

PATIENT

Ralphie Greenwood

SPECIES

Canine

BREED

Golden Doodle

SEX

Male

AGE

8 years 3 mos

WEIGHT

Not Provided

INTERPRETED BY

Andrea Nicaastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Andrea Nicaastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Southside AH

REFERRING VET

Dr Jamie Carroll

INVOICE

22227

DATE

11-7-25

PRESENTING CLINICAL SIGNS

Patient has a prior history of vomiting, mainly late at night. Bloodwork from previous vet reveals hypoalbuminemia and borderline low globulins (2.4). Most-recent albumin 1.6. Is asymptomatic at this time. Recent fecal negative.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is enlarged (3.21 cm in width) with smooth peripheral contours. Parenchyma is heterogenous, with a few, small, ill-defined cystic areas. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (4.15 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.39 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.45 cm at cranial pole) (0.51 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.49 cm at cranial pole) (0.37 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.95 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal to mildly thickened (up to 0.40 cm) with retention of the normal layering pattern. There is evidence of mucosal speckling in several segments. Discreet masses are not identified. The



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ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Canine

Lymph Nodes

One-to-two prominent mesenteric lymph nodes are visualized (one measuring 1.03 x 0.46 cm).

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Free Abdomen

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There is no obvious evidence of free fluid.

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Other

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The testicles are subjectively normal in size and symmetrical with homogenous parenchyma. †

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A brief echocardiogram reveals no obvious evidence of right atrial or auricular mass. There is no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

Primary Findings

Not Provided

- The small intestinal wall changes, in conjunction with the patient's clinical history, are suggestive of a protein-losing enteropathy. Considerations include inflammatory bowel disease, lymphangiectasia, infectious/parasitic disease, emerging lymphoma (less likely), other.
- The prominent mesenteric lymph node is likely reactive with a lower possibility of emerging neoplasia.

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Secondary Findings

- The prostate changes are most consistent with cystic benign prostatic hyperplasia. Concurrent bacterial prostatitis is possible but considered less likely in the absence of clinical signs. Prostatic neoplasia is possible, but also considered unlikely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- A GI panel including serum cobalamin and folate, TLI, PLI and resting cortisol level is recommended.
- Also consider transitioning to a low-fat hypoallergenic or hydrolyzed protein diet.
- Ultimately, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis.

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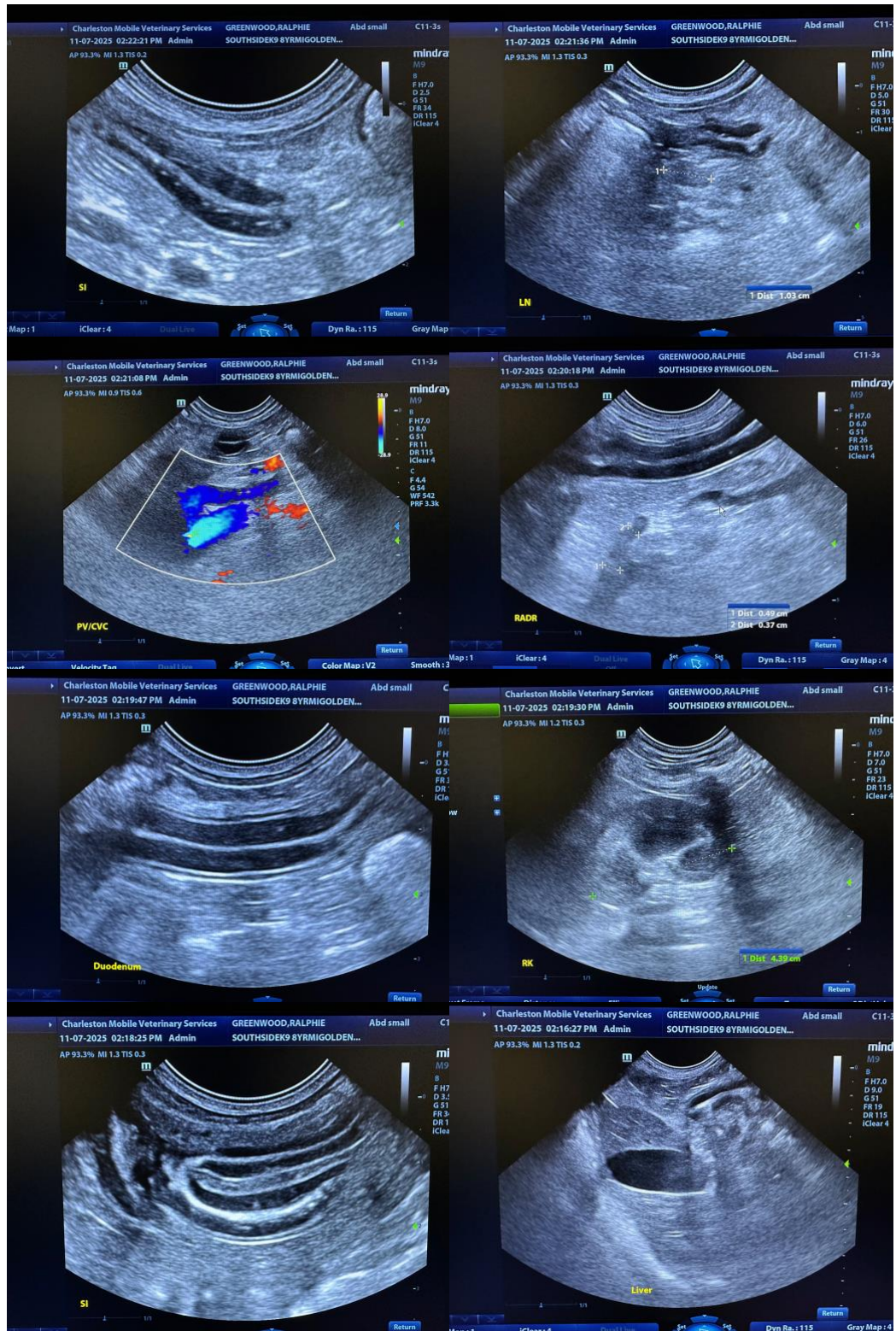
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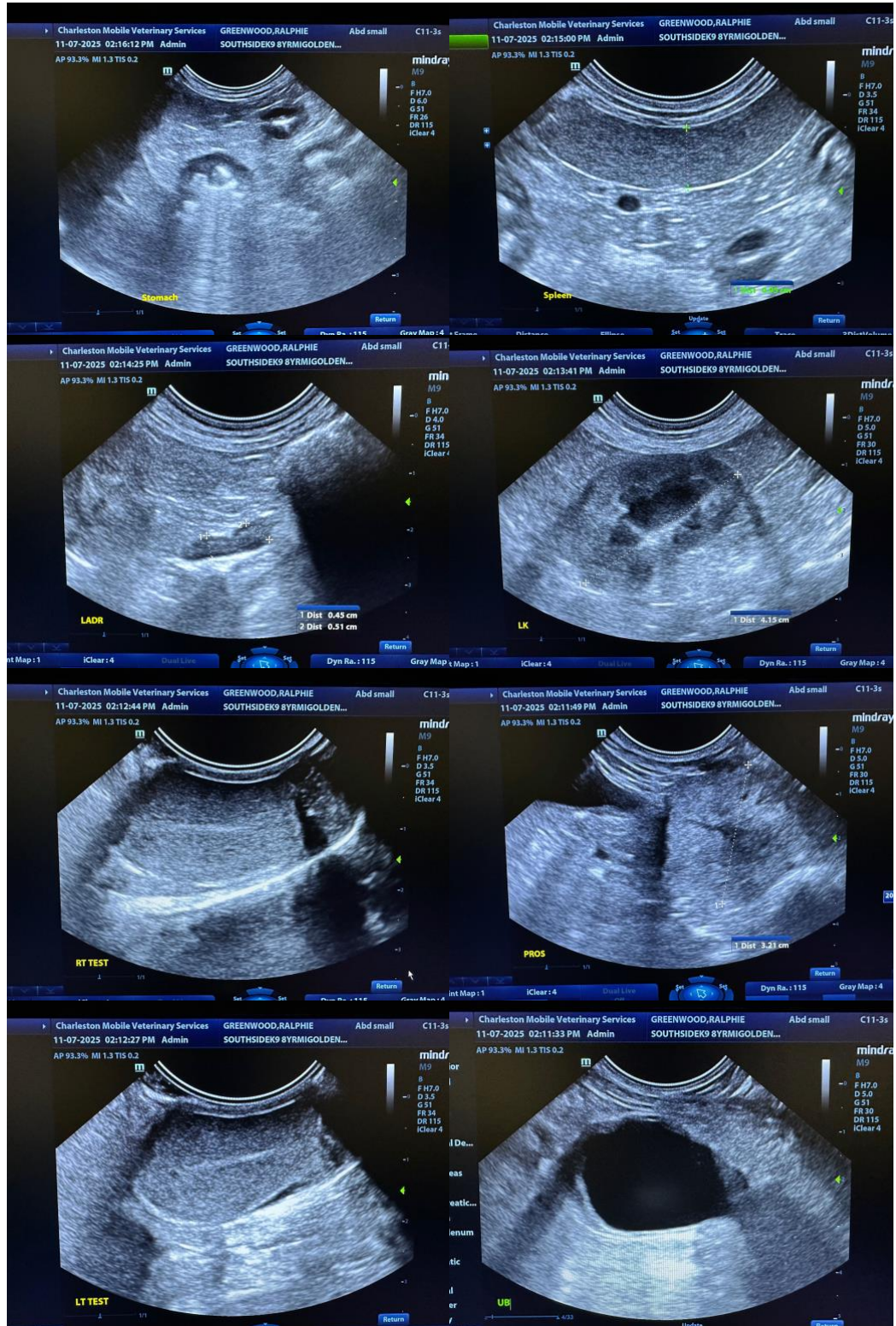
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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