

PATIENT

Winnie Beaudoin

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

9 years

WEIGHT

52 lbs

INTERPRETED BY

Remo Lobetti, BVSc,
MMedVet (Med),
PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Dr. Naylor

HOSPITAL NAME

Malletts Bay VH

REFERRING VET

Dr. Naylor

INVOICE

73923

DATE

3/31/26

PRESENTING CLINICAL SIGNS

- Recently hyporexic w/ 2# unintentional weight loss noted when rechecking T4 (was sus of hypoT4, but T4 has always been ~1.6, low normal)
- no vomiting/diarrhea, no pyrexia, drinking WNL, BMs/urination WNL
- O dec chem17/qPL/AXR but GI panel sent out - pending results

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 6.1 cm, right measured 6.4 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

Adrenal Glands

The adrenal glands are bilaterally small, but maintained a normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.35 cm in width. The right adrenal gland measured 0.33 cm in width.

Spleen

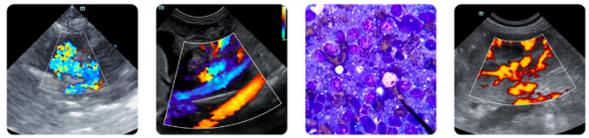
Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.7 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.



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Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Bilaterally small adrenal glands.

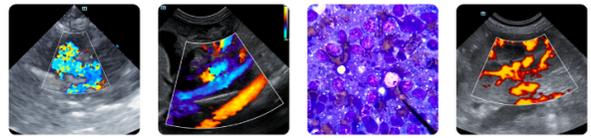
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the small adrenal glands may merely be an incidental finding, with the presenting clinical signs, atypical Addison's disease should be considered.

Although the GI tract appears ultrasonographically normal, an underlying enteropathy such as parasitic enteritis, dietary hypersensitivity and Inflammatory bowel disease could still account for the weight loss.

Further assessment would be based on the pending results, but could include fecal analysis, basal cortisol assay and/or an ACTH stimulation test and possibly endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic management that could be considered (if atypical Addison's disease has been excluded) would be feeding a novel protein/hypoallergenic diet, course of Fenbendazole, cobalamin supplementation if indicated and if there is still not a satisfactory improvement then a course of Prednisolone would then be indicated.



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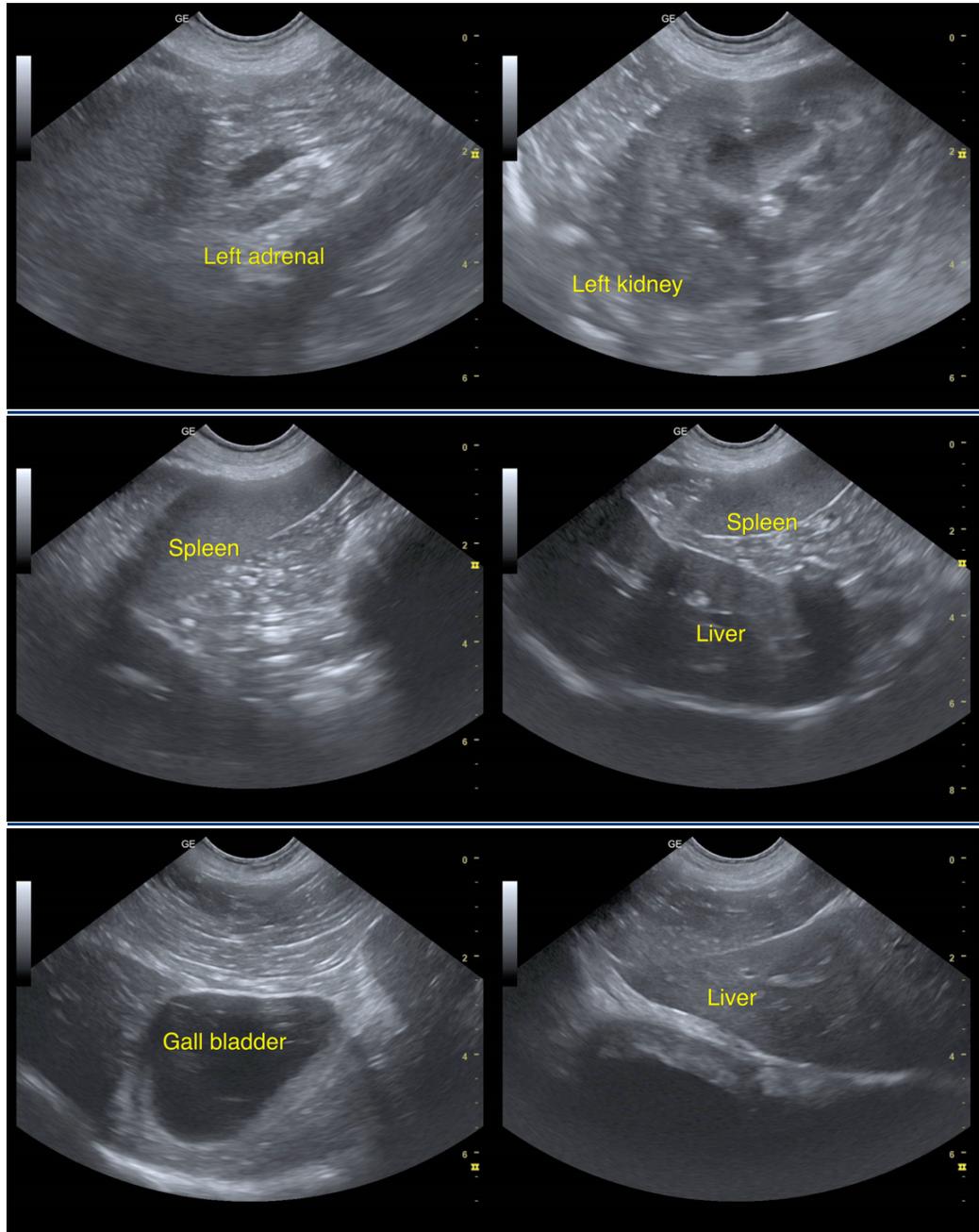
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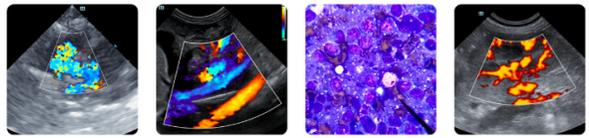
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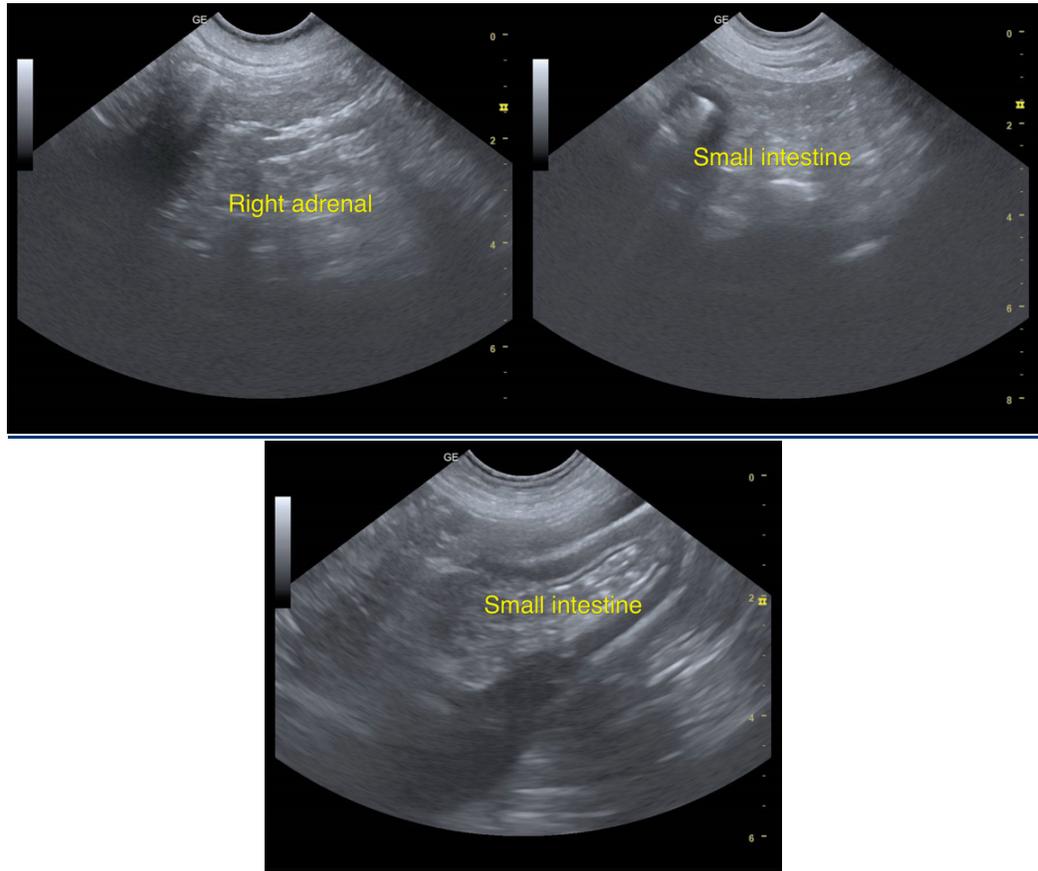
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com