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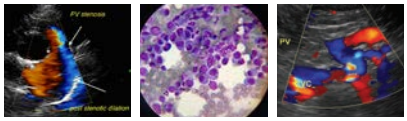

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

11/12/21

PATIENT

Jager Rutkowski

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

2012

WEIGHT

52 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Stephanie Pearce RDCS, RVT

HOSPITAL NAME

Perry Hall AH

REFERRING VET

Dr. Baer

INVOICE

29810

PRESENTING CLINICAL SIGNS

History: 4-6 weeks of ongoing lethargy, PE unremarkable, occasional cough, hypoalbuminemia, hyperglobulinemia.
Current Medications: 11/01-current Clavamox 375mg 1 PO BID.
Lab Results: Senior Profile- CBC, WBC (H) 25.5, Neut (H) 23.8,
Lymph (L) 0.6, Platelet clumping, platelets adequate, Chem 27,
ALB (L) 1.5, Glob (H) 5.2, Alb/Glob ratio 0.3, AST (H) 96, Na/K ratio wnl,
UA, Free catch, USG: 1.023, pH: 6.5, Protein: 2+, Glucose: trace,
RBC: 2-5, Protein electrophoresis pending.
Radiographs: Thoracic radiographs- suspected bronchopneumonia mild left cranial lung lobe.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required for a full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The residual prostate was uniform at 0.97 cm.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 7.9 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The right adrenal gland measured 3.04 cm x 0.61 cm at the caudal pole and 0.55 cm at the cranial pole.

Spleen

The **spleen** revealed an expansive hypoechoic nodule measuring 1.0 cm with capsular deviation. The remainder of the spleen was slightly coarse in architecture.

Liver

The **liver** revealed slight increased portal markings, minor coarse architecture and minor uniform swelling. The gallbladder was unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

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

Free Abdomen

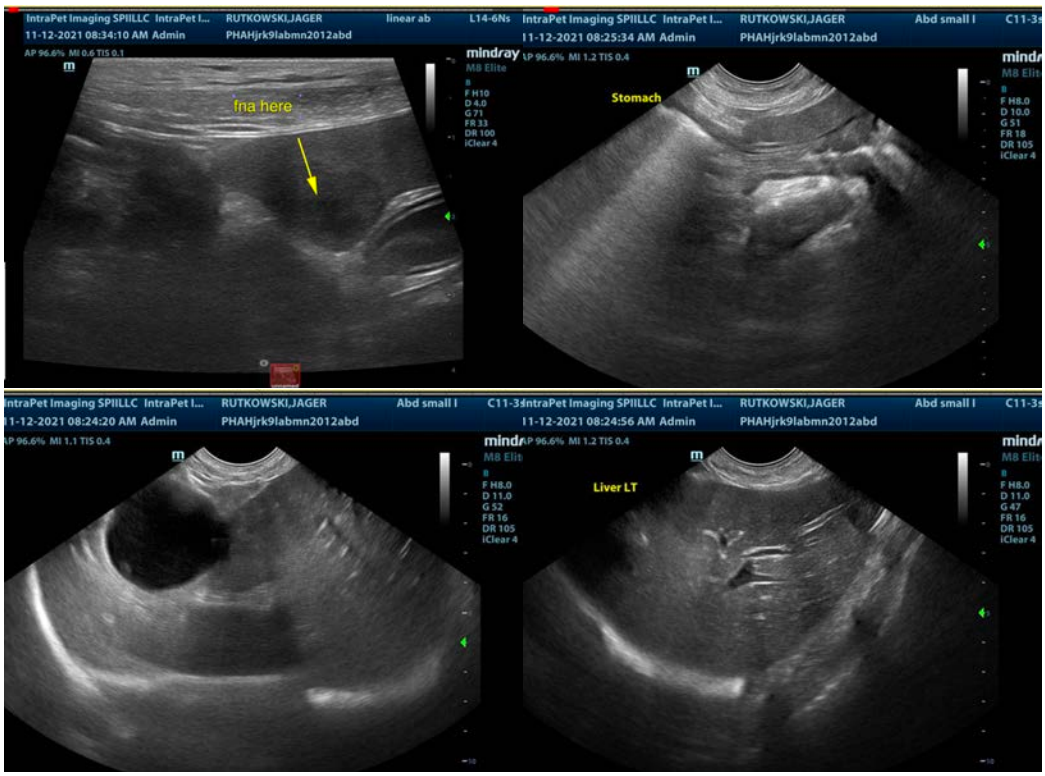
A reactive sublumbar lymph node measured 2.58 cm x 1.0 cm. Other iliac lymph nodes were slightly enlarged and rounded.

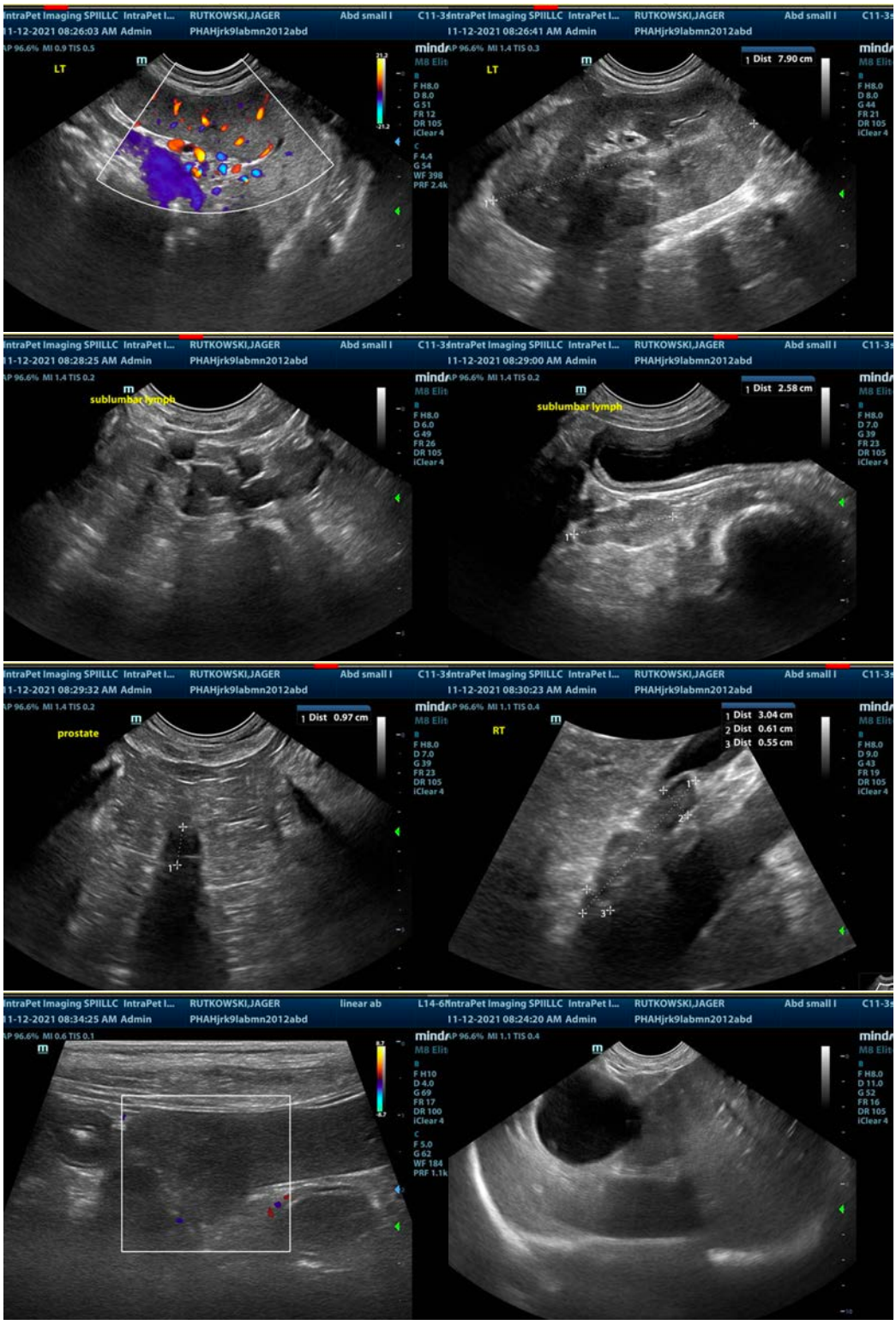
ULTRASONOGRAPHIC FINDINGS

- Sublumbar and iliac lymphadenopathy
- Adrenal remodeling
- Splenic nodule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the splenic nodule warranted. Given that only minor proteinuria is present, protein losing enteropathy is suspected as the cause of low albumin. FNA of the splenic nodule warranted. Treatment for protein losing enteropathy indicated. Albumin loss combination from the GI tract and the kidneys likely.




IntraPet Imaging SPIILLC IntraPet I... RUTKOWSKI,JAGER Abd small I
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LT
11-12-2021 08:26:41 AM Admin PHAHjrk9labmn2012abd
LT
1 Dist 7.90 cm
11-12-2021 08:28:25 AM Admin PHAHjrk9labmn2012abd
sublumbar lymph
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sublumbar lymph
1 Dist 2.58 cm
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prostate
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RT
1 Dist 3.04 cm
2 Dist 0.61 cm
3 Dist 0.55 cm
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linear ab
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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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