



PATIENT

Juliano Moonie

PRESENTING CLINICAL SIGNS

Suspected PLE. Ca 7.6, TP3.7, alb 1.6, glob 2.1, ALP 12

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Staffordshire Terrier

The **urinary bladder** was largely normal with a trace amount of sand and mural mineralization in the proximal pelvic urethra. There was no evidence of masses.

SEX

Spayed female

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.

AGE

11 years

Adrenal Glands

The left adrenal gland was slightly swollen at the cranial pole measuring 0.66 cm and the caudal pole measured 0.6 and the length was 2.55 cm. The right adrenal gland measured 1.85 x 1.06 cm at the cranial pole and 0.45 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** was not visualized as it was previously removed. The region of the splenic fossa was unremarkable.

IMAGING PERFORMED BY

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Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

REFERRING VET

Dr. Ward

INVOICE

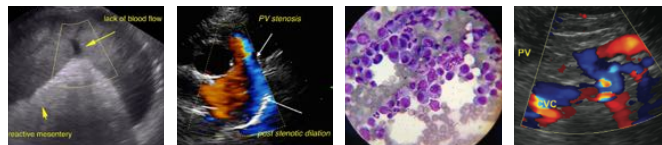
42896

Gastrointestinal

DATE

12/6/22

The **gastrointestinal tract** revealed diffuse, hyperechoic fogging or overlay throughout the small intestine as well as areas of mucosal striations and speckling. This striation + fogging effect appeared to exclusively affect the mucosal layer with the submucosa, muscularis and serosa left in-tact. Reactive mesentery was present associated with the serosa indicative of active inflammation. This is most consistent with protein losing enteropathy/lymphangectasia. Full thickness biopsies or endoscopy guided biopsies would be ideal to confirm. No obstructive disease or obvious suspicion of neoplasia.



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Pancreas

Juliano Moonie

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.

SPECIES

Canine

Free Abdomen

BREED

Trace amounts of free fluid were noted. There was no evidence of lymphadenopathy.

Staffordshire Terrier

SEX

Protein losing enteropathy pattern/lymphangectasia/mucosal fogging.

Spayed female

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

11 years

There was no overt neoplastic criteria. However, given the free fluid and albumin levels of 1.6 an emerging or occult neoplasia cannot be ruled out. However, no neoplastic criteria was noted in any of the tissues. Ideally full thickness intestinal biopsies can be considered; however, however, empirically the following protocol may prove effective.

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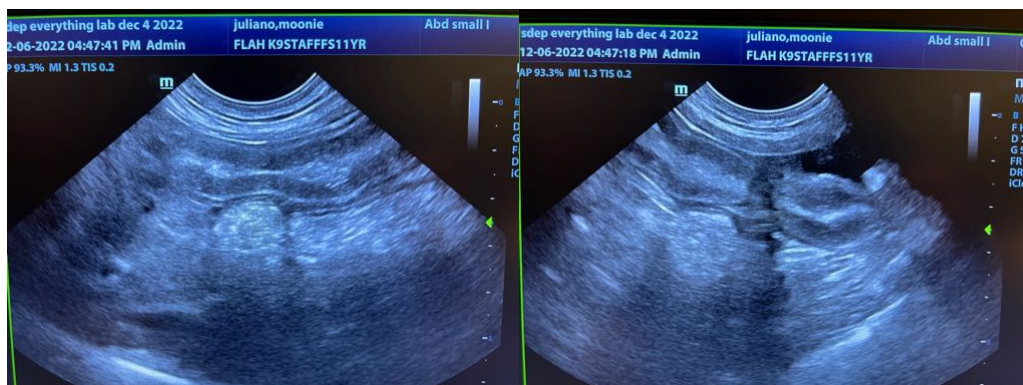
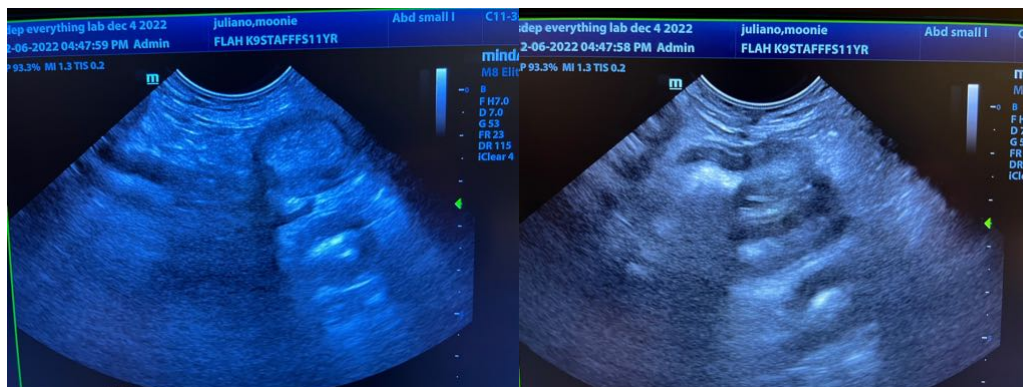
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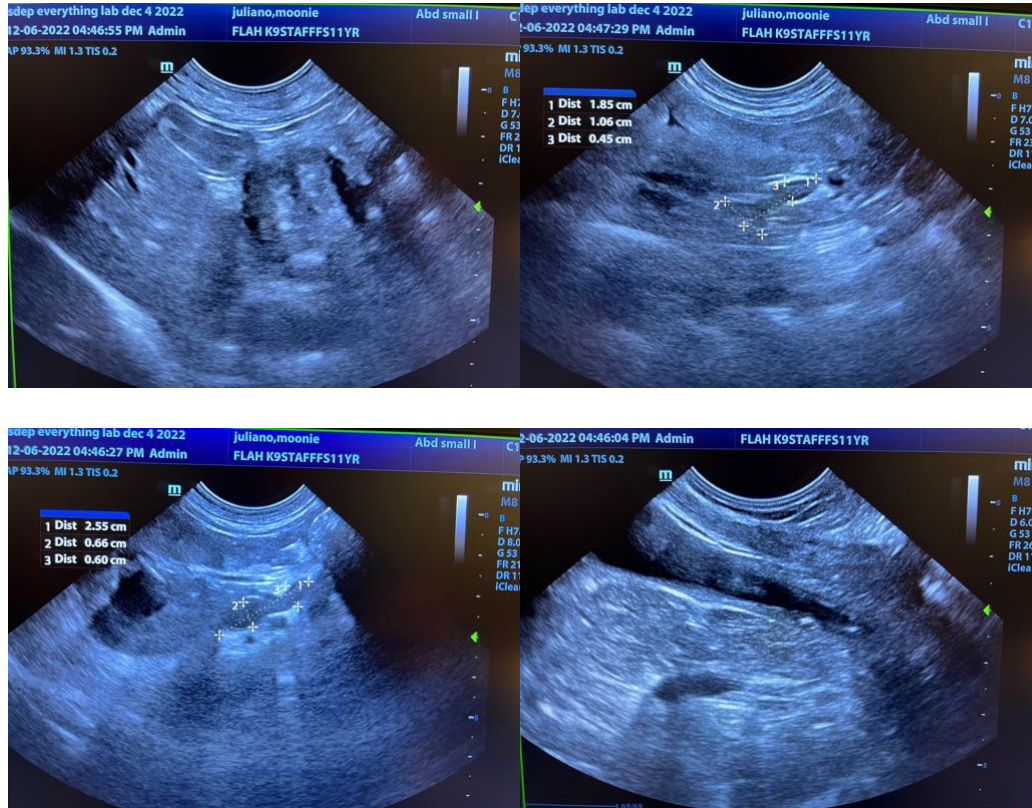
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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