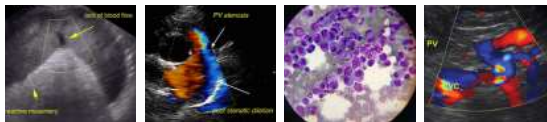


PATIENT	PRESENTING CLINICAL SIGNS
Sitka Pastor	Patient initially presented for weight loss on 08/04/2021 at that time weight was 44.1 lbs. On 07/13/2021 pt presented for an Ichon injection, weight at that time was 51 pounds. Physical exam (08/04) did not reveal anything of concern, pt started on 10 day course of metronidazole (500mg BID) and blood work was submitted. Pt was doing well on metro and US recommended if weight loss was persistent. On 08/26/2021 42.7 pounds, US and Royal Canin High Energy GI food advised.
SPECIES	Abnormal PE/Chem/CBC/UA Results: Will email. Abnormal values listed below. CBC: MCH 20.9, MCHC 32.0, Reticulocyte Hbg 24.1 Chem: SDMA 16, BUN 6, TP 5.1, Alb 2.2 T4 0.7
Canine	
BREED	
German Shepherd Mix	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
SEX	<i>Urinary System</i>
FS	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 were noted.
AGE	No evidence of pathology in the area of the aortic trifurcation.
11 Years	
WEIGHT	Normal size and margination was present in the kidneys. 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 left kidney measured 5.5 cm in length. The right kidney measured 6.5 cm in length.
42.1	
INTERPRETED BY	<i>Adrenal Glands</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.5 cm length x 0.68 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 2.0 cm length x 0.56 cm width at the caudal pole.
IMAGING PERFORMED BY	<i>Spleen</i>
Jenna Walsh	The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present. A solitary non-expansive mildly nonhomogeneous nodule noted in the subjective mid lateral spleen measuring 1.1 cm in diameter. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.
HOSPITAL NAME	<i>Liver</i>
Eugene Animal 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.
REFERRING VET	
Dr. Jeremy Polk	<i>Gastrointestinal</i>
INVOICE	
47283	
DATE	
9-4-21	



PATIENT	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, non-shadowing ingesta without signs of obstruction or foreign material. The gastric body wall measured 0.34 cm width.
Sitka Pastor	
SPECIES	The small intestine exhibited intact wall layering and maintained 1:3 muscularis/mucosa ratio with segmental to generalized echogenic non-shadowing chyme. No evidence of loss of gastrointestinal wall layering, mechanical obstruction, foreign material, or other overt pathology.
Canine	
BREED	Normal visible colon wall layers were present with subjective mild distension containing subjective semi-formed to soft feces in the lumen.
German Shepherd Mix	
	<i>Pancreas</i>
SEX	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.
FS	
AGE	<i>Free Abdomen</i>
11 Years	A focal pocket of scant free fluid noted between the urinary bladder and colon.
	No overt lymphadenopathy was present.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
42.1	
INTERPRETED BY	Primary
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> Sonographically unremarkable gastrointestinal tract with gastric ingesta and segmental intestinal chyme.
	Secondary
	<ul style="list-style-type: none"> Focal non-expansive subjectively benign splenic nodule - focal hematopoiesis, hyperplasia, incidental splenitis possible. Mild age related kidneys.
IMAGING PERFORMED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Jenna Walsh	The presence of gastric ingesta and segmental intestinal chyme may correlate with recent meal ingestion. However, if documented NPO, some degree of gastrointestinal hypomotility or inefficient peristalsis may be possible. Without evidence of additional visceral pathology and assuming no evidence of thoracic pathology on three view chest radiographs, underlying nonspecific gastrointestinal disease is likely.
HOSPITAL NAME	
Eugene Animal Hospital	
REFERRING VET	A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. In addition to current protocol, empirical deworming (panacur 50mg/kg SID for 5 consecutive days with potential repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotics such as Provable or Visbiome, and empirical cobalamin supplementation, may be considered.
Dr. Jeremy Polk	
INVOICE	Thorough musculoskeletal and neurological examination suggested to rule out nonabdominal causes of weight loss. Endoscopic intestinal biopsies may be indicated if weight loss continues despite empirical therapy.
47283	
DATE	
9-4-21	



PATIENT

Sitka Pastor

SPECIES

Canine

BREED

German Shepherd Mix

SEX

FS

AGE

11 Years

WEIGHT

42.1

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

Eugene Animal
Hospital

REFERRING VET

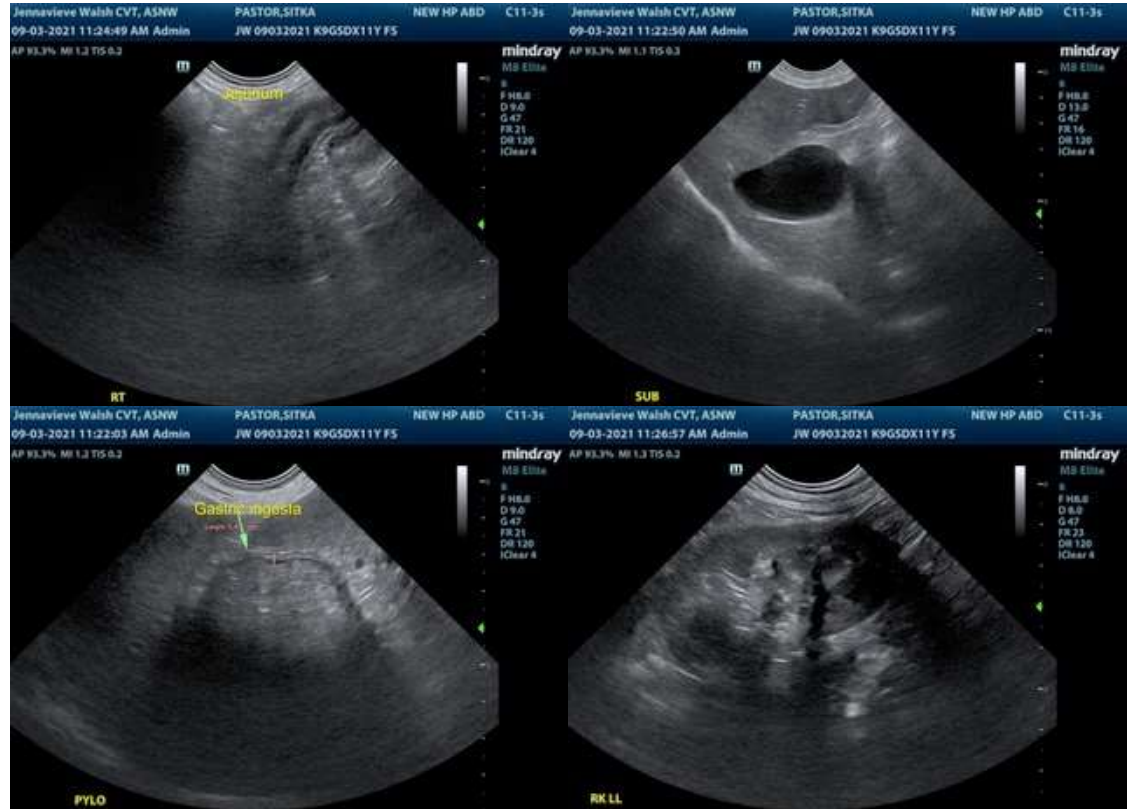
Dr. Jeremy Polk

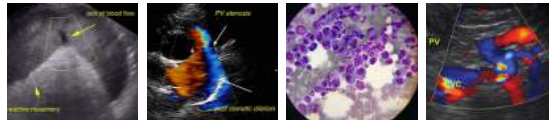
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47283

DATE

9-4-21





PATIENT

Sitka Pastor

SPECIES

Canine

BREED

German Shepherd Mix

SEX

FS

AGE

11 Years

WEIGHT

42.1

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

Eugene Animal
Hospital

REFERRING VET

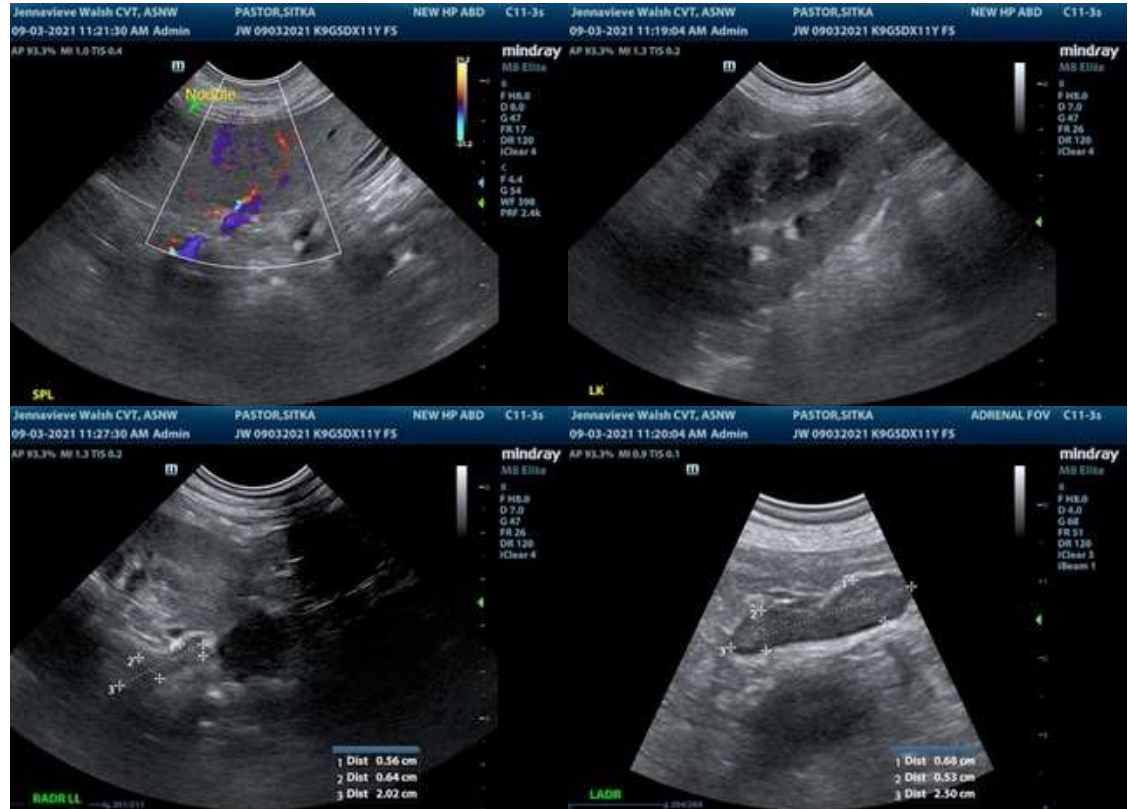
Dr. Jeremy Polk

INVOICE

47283

DATE

9-4-21



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