



PATIENT

Apple Warner

SPECIES

Canine

BREED

Whippet

SEX

Spayed Female

AGE

12 Years

WEIGHT

24 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

AH of Roxbury

REFERRING VET

Dr. Elia

INVOICE

38307

DATE

6/2/22

PRESENTING CLINICAL SIGNS

Febrile. Hx of splenectomy and bowel biopsy. Current meds: Budesonide, Enrofloxacin
Abnormal PE/Chem/CBC/UA Results: TP 4.7, ALB 2.2, ALKP 207, CA+ 8.2, AMYL 1391, PREC. PSL 192, CPK 38, NEUT 79, EOS 0, U/A-PROT 4+, COLOR-DK, YELLOW, TRACE BLD

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 left kidney measured 5.7 cm. The right kidney measured 5.75 cm.

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 2.4 cm x 0.65 cm at the cranial pole and 0.63 cm at the caudal pole. The left adrenal gland measured 1.73 cm x 0.48 cm at the cranial pole and 0.51 cm at the caudal pole.

Spleen

The region of the **splenic fossa** was unremarkable. No return of prior pathology.

Liver

The **liver** presented a mild amount of remodeling and increased portal markings. Slight irregular swelling. Liver enzymes should be monitored periodically. The gallbladder was unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed mucosal fogging similar to the prior sonogram. No free fluid noted. Some remodeled mesentery noted associated with the small intestine.

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

Trace amounts of free fluid noted in the abdomen.

ULTRASONOGRAPHIC FINDINGS

- Mucosal fogging, stable lymphangiectasia type presentation with some mesenteric remodeling
- Trace free fluid



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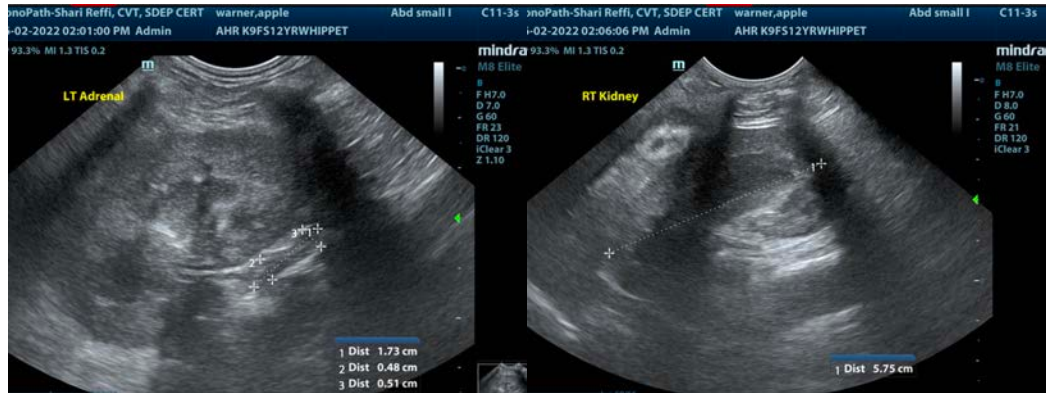
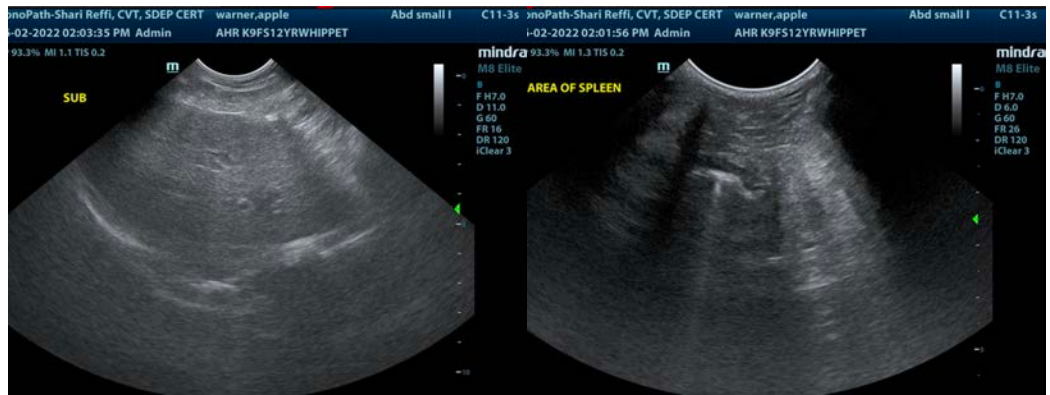
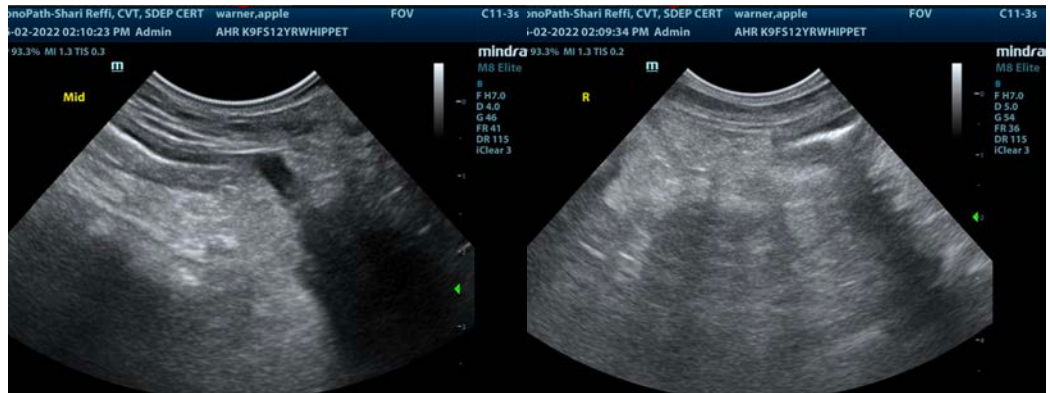
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Adjustment of the primary treatment for protein losing enteropathy/lymphangiectasia warranted. Enrofloxacin/Metronidazole over a 7-10 day period warranted. Prednisone trial could also be considered. But protein loss from the urinary tract and intestinal tract likely occurring, given the proteinuria. Given that the albumin level is fairly well contained at 2.2, the slight free fluid is likely inflammatory in origin. No overt evidence of neoplasia. If clinical signs persist, recheck sonogram in 7-10 days.





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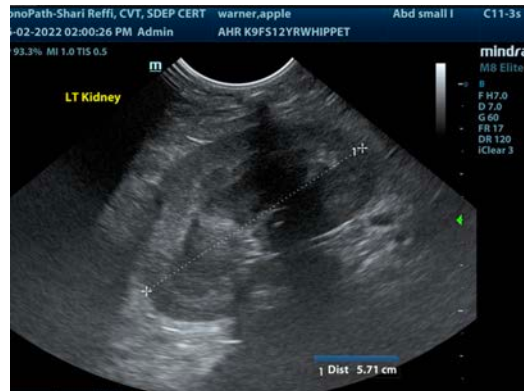
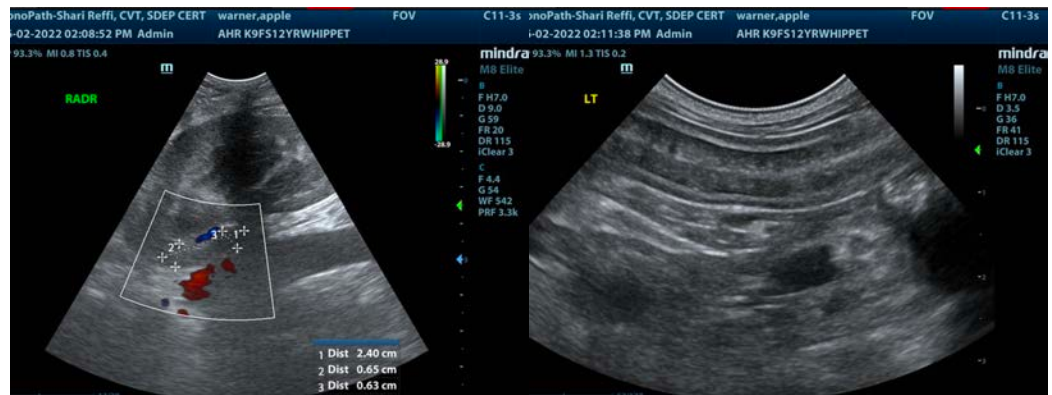
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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