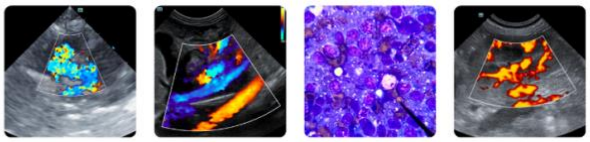

PATIENT

Harper Crawford

SPECIES

Canine

BREED

Siberian Husky

SEX

Spayed Female

AGE

10 years 4 mos

WEIGHT

52.6 lbs

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Brittney Beigel, DVM

HOSPITAL NAME

Bayside AMC

REFERRING VET

Rebekah Sims DVM
Brittney Beigel DVM

INVOICE

22609

DATE

2-25-26

PRESENTING CLINICAL SIGNS

History: Presented for increased urination and asking to go outdoors more often. 14-15# weight loss from May 2025 until Feb 2026. Marked hypoalbuminemia and hyperglobulinemia on BW, non proteinuric, low thyroid r/o euthyroid sick v hypothyroid. P was fasted for US scan.
Sedated w/ butorphanol (10mg/mL) 0.3mL IV

Abnormal PE/Chem/CBC/UA Results: Hematocrit 39%. Nonregenerative anemia. Mild neutrophilia. Hypocalcemia. Albumin 1.0. Globulin 1.6. Low cholesterol. USG 1.015, no proteinuria, inactive sediment. T4 0.7. 4dx negative. Fecal negative for Ova and Giardia (Attached).

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 is normal.

The left kidney is normal in size (6.13 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.

The right kidney is normal in size (6.00 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.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed in this region.

Spleen

In the region of the spleen, an irregular, isoechoic- to slightly-heterogenous structure is visualized. It is unclear whether this structure represents splenic tissue or omental fat.

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 gallbladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, hyperechoic, gravity-dependent, debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with retention of the normal layering pattern. There is evidence of mucosal speckling in some segments. Discreet masses are not identified. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

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.

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Lymph Nodes
The abdominal lymph nodes are normal/not visible.

Free Abdomen
Trace free fluid is observed.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

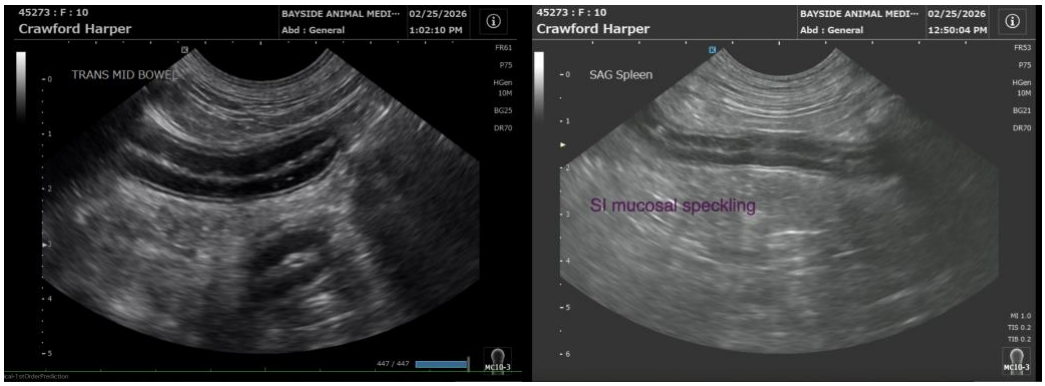
- Given the clinical history and sonographic changes, a protein-losing enteropathy is suspected. Top differentials include, inflammatory bowel disease, lymphangiectasia, infectious/parasitic disease, emerging lymphoma, other. It should be noted that hypoadrenocorticism can also mimic a protein-losing nephropathy.
- Trace ascites

Secondary Findings

- Questionably visualized spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal PCR infectious disease panel is recommended.
- Also consider prophylactic deworming with fenbendazole.
- A GI panel including serum cobalamin and folate, TLI, PLI and resting cortisol level should also be considered.
- 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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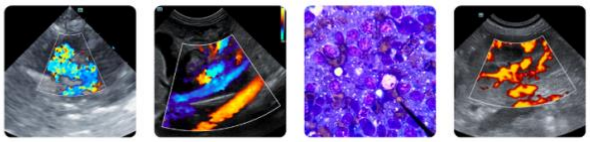

Clinical Sonography & Telecytology
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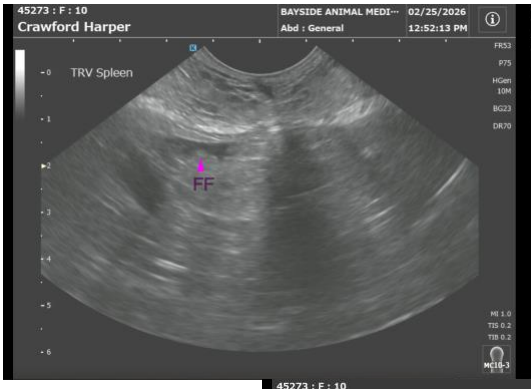

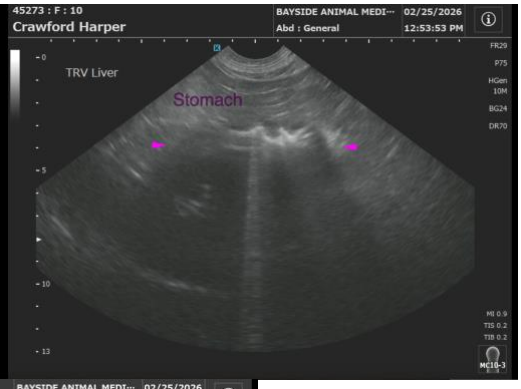

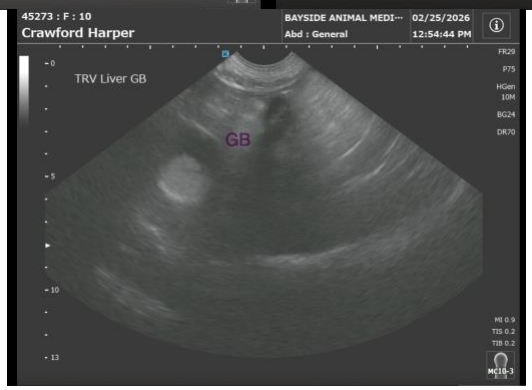

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com