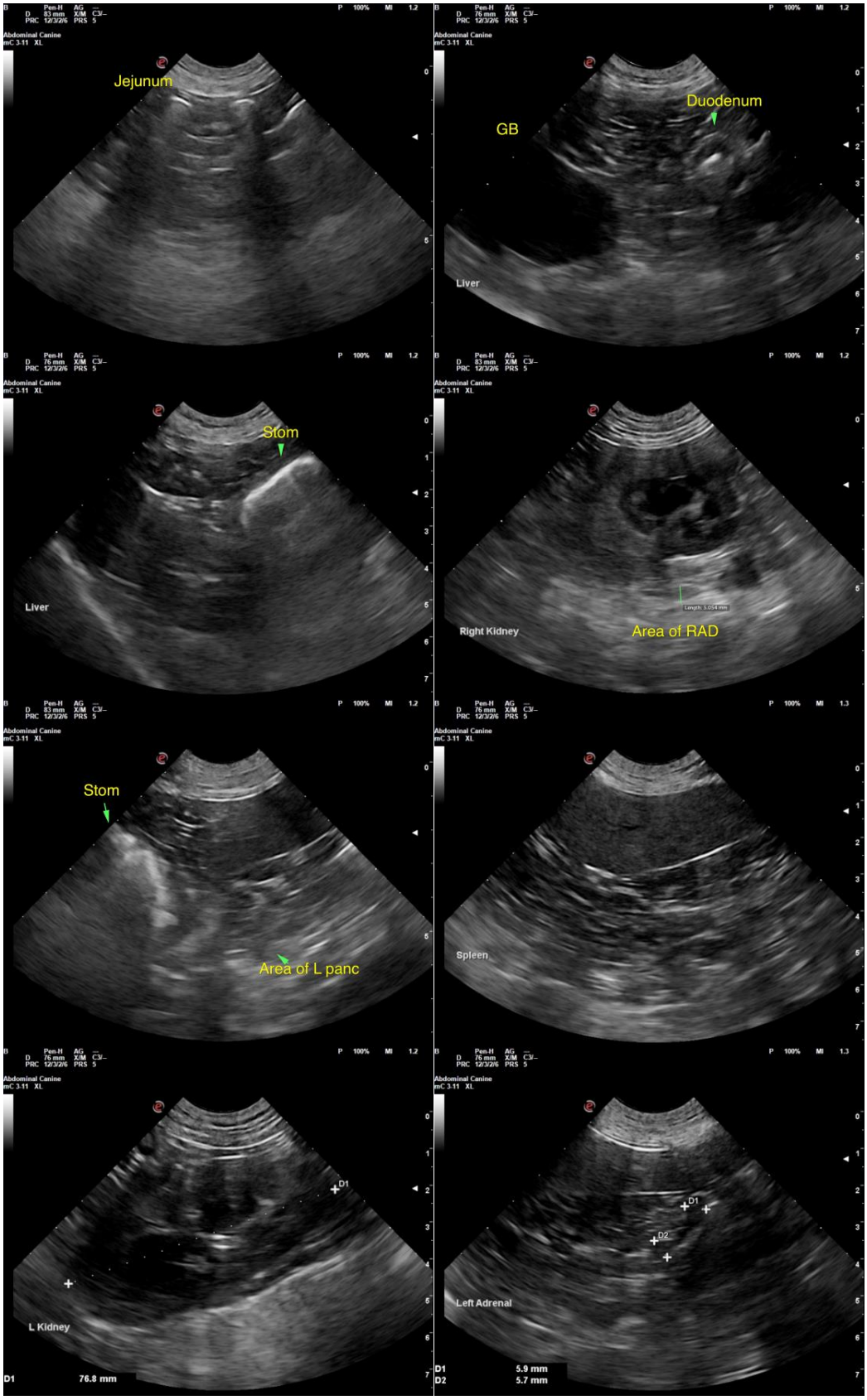

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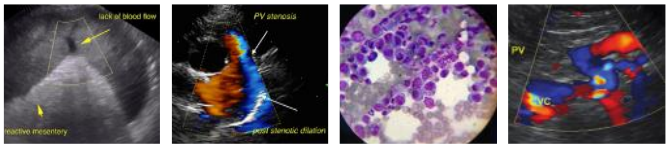

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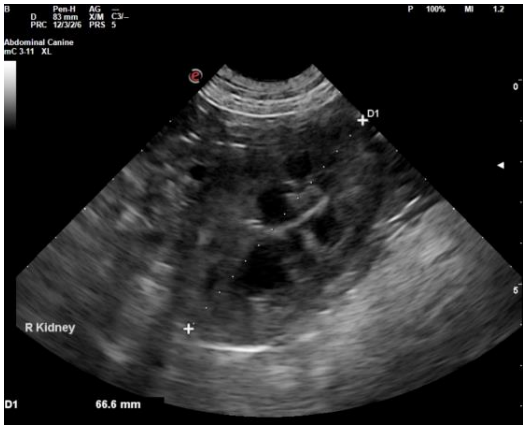

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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