

**DATE PRESENTING CLINICAL SIGNS**

11/21/25

Patient History: Patient presents for annual BW for phenobarb/Keppra use. HAs chronically low TP and alb but alb has dropped lower than previously. Anemia returned

PATIENT

Minto Melefsky

Current Medications: Iron 1/2 65 mg QD 1/2 B 50 complex QD, Phenobarb 16.2 mg 1 BID, Zenrelia 6.4mg 1 QD, Levetiracetam 250mg 1 TID

Labwork Results: Labwork attached, reported as: HCT 38.9, Hb 12.9, MCV 61, MCH 20.1, Ret:Hb 23.6, TP 5.2 (prev 5.4 and 5.3), alb 2.1 (prev 2.6 and 2.5), T4 0.8.

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

Shiba Inu

Imaging Performed by: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered Male

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.

AGE

5/24/17

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 right kidney measured 4.2 cm. The left kidney measured 4.13 cm.

WEIGHT

19.3 lbs

INTERPRETED BYEric Lindquist, DMV,
DABVP, Cert. IVUSS**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 right adrenal gland measured 1.77 cm x 0.81 cm at the cranial pole and 0.33 cm at the caudal pole. The left adrenal gland measured 1.96 cm x 0.46 cm at the caudal pole and 0.48 cm at the cranial pole.

HOSPITAL NAMEChadwell Animal
Hospital**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

REFERRING VET

Dr. Weeks

INVOICE

72062

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. Minor coalesced bile noted in the gallbladder, not overtly pathological. No significant overdistention of the gallbladder noted.

Gastrointestinal

The **gastric** wall was slightly thickened in this patient. Some mucosal speckling and occasional striation noted in the GI tract. This may be idiopathic or possibly related to protein losing enteropathy.

Pancreas

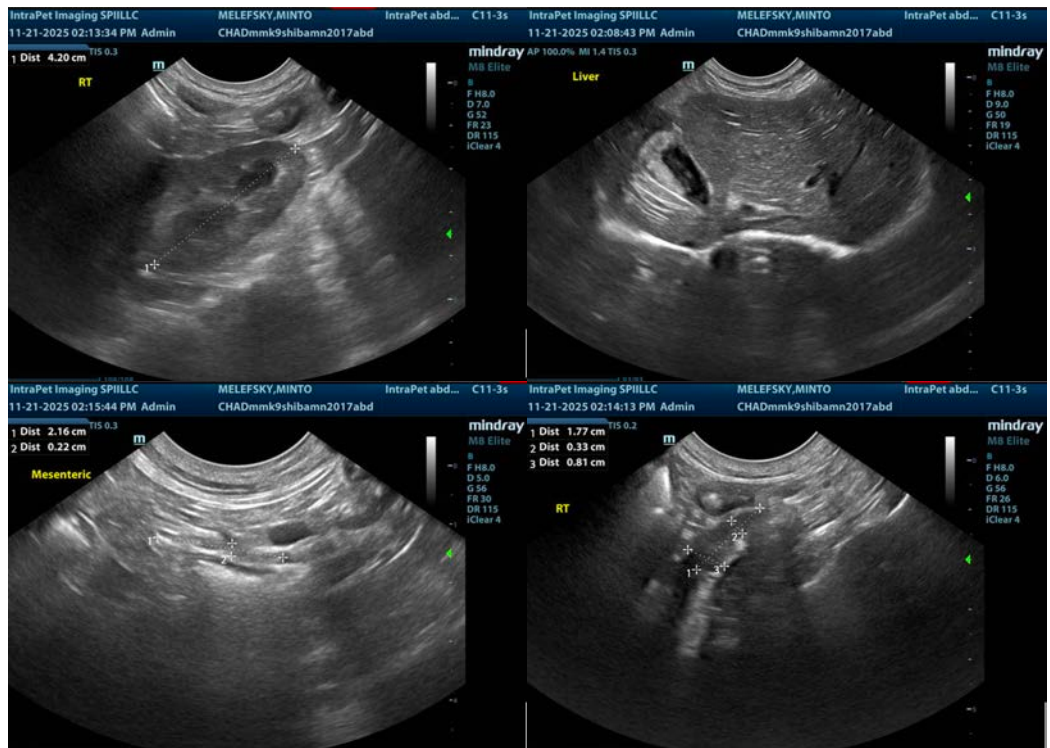
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Slightly thickened gastric wall.
- Mucosal speckling in the GI tract.
- Minor coalesced bile in gallbladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt ulcerative disease noted. However, given the unexplained anemia, GI protectant protocol could be considered to treat for potential microulcerative disease that may be causing GI blood loss, yet no other evidence of pathology noted in the abdomen responsible for the anemia. The low albumin is concerning. No overt mucosal striations noted in the GI tract. However, no significant proteinuria is present, and by default protein losing enteropathy is likely. Screening for Addison's could also be considered, given the low albumin, even if the adrenals appear normal. Recommend focusing on the GI tract. As an empirical trial, Purina HA or Royal Canine HP diet recommended to manage protein losing enteropathy and reassessment of the clinical signs over a 10-14 day period.





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.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com