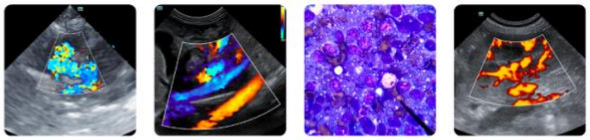


PATIENT

Hunter Arabsky

SPECIES

Canine

BREED

Husky Mix

SEX

Neutered Male

AGE

12 Years

WEIGHT

28.5 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Lacovides

HOSPITAL NAME

Tuxedo Animal Hospital

REFERRING VET

Dr. Lameg

INVOICE

13930

DATE

02/23/26

PRESENTING CLINICAL SIGNS

- GVD and splenectomy spring 2025, clinically pet feeling well but a mild nonregenerative anemia of undetermined cause and mild increase in ALT has been identified.
- Pet needs Nsaids for OA, ultrasound being done as a screen to try and help /rule out significant disease/conditions that would make Nsaid use contraindicated.
- ddx for anemia -Anemia of chronic disease or inflammation related to subclinical systemic conditions (liver problem?) -Bone marrow response that never fully normalized, particularly if there was a preexisting or age-related marrow change. -Subclinical GI or other intrabdominal blood loss causing anemia

Abnormal PE/Chem/CBC/UA Results: mild nonregenerative anemia of undetermined cause and mild increase in ALT

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. And normal urine jet present. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

Prostate measures 7.9 mm in width and is symmetrical and has uniform echogenicity.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 6.6 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 6.6 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.9 mm and the caudal pole measures 5.5 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The caudal pole measures 6.4 mm. The cranial pole was not well visualized.

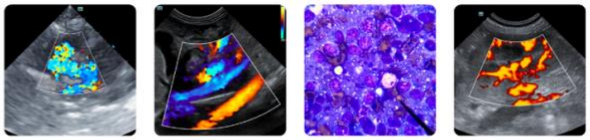
Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

Liver

The liver is normal in size and has normal echotexture with normal hepatic vasculature. It does exhibit mild heterogeneity.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction. The gallbladder contains a small amount of gravity dependent echogenic debris.



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Gastrointestinal

The stomach has normal wall layering and thickness. Colon contains formed stool with normal wall thickness. The stomach contains a mild amount of ingesta. Diffusely, the duodenum contains a moderate/marked amount of ingesta. The descending duodenum contains a moderate amount of food material within the lumen. The descending duodenal wall appears to have decreased normal layering appearance and measures 4.0 mm in width. The remainder of the duodenum also contains food material but appears to retain normal layering appearance.

Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Hepatic heterogeneity.
- Gallbladder debris.
- Formed stool in colon.
- GI ingesta.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes to the liver appear most likely to be age-related, however, given that the patient has an elevated ALT, recommend a fine needle aspirate of the liver to rule out infiltrative neoplasia such as lymphoma or mast cell disease. If round cell neoplasia is ruled out and ALT continues to be elevated, consider liver biopsy.

The changes seen to the duodenum indicate an inflammatory process such as possibly inflammatory bowel disease. Less likely infiltrative round cell neoplasia such as lymphoma. Recommend submitting a Texas A&M GI panel to screen patient further for possible gastrointestinal disease. If folate is abnormal, recommend endoscopic or surgical biopsies of duodenum.

Given that the patient has a mild anemia, it is possible that it is a blood loss anemia originating from the lesion seen within the duodenum. At this time, it is not recommended to start using an NSAID without further evaluation for gastrointestinal disease.

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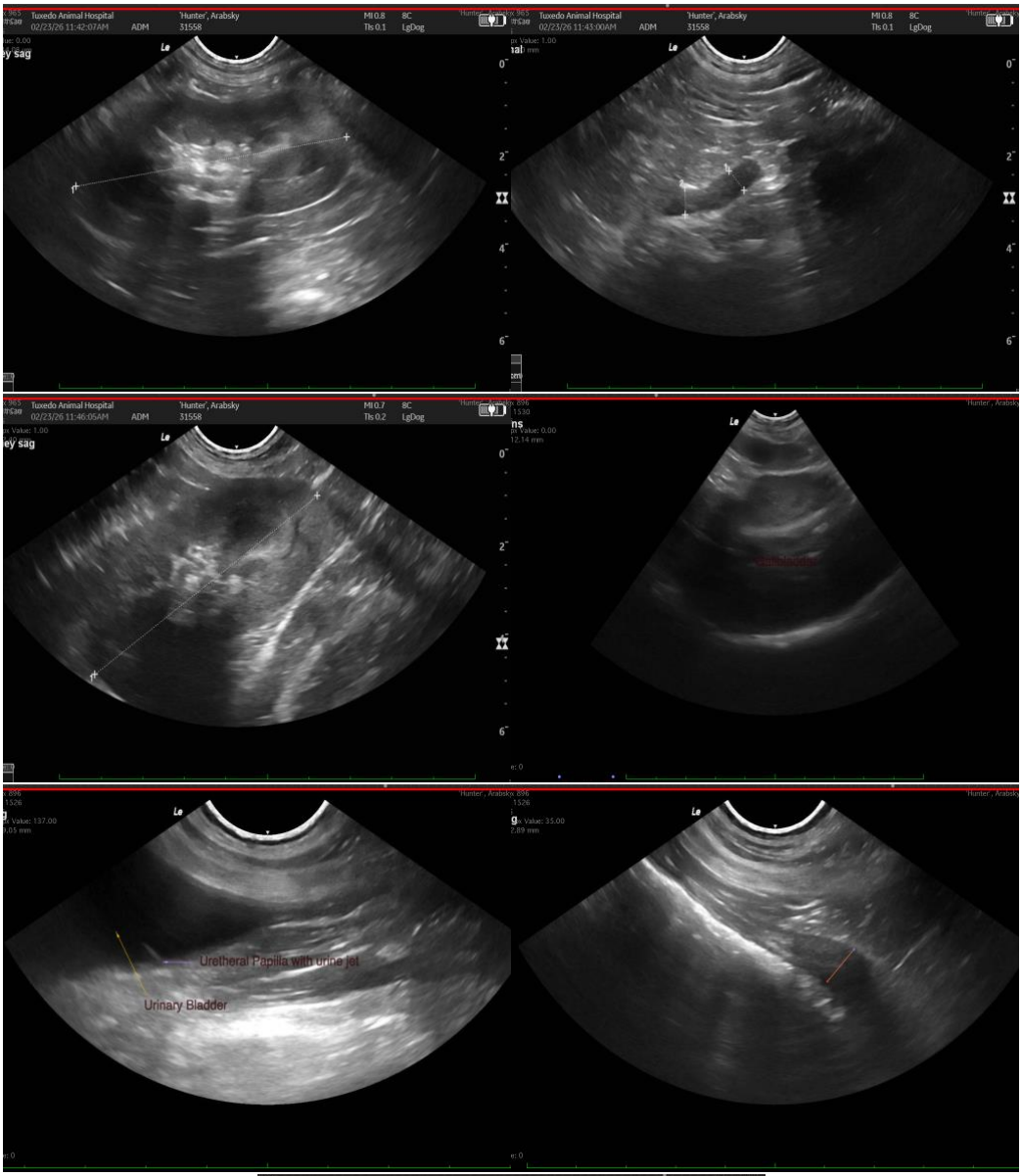

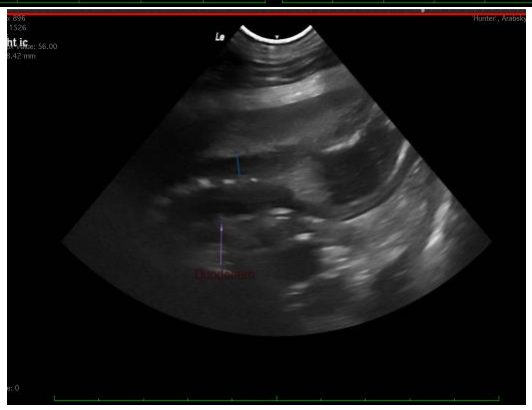

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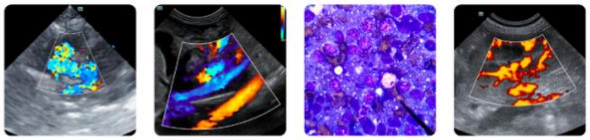

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)
Veterinary Internal Medicine Specialist
info@SonoPath.com