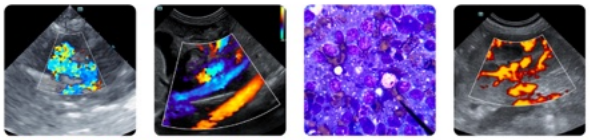

PATIENT

Ranger Punches

SPECIES

Canine

BREED

Papillion

SEX

Neutered male

AGE

4 years

WEIGHT

6.9 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Dyer

HOSPITAL NAME

CVC Richmond

REFERRING VET

Dr. Dyer

INVOICE

74954

DATE

4/29/26

PRESENTING CLINICAL SIGNS

History: Patient presenting of inappetence, weight loss, vomiting/diarrhea symptoms for 7 days along with bloody diarrhea, fever (103-105 F), abdominal pain, mild hypoglycemia, and mild anemia. Patient has failed to respond to supportive care, and rads did not support gi obstruction/foreign body. Vomiting ha resolved but, but diarrhea became bloody/tary, fever has persisted along w/ inappetence. Weight loss also present 7.6# to 6.9; Baseline Cortisol wnl. CPL normal.
Patient has a prior hx of enteropaththy. In 12/2022, did have an incident of enteropathy w/ low alb/glob that responded to steroids and low fat diet and has since been controlled with low fat diet.
Abnormal PE/Chem/CBC/UA Results: 4/20/26: Elevated amylase 2500s, ALKP 400s, o/w nsf. CBC mild anemia w/ low plt (114,000) and eosinopenia (300s) 4/25: Elevated ALKP 1200, cPL 117 (wnl), glu 51, alb 2.5, mild anemia and decreased platelets Baseline Cortisol via idexx 4.8 ug/dl (wnl),

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.

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. Pinpoint mineralization was noted. The left kidney measured 3.7 cm. The right kidney measured 3.6 cm.

Adrenal Glands

The left **adrenal gland** was visualized obliquely and measured 0.5 cm. The region of the right adrenal gland revealed no evidence of pathology.

Spleen

The **spleen** was mildly enlarged with swollen contour. The spleen measured up to 1.16 cm and was folded upon itself cranially.

Liver

The **liver** revealed uniform enlargement with normal 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. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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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 **pancreas** was mildly nebulous. This may be a software issue or low-grade inflammation.

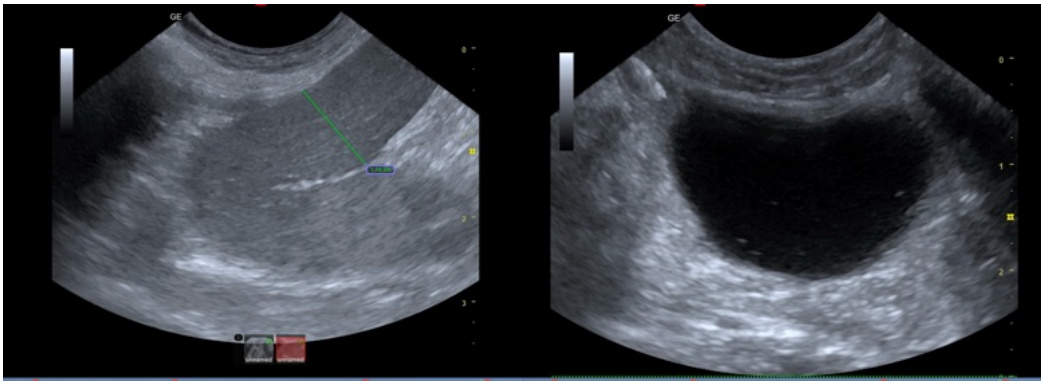
ULTRASONOGRAPHIC FINDINGS

Splenomegaly. Potential splenitis, reactive spleen, emerging round cell neoplasia are all possible.

Minor uniform hepatic enlargement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

25-gauge FNA of the spleen is indicated. Tick borne disease panel is warranted given the clinical profile. Subxiphoid palpation is recommended to assess for pain in the region of the pancreas. Causes of hypoglycemia should be evaluated. There was no evidence of insulinoma noted. However, I cannot rule this out. Insulin glucose ratio is indicated. I recommend assessment for potential xylitol toxicity.



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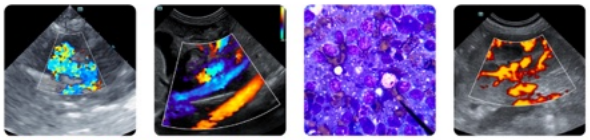

Clinical Sonography & Telecytology
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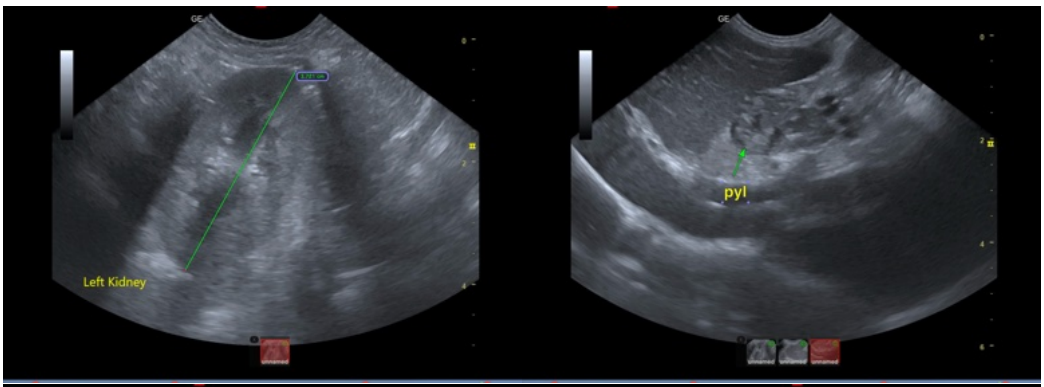

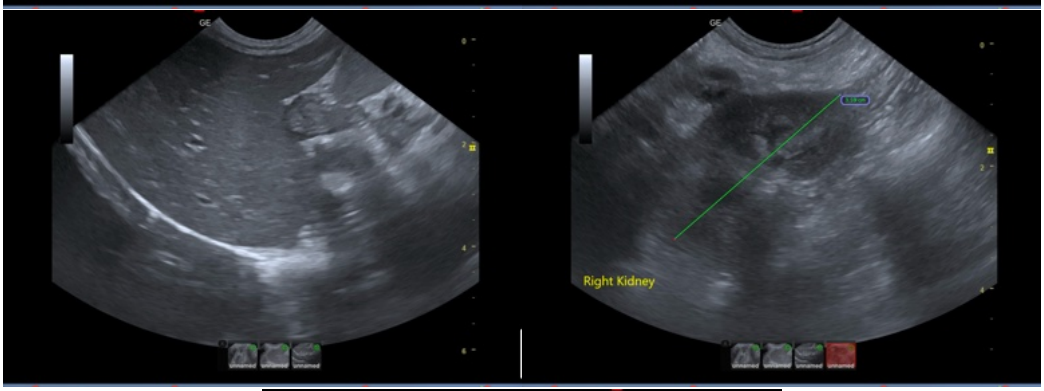

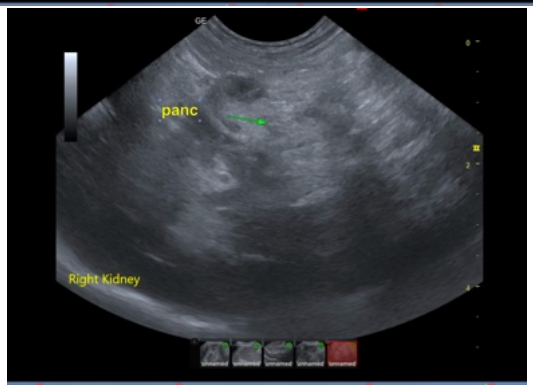

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

info@SonoPath.com