**DATE PRESENTING CLINICAL SIGNS**

8/23/23

Hypoalbuminemia (present since at least 2021. recently progressive)--R/O emerging true PLE vs primary GI disease w/component of protein loss, R/O IBD, less likely neoplasia, infectious, primary lymphangiectasia, atypical addison's, other, Low normal globulin, Diabetes mellitus--likely room for improvement on control, Weight loss--R/O related to GI disease, incomplete DM control, combination

Intermittent soft stool, Immature cataract OU.

PATIENT

Ripley Houck

SPECIES

Canine

BREED

Labradoodle

SEX

Neutered Male

AGE

3/22/12

WEIGHT

27 kg

INTERPRETED BYBeth Johnson, DVM
DACVIM**HOSPITAL NAME**

Nexus Vet Specialists

REFERRING VET

Dr. Steele

INVOICE

44880

Current Medications: None listed.

Lab Results: Summary of rDVM visits/labs: 8/14: Noted white discharge from penis, owner feels pet is scared a lot and unsure why, unwilling to eat sometimes. Bile acids 1.2 pre and 3.1 post, fecal negative, alb 2.2. 7/24: Exam, vaccines. Owner changed food, feeding home made w/ground beef. Chem--K 5.5, Alb 2.4, glob 2.4, chol normal 233, glu 384, T4 2.1, CBC--MCV 58 w/normal HCT 46%, PLT 516K, UA--USG 1.047, pH 6.0, 3+ glucose, negative protein, 1+ ketones, 4DX negative. Labs 1/14/21: alb 2.5, glob 3.1

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

Urinary bladder is only mildly distended. Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. If there are urinary signs and/or concern for urinary bladder pathology, reassessment after complete filling is recommended.

The area of the prostate is examined without evident prostatic pathology.

The right kidney is normal in size (6.37 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.

The left kidney is normal in size (6.6 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.

Adrenal Glands

The right adrenal gland is normal in size (0.80 cm at the cranial pole and 0.91 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.61 cm at the cranial pole and 0.77 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The 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.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is markedly heterogenous (almost nodular) characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

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.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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

Pancreas

The 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.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

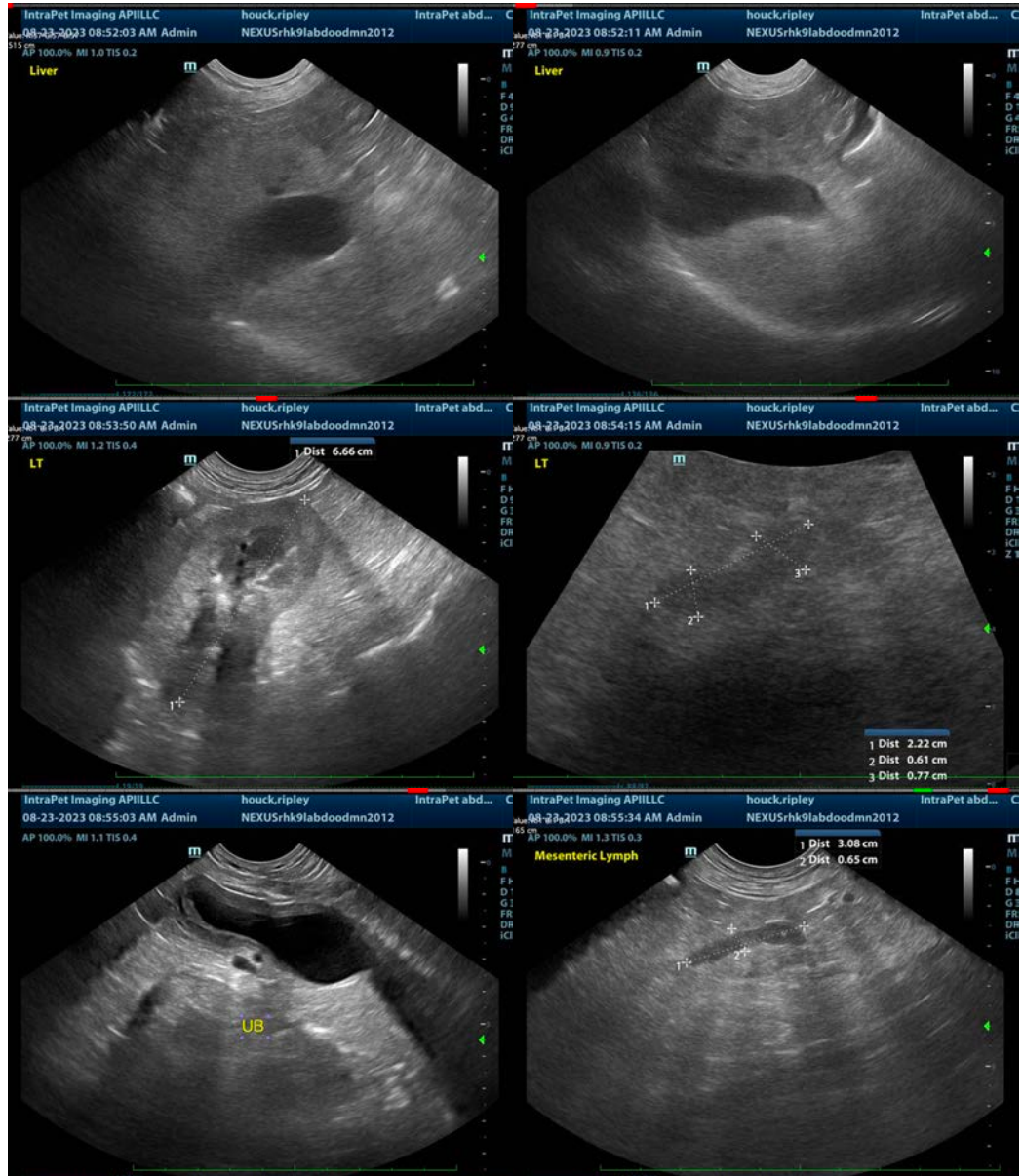
The mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

- **Markedly heterogenous Liver** – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.
- **Reactive mesenteric lymph nodes** – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations regarding this patient will be implemented by the attending internist, Dr. Cara Steele





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
info@sonopath.com