



PATIENT PRESENTING CLINICAL SIGNS

Jake Nackman weight loss
Abnormal PE/Chem/CBC/UA Results: alb 2.3, tp 5.1, sdma 16, k 6.1, acth wnl ph5, spgr: 1.035 all neg

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

Urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

BREED

Mini Poodle

Prostate (neutered) is normal in size, echotexture and echogenicity for a neutered male.

SEX

Neutered Male

Right kidney is normal in size (4.9 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

AGE

16 Years

Left kidney is normal in size (4.1 cm), shape and echogenicity. A small renal cortical cyst is present. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

WEIGHT

14 Pounds

Adrenal Glands

Right adrenal gland is normal in size (1.70 cm long x 0.60 cm at cranial pole and 0.43 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Left adrenal gland is normal in size (0.50 cm at cranial pole and 0.53 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
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Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

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Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. A 3.5 cm round, isoechoic to slightly hyperechoic mass is noted in the left caudal liver with cavitations noted in the center. Visible vasculature and biliary tree appear normal without distension or congestion.

REFERRING VET

Dr. Michelle Roche

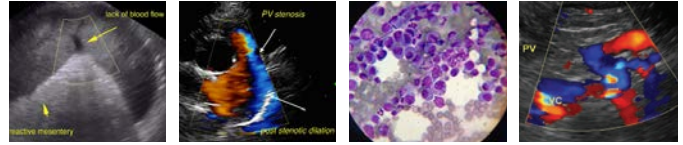
The gallbladder contains a moderate amount of non-dependent, mildly aggregated/inspissated sludge. Hypo to anechoic cystic areas are noted between the gallbladder sludge and luminal wall. The wall is otherwise smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion.

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PATIENT *Gastrointestinal*

Jake Nackman The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

SPECIES

Canine The visible small intestines are diffusely normal in wall thickness with a relatively thick mucosa compared to other layers. Normal wall layering is preserved. However, the mucosa is more echogenic than normal and contains hyperechoic striations perpendicular to the lumen. The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

BREED

Mini Poodle The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

SEX

Neutered Male Pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

AGE

16 Years

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

14 Pounds

- Liver mass – The appearance of hepatic neoplasia with ultrasound varies, and benign versus malignant disease cannot be distinguished via ultrasound alone. Differentials include hepatocellular adenoma/carcinoma, infiltrative round cell neoplasia such as lymphosarcoma or histiocytic sarcoma, hemangiosarcoma or metastatic disease. As appearance can vary, benign nodular hyperplasia is also possible, yet considered less likely.

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- Lymphangiectasia – consistent with dilated small intestinal lymphatics secondary to infiltrative inflammatory bowel disease or primary lymphangiectasia. Infiltrative neoplasia is also possible and can only be differentiated with histopathology.
- Early mucocele – Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. The non-dependent nature of this sludge combined with the cystic areas are suggestive, however, of possible emerging cystic mucosal hyperplasia or early gallbladder mucocele.
- Incidental left cortical cyst

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The top differential for this patients hypoalbuminemia and weight loss is GI loss due to protein losing enteropathy. Therefore, recommendations include a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory.

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The liver mass is likely an incidental finding and not contributing to the hypoalbuminemia. However, bile acids is recommended to assess liver function. A urinalysis is also recommended to rule out concurrent protein loss of the albumin. A fine needle aspirate of the liver mass is recommended if

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PATIENT

patient's coagulation status is appropriate. Thoracic radiographs recommended to further assess cardiopulmonary status and to look for metastatic disease.

Jake Nackman

SPECIES

Canine

Ultimately, pending fine needle aspirate results, surgical excisional biopsy of the liver mass and full thickness biopsies of the intestines are likely necessary to determine a definitive diagnosis. In the meantime, if advanced diagnostics are declined, empirical therapy with cobalamin supplementation, a low-fat diet, empirical deworming with a 5 day course of Panacur, and steroids may be helpful.

BREED

Mini Poodle

SEX

Neutered Male

AGE

16 Years

WEIGHT

14 Pounds

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PATIENT

Jake Nackman

SPECIES

Canine

BREED

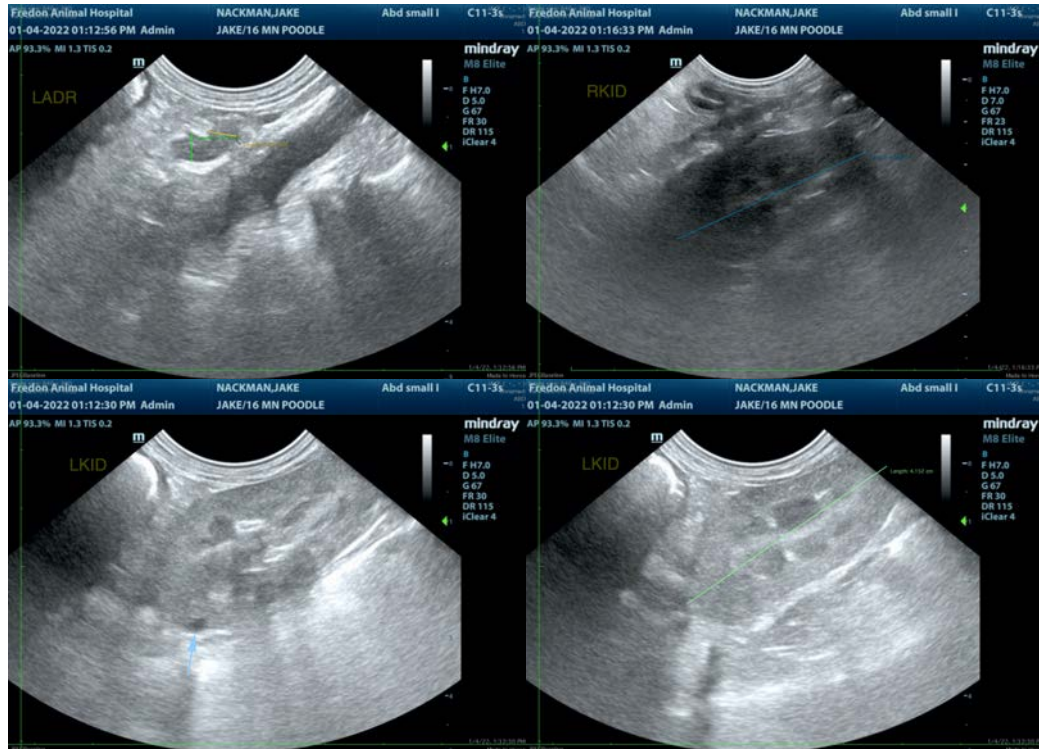
Mini Poodle

SEX

Neutered Male

AGE

16 Years



WEIGHT

14 Pounds

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.

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