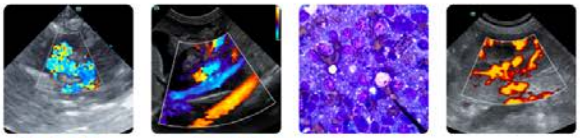


PATIENT

Maddie Demery

SPECIES

Canine

BREED

Bernedoodle

SEX

Spayed Female

AGE

9 Years

WEIGHT

41 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of Lake Brandt

REFERRING VET

Dr. Smith

INVOICE

74422

DATE

4/14/26

PRESENTING CLINICAL SIGNS

P presented for decreased appetite and vulvar licking, severe hypoproteinemia, hypoalbuminemia, hyperglobulinemia, increased kidney values. P has a recessed vulva with debris accumulation in folds.

Abnormal PE/Chem/CBC/UA Results: Neu 9.8 SDMA 16, Crea 1.6, BUN 23, Calcium 6.9, Na 153, Cl 126, TP 2.5, ALb 1, Glob 1.5, Chol 57, Amylase 1517, usg 1.017, epithelial cells 4+ free catch

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.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measures 4.8 cm. The right kidney measures 4.8 cm.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 10.5 mm and the caudal pole measures 6.7 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.0 mm and the caudal pole measures 4.5 mm.

Spleen

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

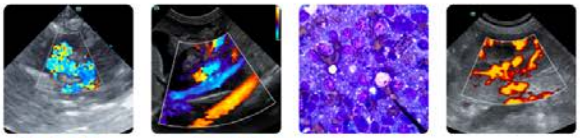
Liver

Liver is relatively normal in size and contour. Parenchyma is mildly heterogenous and coarse with mild likely age-related parenchymal remodeling noted. There are several multifocal variably sized hypoechoic ill-defined lesions throughout the liver, consistent with benign regenerative nodules and much less likely due to metastatic or primary hepatobiliary neoplasia. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The stomach appears normal in thickness and layering. Small intestine is diffusely mildly thick with a relatively thick mucosa compared to other layers. Normal wall layering is preserved; however, the mucosa is more echogenic than normal and contains hyperechoic striations perpendicular to the lumen. The lumen of the small intestine is empty with no evidence of obstruction or foreign material. Colon contains normal contents with normal wall thickness.



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Pancreas

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

Free Abdomen

There is a single enlarged mesenteric lymph node measuring 2.8 cm x 1.1 cm in size. It is rounded and hypoechoic.

No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Lymphangiectasia pattern.
- Enlarged mesenteric lymph node – Possibly enlarged due to either round cell neoplasia, lymphoma with mast cell disease versus metastatic neoplasia, less likely but possibly a reactive lymph node.
- Age related renal changes, which correlate with patient's reported azotemia – The appearance of the kidneys is suspicious for chronic kidney disease.
- Age related liver changes and gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend full staging, monitoring and managing of the kidneys per IRIS guidelines.

The patient's hypoproteinemia is suspected to be due to protein losing enteropathy. If not already done, submit a Texas A&M GI panel to confirm chronic enteropathy. If confirmed, recommend GI biopsies (either surgically or endoscopically) and submit for histopathology to determine underlying cause of GI disease to form an appropriate treatment plan.

Differentials for the suspected GI disease include underlying inflammatory bowel disease, less likely an infectious disease, but consider submitting fecal pathogen PCR to rule out parasitism as an underlying cause of GI disease. Another differential would be less likely but possible neoplastic disease such as infiltrative lymphoma.

One other recommendation would be to rule out hypoadrenocorticism by submitting a resting cortisol. If >2.0, hypoadrenocorticism is ruled out. If <2.0, then recommend an ACTH stimulation test.

Prognosis at this time is guarded pending determination as to cause of the patient's GI disease.

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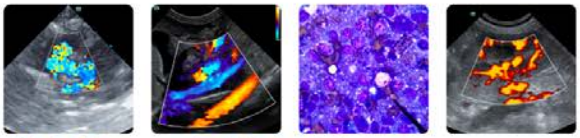

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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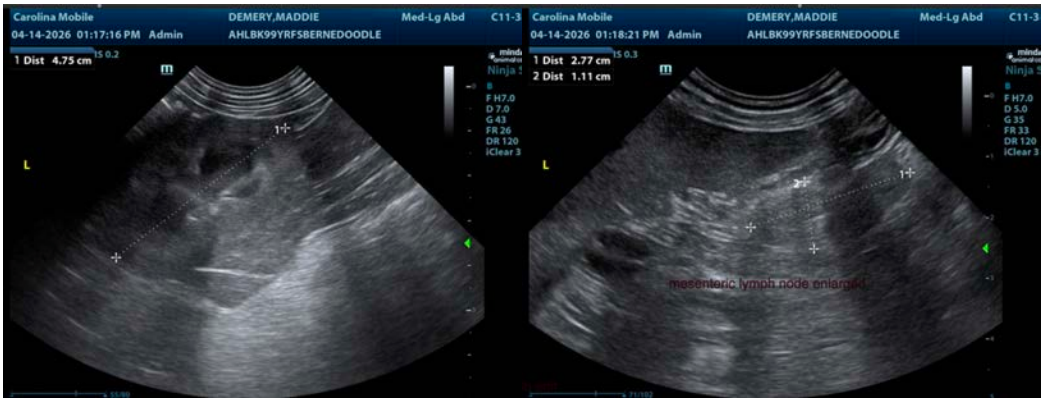

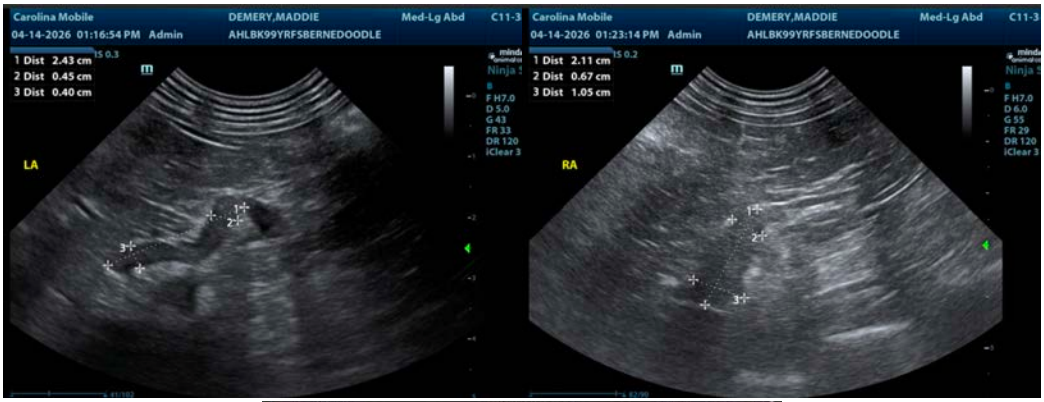

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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