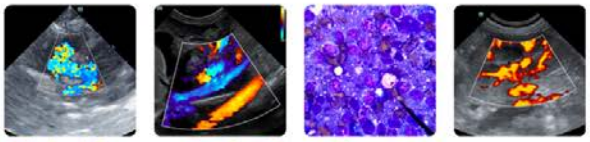


PATIENT

Hank Focht

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

3 Years

WEIGHT

29 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Conrad Weiser Animal Hospital

REFERRING VET

Gina Watzka, DVM

INVOICE

74419

DATE

4/14/26

PRESENTING CLINICAL SIGNS

AUS to further evaluate low body condition (w/adequate nutrition), PU/PD, possible syncopal episode, mild anemia, low-normal Alb (r/o PLE). Reported soft-stools, one incident of D+ for a few days that seemed to correlate with diet change. Tx for round and whip worms earlier this year. Hank was found as a stray in January of this year, he has been extremely thin and PU/PD. Possible syncope 4/4/26 -"fell over" while urinating, without loss of consciousness per owner. He was neurologically normal at time of exam 4 days later. Exam revealed a thin body condition (BCS 4/9), dull hair coat with mild dandruff and a subjectively dull for a young Labrador. BW - mild anemia and very low normal albumin (2.8 R:2.7-3.9). USG was > 1.050 suggesting he may have been dehydrated/hemoconcentrated at time of blood draw (O withheld water day of BW). PLE is suspected. Neutered late.

Abnormal PE/Chem/CBC/UA Results: CBC: mild anemia - Hct- 40.1 (41.0-60.0) Hgb-14.0 (14.6-21.7), normocytic, normochromic, non-regenerative, ptls 200 w/ clumping. - Chem: Albumin very low normal - 2.8 (2.7-3.9), remainder NSF - U/A - SG - 1.050 with only trace protein (suggesting dehydration at time of blood draw) - 4Dx: Neg x 4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen. Papillae not clearly visualized.

The prostate appears normal, measuring 1.9 cm in width It is symmetrical with a uniform heterogeneous echotexture.

The right kidney presents normal size (5.4 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (6.1 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 9.0 mm and the caudal pole measures 5.5 mm.

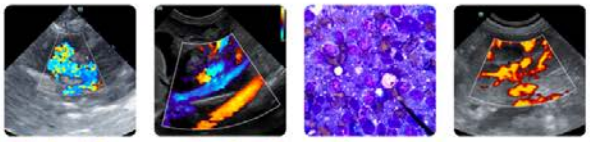
The left adrenal gland is mildly small in size, measuring 4.7 mm at the caudal pole and 3.8 mm at the cranial pole. The left adrenal gland otherwise appears normal.

Spleen

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

Liver

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.



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The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

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

Free Abdomen

Diffusely mild mesenteric lymphadenopathy present. A representative node measures 3.8 cm x 0.95 cm.

No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Mildly small left adrenal gland.
- Diffusely mild mesenteric lymphadenopathy – These nodes appear reactive, less likely due to a neoplastic process.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend screening the patient for hypoadrenocorticism given the mildly small left adrenal gland, via a resting cortisol. If resting cortisol is <2.0, then recommend performing an ACTHJ stimulation test to rule out hypoadrenocorticism.

No obvious cause for the patient's unthrifty body condition or lab work abnormalities identified on this ultrasound. Given the mildly enlarged mesenteric lymph nodes, after treating the patient for parasites (round and whipworms), recommend re-screening the patient for parasites to determine if those infections were indeed resolved.

If not already performed, also recommend submitting a Texas A&M GI panel. This will screen the patient for occult pancreatic disease, which is not highly suspected, and will also screen for possible early exocrine pancreatic insufficiency. The most important thing a GI panel will show us is the patient's cobalamin. If the patient was found as a stray and it is unknown what type of diet the patient is eating (were they scavenging to survive?), then hypocobalaminemia could be present, which could cause neurologic signs, anemia, and mildly low albumin. If cobalamin is found to be low, recommend supplementing it and rechecking in three months to determine if it is normalized, and to determine if patient's other lab work abnormalities have improved with cobalamin supplementation, and if patient's hair coat and overall body condition have improved as well.

Recommend submitting a thyroid panel (a panel, not just a T4) to screen the patient for possible hypothyroidism, which could potentially explain the patient's clinical signs and lab work changes as well.

At this time, given the appearance of the GI tract and that the albumin is still within normal range, protein losing enteropathy is not suspected.

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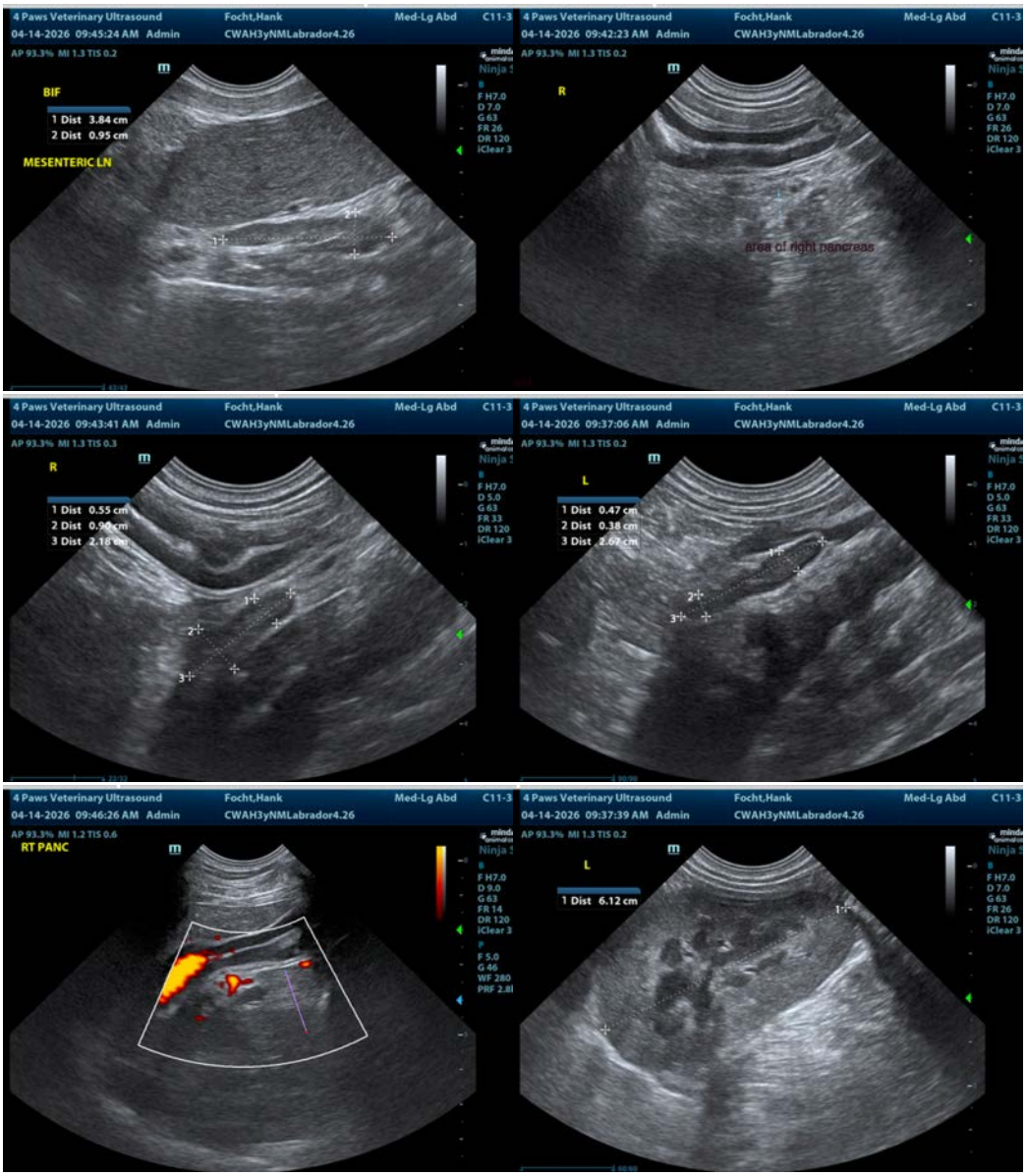
If no underlying cause is found with the previously recommended tests, consider submitting a comprehensive North Carolina State vector borne disease panel to screen the patient for additional possible vector borne diseases as a cause of their clinical signs and lab work abnormalities.

Prognosis appears fair to good pending results of recommended diagnostics.



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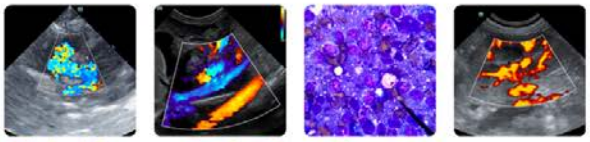

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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