



**PATIENT**

Curly Krane

**SPECIES**

Canine

**BREED**

Greyhound

**SEX**

Neutered Male

**AGE**

7 Years 6 Months

**WEIGHT**

72 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Anthony Krawitz

**HOSPITAL NAME**

Calusa Vet Center

**REFERRING VET**

Dr. Anthony Krawitz

**INVOICE**

47176

**DATE**

5/4/23

**PRESENTING CLINICAL SIGNS**

Presented for AUS Hy of long term hyporexia, soft stools, weight loss, unable to gain weight. Bloodwork is wnl except for B12 which is slightly decreased but in normal reference range. Borderline Leukopenia, chronic and persistent. Normal thyroid panel. Hy of recurrent (not resistant) Hooks Meds: Advantage Multi, Drontal Plus Diet: Purina EN kibble 2 cups 2-3 times daily

**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 **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 6.91 cm. The left kidney measured 7.46 cm.

**Adrenal Glands**

The **left adrenal gland** was mildly swollen at the cranial pole measuring 0.81 cm. The caudal pole measured 0.50 cm. Length measured 3.03 cm.

The **right adrenal gland** measured 4.24 cm x 0.41 cm at the caudal pole and 0.47 cm at the cranial pole.

**Spleen**

The **spleen** was mildly enlarged, uniform. Folded upon itself cranially.

**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. 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.

**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.

**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.



**PATIENT**

*Free Abdomen*

Curly Krane

Reactive mesenteric lymph nodes noted up to 0.66 cm in width.

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**ULTRASONOGRAPHIC FINDINGS**

- Hypersplenism and minor reactive mesenteric lymph nodes
- Slightly enlarged, irregular left adrenal gland – likely hyperplasia

**BREED**

Greyhound

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Neutered Male

No evidence of significant disease. FNA of the mesenteric lymph nodes with cytology and culture could be considered for further definition. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

**AGE**

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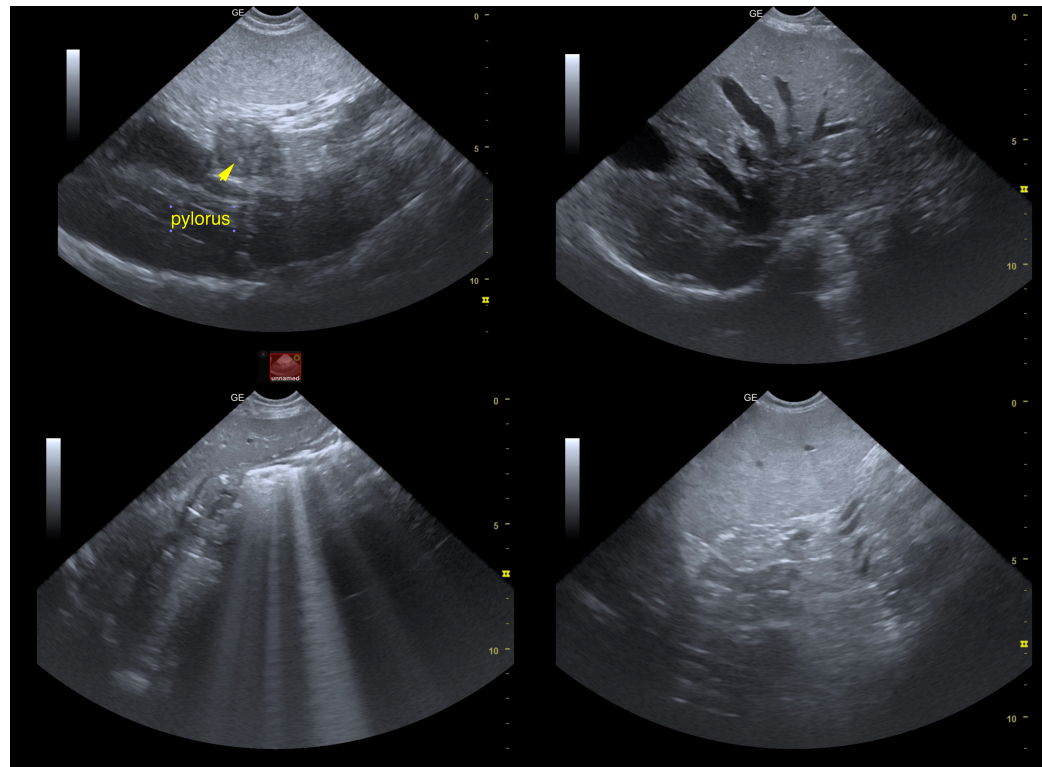
Differentials for diarrhea include occult parasitism. Dietary indiscretion, dietary intolerance, antibiotic responsive colitis, intestinal dysbiosis and occult Addison's should all be considered as causes of diarrhea in this patient. A hydrolyzed diet trial may be in this patient's best interest +/- probiotics. 24-hour NPO and reintroduction of bland diet indicated. I recommend a baseline cortisol or ACTH stimulation test, a fresh fecal smear and fecal floatation analysis if not already performed.

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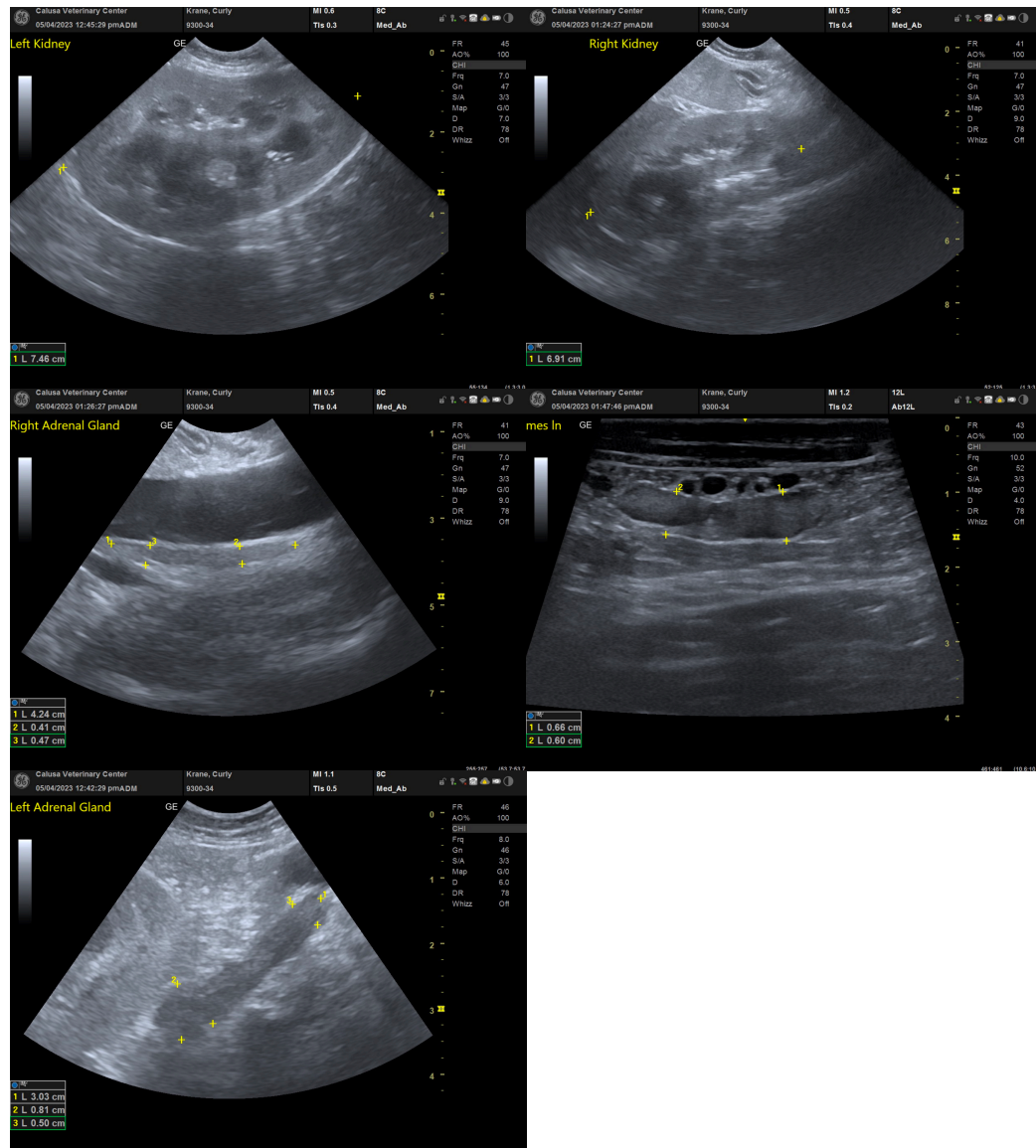
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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