



PATIENT PRESENTING CLINICAL SIGNS

Jake Hulko SEVERELY emaciated, diarrhea on/off for last month, not eating well for a month esp last 2 weeks, vomiting
 Abnormal PE/Chem/CBC/UA Results: low total protein, slight increase in WBC

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Great Dane Mix

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

SEX

The prostate is normal for a neutered dog.

Neutered male

Left kidney is normal in size (6.5 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

AGE

Right kidney is normal in size (6.5 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

3 years

WEIGHT

Adrenal Glands

57 lbs

Left adrenal gland is normal in size (1.3 cm long x 0.44 cm at cranial pole and 0.47 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (1.46 cm long x 0.48 cm at cranial pole and 0.49 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

Spleen

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

IMAGING PERFORMED BY

Adrienne Ligenza

Liver

HOSPITAL NAME

Rush VC

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. GB is moderately distended with anechoic bile and gravity dependent echogenic sediment. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

REFERRING VET

Dr. Milot

INVOICE

Gastrointestinal

95847

The visible gastric wall is diffusely thick and measured up to 2.0 cm thick with complete loss of layering and a hypoechoic, heterogenous wall appearance. The stomach is markedly fluid distended, which is concerning for a gastric outflow obstruction.

DATE

2/7/22



PATIENT

Jake Hulko

The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

Colon is normal in wall thickness (< 0.2 cm) and layering.

SPECIES

Canine

Pancreas

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

BREED

Great Dane Mix

Free Abdomen

SEX

Neutered male

There is diffuse lymphadenopathy throughout the abdomen including cranial abdominal lymph nodes and medial iliac lymph nodes. The lymph nodes are round, hypoechoic and heterogenous measuring up to 3.0-4.0 cm in diameter.

AGE

3 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings

WEIGHT

57 lbs

- Gastric wall thickening/gastric mass. This is most concerning for infiltrative round cell neoplasia such as lymphoma given the concurrent, diffuse lymphadenopathy; however, inflammatory/infectious such as seen with pythiosis can also result in a similar appearance.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

SECONDARY FINDINGS:

- Diffuse lymphadenopathy, concerning for infiltrative round cell neoplasia versus reaction to an inflammatory/infectious disease such as pythium.
- Gallbladder debris - 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. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

IMAGING PERFORMED BY

Adrienne Ligenza

HOSPITAL NAME

Rush VC

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Milot

Recommendations for this patient include a FNA of the gastric wall as well as the enlarged lymph nodes for cytology. Testing for pythium to Auburn University could also be considered. Given the weight loss and panhypoproteinemia a gastrointestinal and malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory is also recommended to help guide any necessary supportive care. Empirical steroids could be considered pending cytology results to offer emergent relief.

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SPECIES

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BREED

Great Dane Mix

SEX

Neutered male

AGE

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REFERRING VET

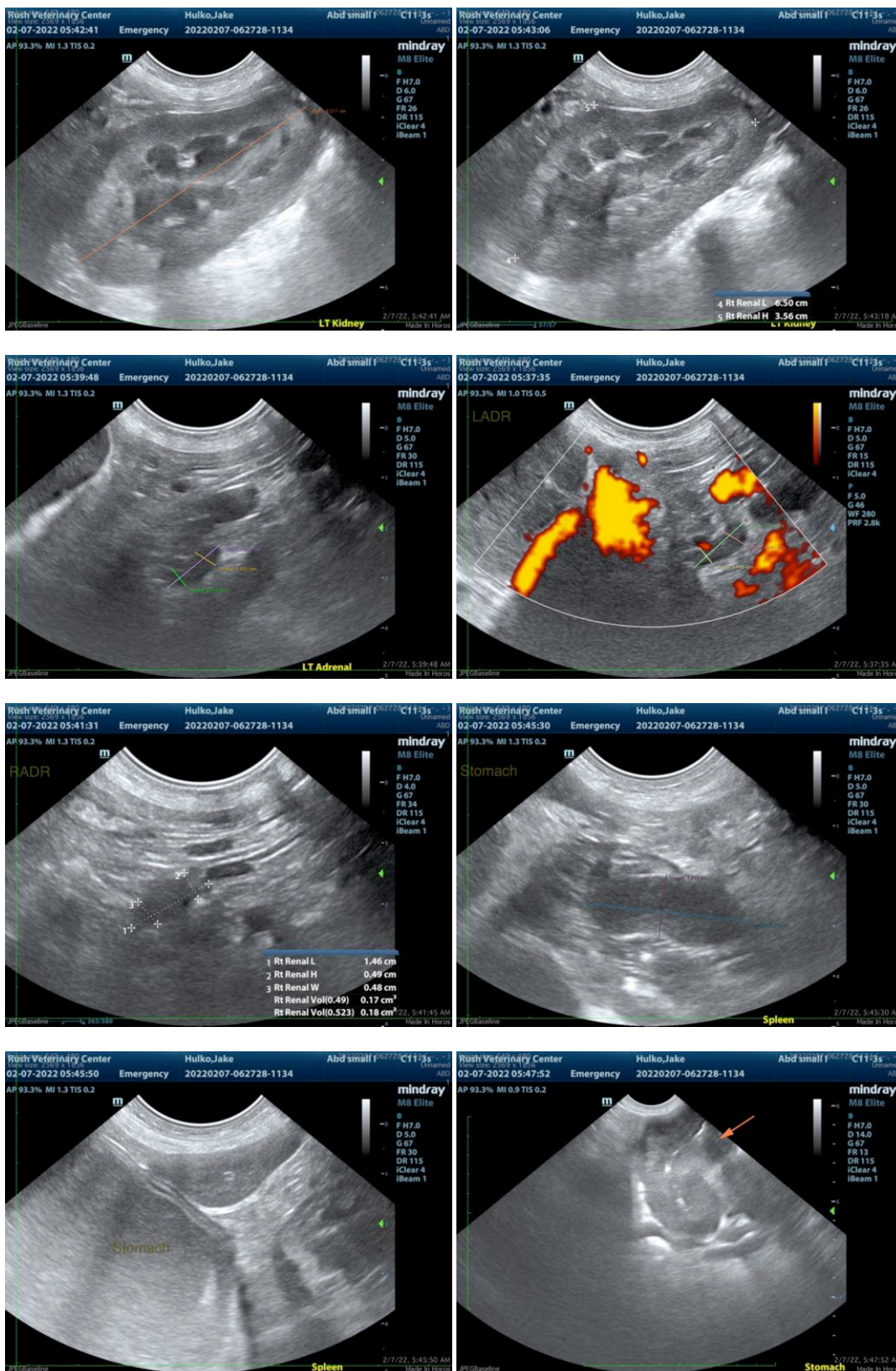
Dr. Milot

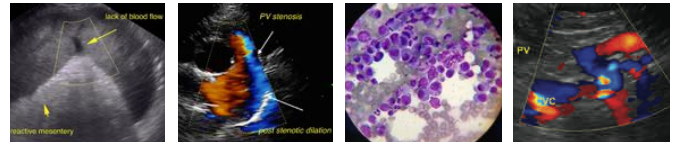
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SPECIES

Canine

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SEX

Neutered male

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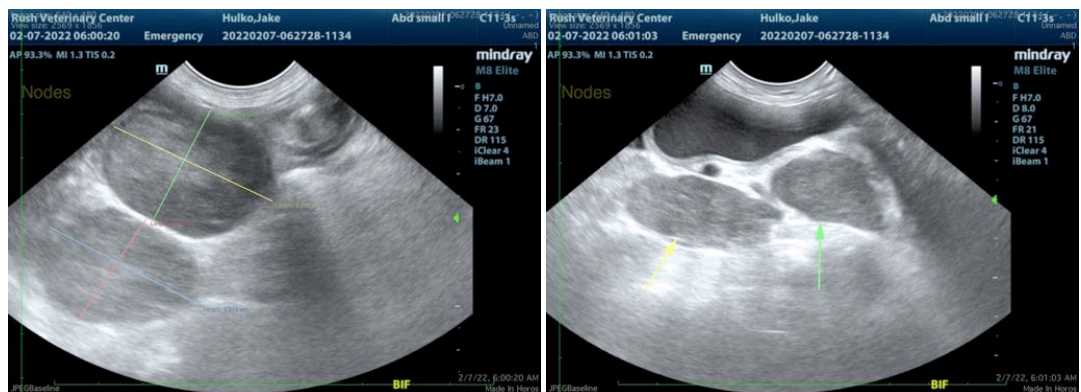
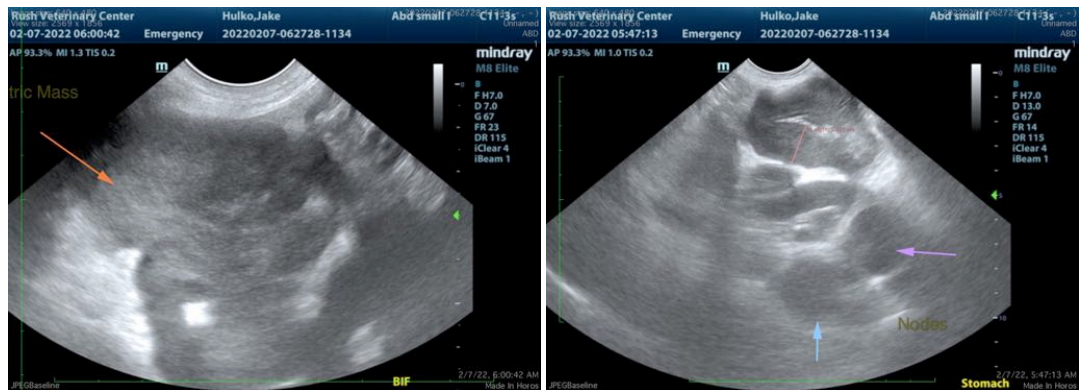
Dr. Milot

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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.

Beth Johnson, DVM DACVIM

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