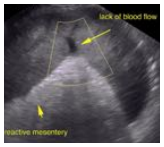
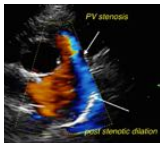
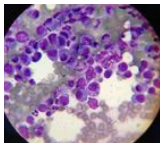
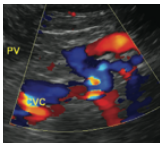
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Lucky Rodriguez

SPECIES
Canine

BREED
Boxer

SEX
Neutered male

AGE
7 years

WEIGHT
52 lbs

INTERPRETED BY
Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY
Kelly Vasquez

HOSPITAL NAME
Ridge Road AH

REFERRING VET
Dr. Pathak

INVOICE
76068

DATE
7/10/23

PRESENTING CLINICAL SIGNS

History: Patient presents for intermittent vomiting and diarrhea for a least 1 month. Emaciated body condition, full ribs, spine, and hip bones prominent. Dog is eating I/D canned well, full stomach on exam (had breakfast this morning). Concern for PLE vs. other. Albumin 1.7.
Abnormal PE/Chem/CBC/UA Results: Mild regenerative anemia, neutrophilia, leukocytosis, hypoproteinemia 4, albumin 1.7, Ca++ 7.6, low cholesterol and high amylase. U/A: proteinuria 1+, trace keytones, USG 1.058.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys have a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio and pinpoint areas of cortical mineralization. No evidence of pelvic dilation was present. Th left kidney measured 6.92 cm at the right kidney measured 5.57 cm.

Adrenal Glands

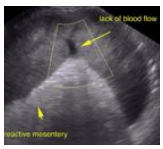
Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.98 cm in length and 0.61 cm at the cranial pole and 0.45 cm at the caudal pole. The right adrenal gland measured 2.08 cm in length and 0.36 cm at the cranial pole and 0.37 cm at the caudal pole.

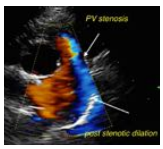
Spleen

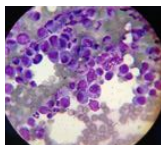
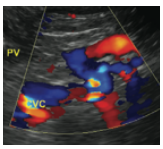
The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

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. No pathological hepatic lymphadenopathy observed. Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally





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Gastrointestinal

The stomach contains ingesta. It appears of normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with small volumes of fluid and ingesta throughout. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

Lymph Nodes

Lymph nodes – Enlarged, somewhat rounded and slightly hypoechoic sublumbar lymph node measuring 1.6x1.2cm

Free Abdomen

No masses or free fluid were noted.

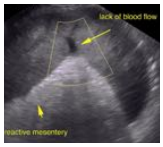
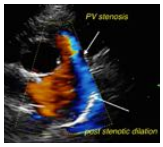
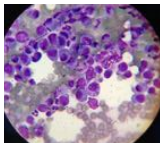
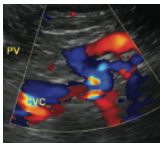
ULTRASONOGRAPHIC FINDINGS

Primary Findings

1. Normal GI tract
2. Sublumbar lymphadenopathy
3. Scant free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

GI tract was overtly normal in this study with normal GI thickness and layering throughout, though evaluation of GI tract is somewhat hindered by presence of ingesta and 12 hour fast prior to ultrasonographic evaluation is recommended. Free fluid is very scant and likely secondary to reported hypoalbuminemia. No ultrasonographically apparent lesions were present in the GI tract to explain this patients suspected protein losing enteropathy. GI biopsies are indicated in this case given the severity of clinical presentation. GI panel (TLI/PL/cobalamin/folate), baseline cortisol +/- ACTH stimulation test, fecal pathogen PCR, and empiric broad spectrum deworming and treatment with probiotics should be considered as clinically warranted.
Sublumbar lymphadenopathy is of uncertain significance. FNA of this area is recommended to further define. Infectious lymphadenitis (bacterial, viral, protozoal or less likely fungal infection), reactive lymphadenitis (parasitism, migrating foreign body), or infiltrative disease (lymphoma, MCT, other) are

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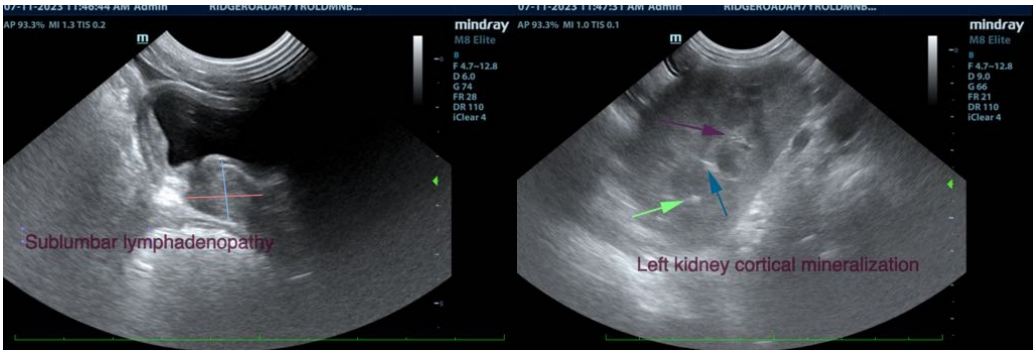
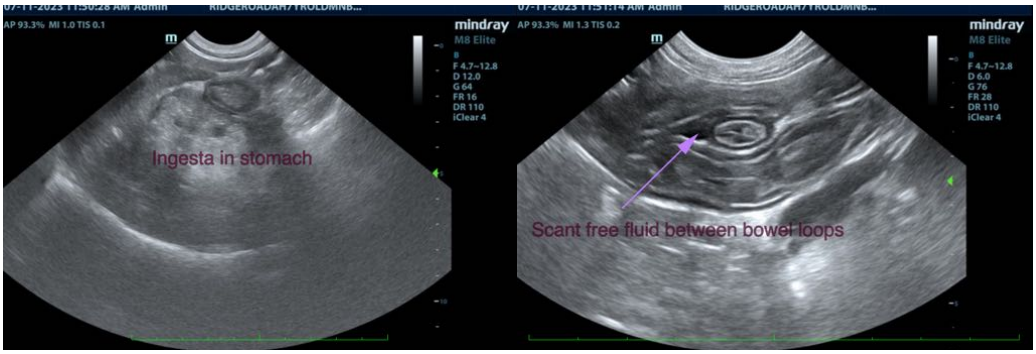
possible. Lymph node aspirate and culture could be considered to further define this change. Serial imaging monitoring for progression or resolution of lymphadenopathy is recommended.

Renal changes are likely age related degeneration. Continue to correlate clinical significance with semi-annual blood work/urinalysis findings and clinical signs.





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.

Dr Brittany Sinclair, BVSc(hons), DACVECC
info@SonoPath.com