**DATE**

4/11/22

PRESENTING CLINICAL SIGNS

Severe PLE - had a bad flare in early 2020, fine for ~2 years, but started losing lots of weight over the last 1-2 months, attempted vit B12/metro/Pred but p was horribly PU/PD on low dose pred, pure water diarrhea and metro was coming out in stool without any sign of absorption.

PATIENT

Jasmine Maxwell

Current Medications: Tylan Powder.

Lab Results: See attached.

Date of Previous IntraPet Ultrasound: 2/23/21 See attached.

SPECIES

Canine

Sedation: Torbugesic IV.

Stat Report: Not requested.

Imaging Performed By: Stephanie Pearce RDCS, RVT.

BREED

Saint Bernard

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 was noted. Ureteral papillae were normal.

AGE

3/10/17

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 left kidney measured 6.86 cm. The right kidney measured 7.24 cm.

WEIGHT

108 lbs

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 2.79 x 0.44 cm at the caudal pole and 0.65 cm at the cranial pole. The left adrenal gland measured 3.82 x 0.52 cm at the caudal pole and 0.65 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Bayside Animal
Medical Center

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 was noted.

REFERRING VET

Dr. DeLozier

Liver

The **liver** revealed minor, irregular swelling. The gallbladder and common bile duct were unremarkable. Pleural effusion was noted through the diaphragm. Slight free fluid was noted around the liver.

INVOICE

99203

Gastrointestinal

The stomach was unremarkable with an empty lumen. There was early loss of mural detail noted in the intestine. 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.

Heart

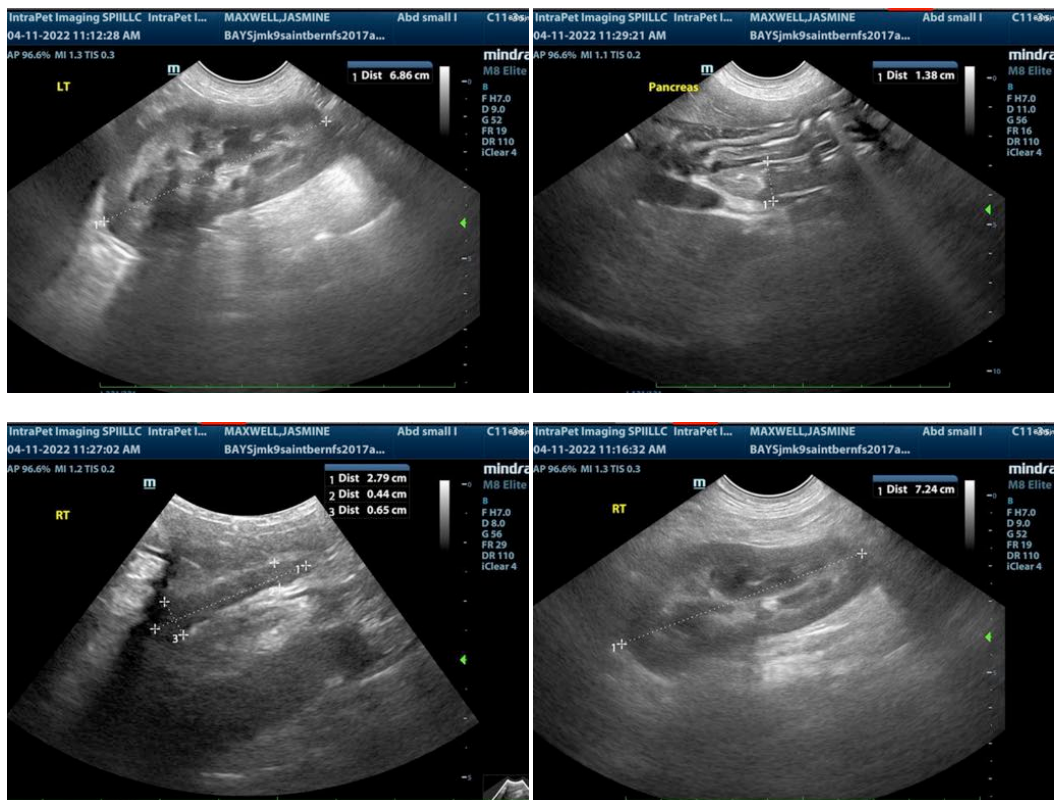
Rapid view of the heart revealed no evidence of pathology. The contractility and internal volumes appeared normal. A moderate amount of pleural effusion is present. No evidence of pericardial effusion. No overt masses are present.

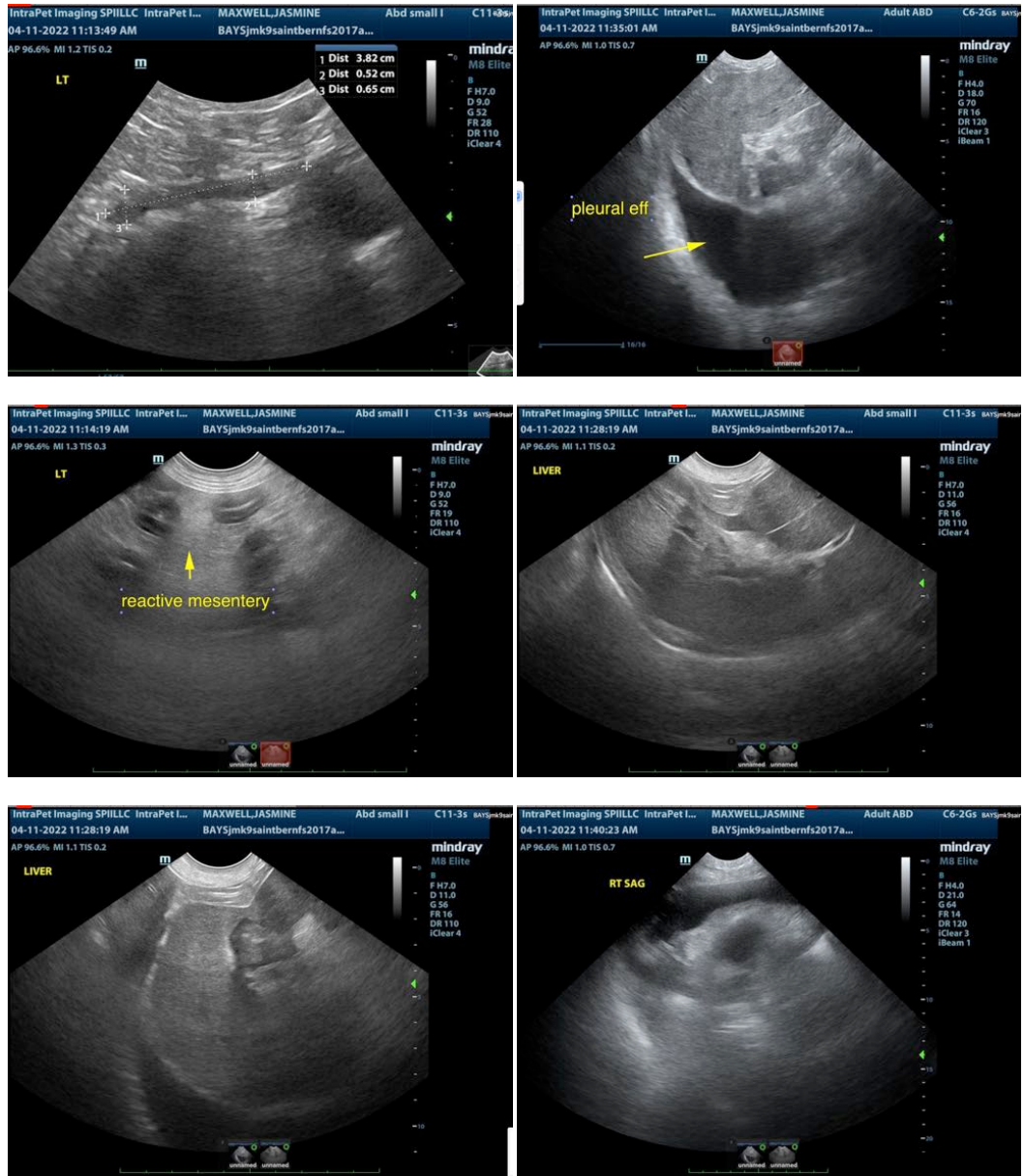
ULTRASONOGRAPHIC FINDINGS

Variable small intestinal thickening with reactive mesentery.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I am concerned for underlying round cell neoplasia in this patient. Protein losing enteropathy would be responsible for the low albumin. If the albumin level is currently less than 1.5 at the time of the sonogram then the ascites could be attributed to poor oncotic pressure. However, lymphatic obstruction owing to lymphoma or similar would justify both thoracic and abdominal effusions. The prognosis is guarded. Chest CT would be ideal. Pleurocentesis and cytospin of the free fluid is recommended to assess for the underlying neoplasia is indicated/lymphomatosis.





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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