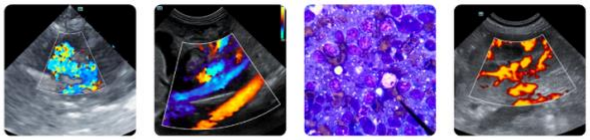

PATIENT

Finnley Mulligan

SPECIES

Canine

BREED

Mixed Breed

SEX

Neutered Male

AGE

4 Years

WEIGHT

57 pounds

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom Veterinary Imaging

REFERRING VET

Traci Holder, DVM

INVOICE

15252

DATE

04/20/26

PRESENTING CLINICAL SIGNS

Patient continues to lose weight - about 7lbs in 6 months. Bloodwork and fecal sample came back normal. We did a GI panel following more weight loss and it shows a low folate.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder contains minimal urine. No obvious abnormalities are seen with the urinary bladder.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 6.0 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 6.5 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.2 mm and the caudal pole measures 5.4 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.8 mm and the caudal pole measures 7.4 mm.

Spleen

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

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.

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

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No free abdominal fluid is seen. Enlarged mesenteric lymph nodes were present with an example measuring 16.5 mm x 5.9 mm. This node is slightly rounded and hypoechoic in appearance. May represent a reactive process, most likely within the patient's gastrointestinal tract. However, the appearance of this node may be suggestive of infiltrative disease, i.e. lymphoma, mast cell neoplasia versus metastatic neoplasia.

ULTRASONOGRAPHIC FINDINGS

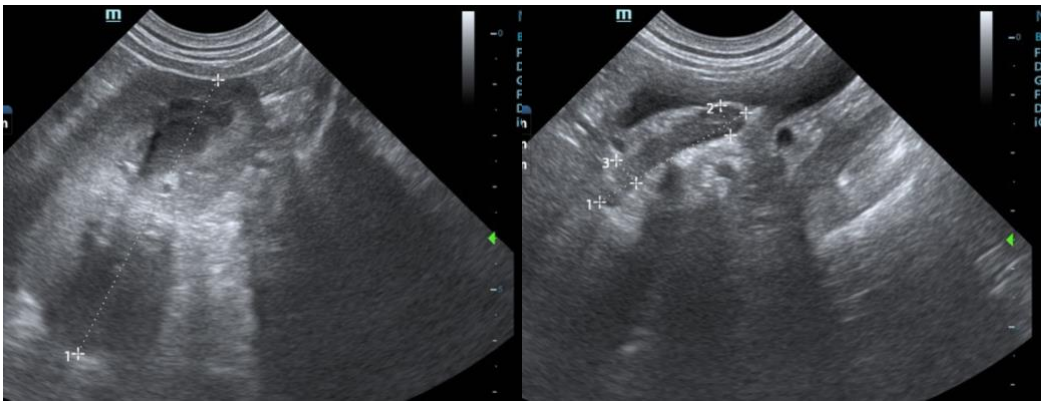
- Enlarged mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend ultrasound guided fine needle aspirates of enlarged lymph nodes with submission for cytology. If there is any concern for lower urinary tract signs, recheck urinary bladder via ultrasound when it is more distended with urine.

No specific cause for the patient's continued weight loss is seen on this exam. The GI panel rules out pancreatitis as a cause of the continued weight loss, given that the TLI is elevated and folate is low. Also, the cobalamin, while in the normal range, is lower than expected for a dog with normal GI function eating a commercially available dog food. These findings are consistent with possible malabsorptive disease, and the folate is consistent with dysbiosis.

It would be recommended to add a resting cortisol to the patient's GI panel to determine if hypoadrenocorticism may be playing a role in the patient's continued weight loss. If hypoadrenocorticism is ruled out, then recommend GI biopsies either surgically or endoscopically to determine the underlying etiology of the patient's GI disease so an appropriate treatment plan can be formulated. If three view chest x-rays have not been performed, consider performing them to rule out any thoracic pathology which may be contributing to ongoing weight loss.



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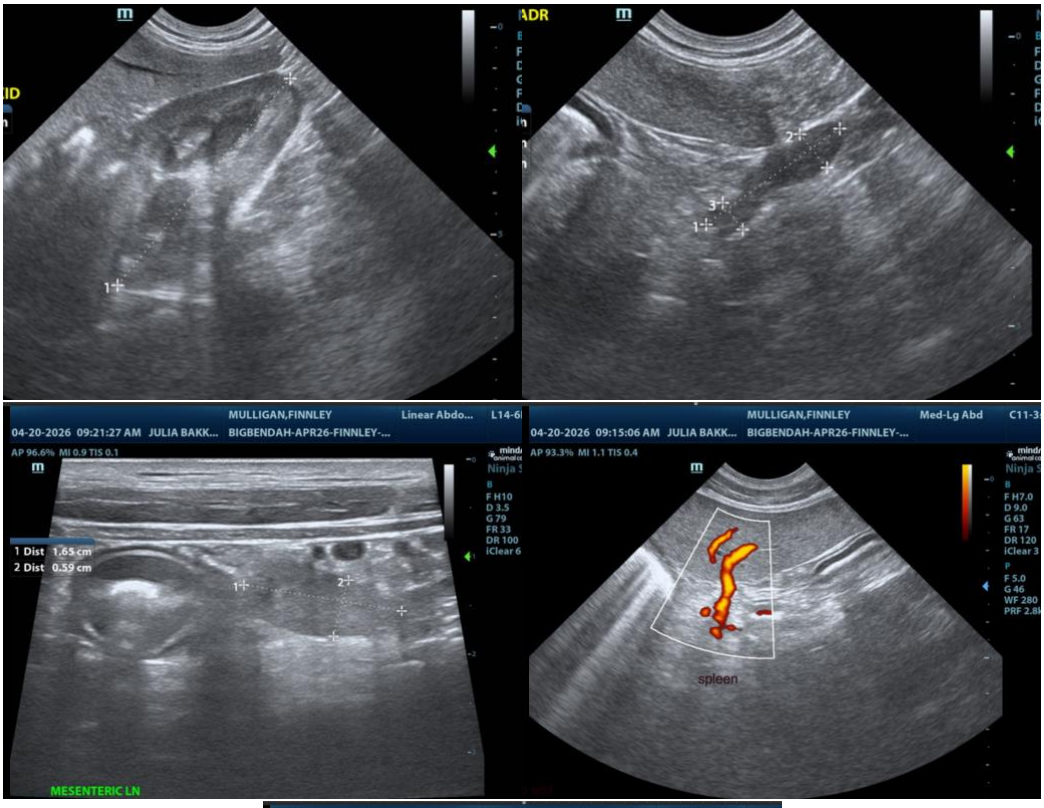

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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