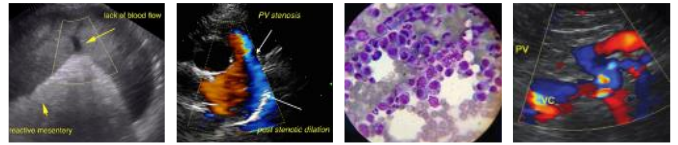


<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Sherlock Campbell	Sherlock presented for gradual weight loss over the past several weeks to month. No changes in appetite - same food and amount that has been on for years. No competitive eating. No diarrhea or vomiting but has started to wake up in the middle of the night and gag like trying to clear his throat which is only new behavior. Fecal float + antigen negative, bloodwork unremarkable (see attached), chest x-rays relatively unremarkable
<b>SPECIES</b>	
Canine	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Labradoodle	<b>Urinary System</b>
	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.
<b>SEX</b>	
MN	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 7.0 cm in length. The right kidney measured 7.3 cm in length.
<b>AGE</b>	
7yr	The area of the aortic trifurcation was free of pathology.
<b>WEIGHT</b>	
66lb	No overt pathology in the area of the residual prostate.
	<b>Adrenal Glands</b>
	The left and right adrenal glands were not definitively visualized.
<b>INTERPRETED BY</b>	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>Spleen</b>
	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.
<b>IMAGING PERFORMED BY</b>	
Dr. Puthoff	<b>Liver</b>
<b>HOSPITAL NAME</b>	
Kings Veterinary Hospital	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.
<b>REFERRING VET</b>	
Dr. Puthoff	<b>Gastrointestinal</b>
	The stomach presented intact yet regionally prominent wall layering. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The ventral gastric body wall measured 0.57 cm in width.
<b>INVOICE</b>	
11761ag	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 0.37 cm. The jejunum wall measured 0.34 cm in width.
<b>DATE</b>	
09/30/2022	Normal visible colon wall layers were present with apparent formed feces in lumen.



**PATIENT**

**Pancreas**

Sherlock Campbell

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.

**SPECIES**

Canine

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**BREED**

Labradoodle

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

- Sonographically unremarkable abdomen
- Possible mild gastritis

MN

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

7yr

Overall no overt evidence of significant abdominal visceral specifically GI pathology as a definitive cause of the patient's clinical signs. The appearance of the stomach may suggest mild gastritis although no evidence of hypomotility or neoplastic criteria were present.

**WEIGHT**

66lb

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. An adrenal screening with resting cortisol +/- ACTH stim may be considered. Gastric protectant protocol may prove beneficial if clinical concern for gastritis/esophagitis.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Puthoff

**HOSPITAL NAME**

Kings Veterinary  
Hospital

**REFERRING VET**

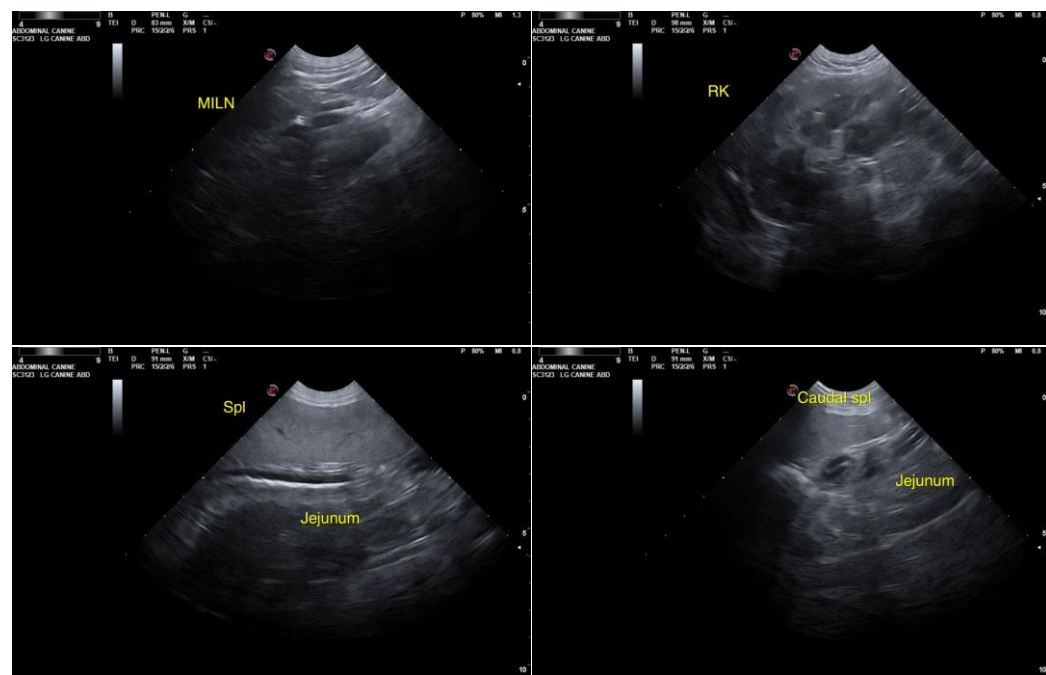
Dr. Puthoff

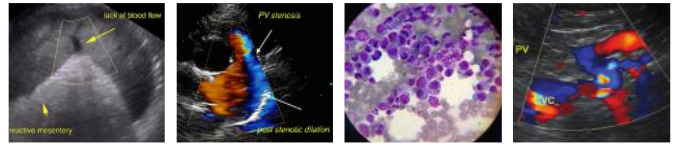
**INVOICE**

11761ag

**DATE**

09/30/2022





**PATIENT**

Sherlock Campbell

**SPECIES**

Canine

**BREED**

Labradoodle

**SEX**

MN

**AGE**

7yr

**WEIGHT**

66lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Puthoff

**HOSPITAL NAME**

Kings Veterinary  
Hospital

**REFERRING VET**

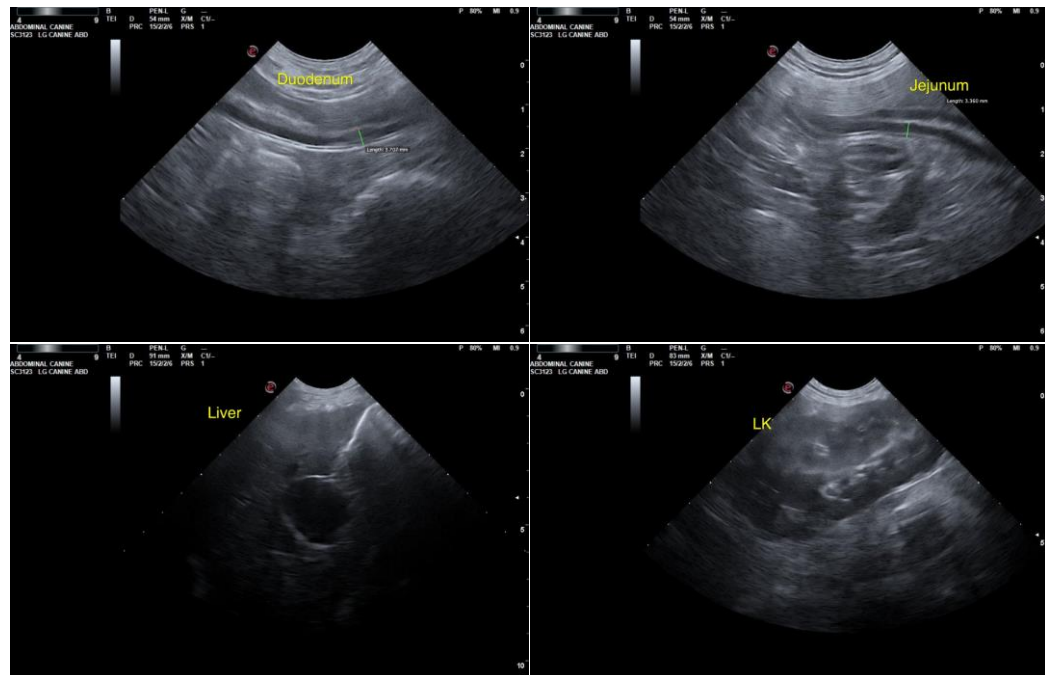
Dr. Puthoff

**INVOICE**

11761ag

**DATE**

09/30/2022



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