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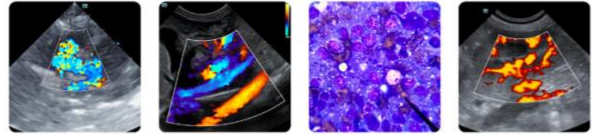


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Jetje Flanagan

SPECIES

Canine

BREED

Boston Terrier

SEX

Female Spayed

AGE

8

WEIGHT

18.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Gudrun Gunther

HOSPITAL NAME

New Frontier AMC

REFERRING VET

Dr. Chon

INVOICE

22877

DATE

4-16-26

PRESENTING CLINICAL SIGNS

History: Concern for protein losing enteropathy
Previous Sonopath scan 12/5/24 - had a splenic nodule 1.1 cm diameter (FNA and PARR not supporting of neoplasia). Other findings included evidence of gastropathy, duodenopathy.
Patient has since had chronic mild intermittent large bowel diarrhea, mild weight loss and most recent bloodwork (4/7/26) showed worsening panhypoproteinemia

Abnormal PE/Chem/CBC/UA Results: Thrombocytosis Low Total Protein 3.6 (5.5 - 7.5) Hypoalbuminemia 1.8 (2.7 - 3.0) Hypoglobulinemia 1.8 (2.4 - 4.0)

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 left kidney is normal in size (3.96 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 (4.30 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.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.52 cm at cranial pole) (0.61 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 (0.64 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.

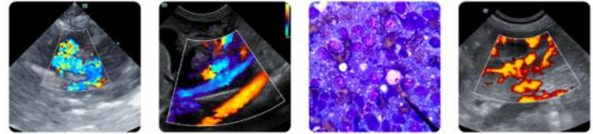
Spleen

The spleen is normal in size (1.55 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 1.64 x 1.42 cm heterogenous, slightly cavitated vascular nodule is observed at the lateral aspect, approximately mid-body. 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 gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.



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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 diffusely thickened (up to 0.52 cm) with retention of the normal layering pattern. There is a subtle increase in mucosal echogenicity 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.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

Trace free fluid is observed.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Given the patient's clinical history and sonographic changes, a protein-losing enteropathy is of top concern. Differentials include lymphangiectasia, inflammatory bowel disease, infectious/parasitic disease, emerging lymphoma, other.

- The splenic nodule appears to be larger compared to the measurement from the previous sonogram. It may still represent a benign process. However, malignant tranformation cannot be excluded.

- Trace ascites

Secondary Findings

- Mild left adrenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the GI signs and hypoalbuminemia, consider the following:

  1. Fecal evaluation for ova and Giardia as well as a fecal PCR infectious disease panel should be considered (if not already performed).
  2. Consider prophylactic deworming with fenbendazole
  3. A GI panel including serum cobalamin and folate, TLI, PLI and resting cortisol level is also recommended.
  4. Consider transitioning to a low-fat, limited antigen diet.
  5. Ultimately, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis.

- Regarding the splenic nodule, consider a repeat fine-needle aspirate (assuming normal clotting status). A 25-gauge needle should be used.

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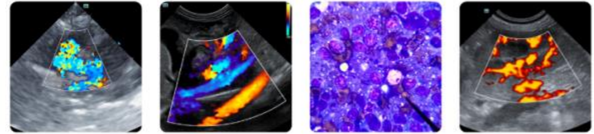

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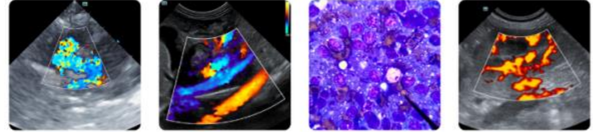

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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