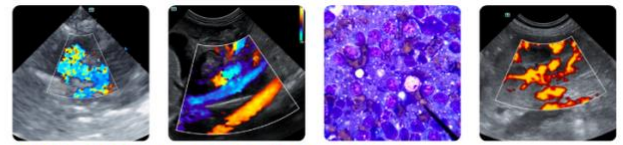


PATIENT	PRESENTING CLINICAL SIGNS
Granger Caldwell	P presented for diarrhea. Concerned for PLE
SPECIES	Abnormal PE/Chem/CBC/UA Results: Tp 3.2, ALB 1.4, Glob 1.8
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	<i>Urinary System</i>
Mixed Breed	The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.
SEX	Enlarged medial iliac lymph node was present and measures 1.0 cm in diameter. It's rounded and hypoechoic, consistent with possible neoplastic cause for its enlargement, such as round cell neoplasia, lymphoma, mast cell disease, histiocytic sarcoma, or possibly metastatic neoplasia.
Neutered Male	
AGE	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.
5 Years 8 Months	
WEIGHT	The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 6.0 cm in length.
50 lbs	
INTERPRETED BY	<i>Adrenal Glands</i>
Greg Kuhlman, DVM, DACVIM (SAIM)	The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.2 mm and the caudal pole measures 4.5 mm.
	The right adrenal gland was not seen.
IMAGING PERFORMED BY	<i>Spleen</i>
Kathleen Byrnes	The spleen is normal in size, shape, margination and echogenicity. No masses are seen.
HOSPITAL NAME	<i>Liver</i>
Animal Hospital of Boone	Liver is subjectively enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.
REFERRING VET	
Dr. Palmer	The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.
INVOICE	<i>Gastrointestinal</i>
15673	The stomach has normal wall layering and thickness. Colon contains normal contents with normal wall thickness. The stomach was empty.
DATE	
05/01/26	Difficultly, small bowel appears thickened due to a thickened muscularis layer and measure 6.6 mm width, consistent with possible chronic enteropathy, which would corroborate the patient's suspected protein losing enteropathy.



PATIENT

Granger Caldwell

SPECIES

Canine

BREED

Mixed Breed

SEX

Neutered Male

AGE

5 Years 8 Months

WEIGHT

50 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of
 Boone

REFERRING VET

Dr. Palmer

INVOICE

15673

DATE

05/01/26

Pancreas

The visible left and right pancreas were evaluated with no pathology seen.

Free Abdomen

The mesenteric lymph nodes are enlarged. A representative node measures 13.3 by 10.4 mm in size. It's hypoechoic and rounded, also consistent with either round cell neoplasia or metastatic neoplasia.

ULTRASONOGRAPHIC FINDINGS

- Enlarged medial iliac and mesenteric lymphadenopathy.
- Chronic enteropathy.
- Heterogenous liver.

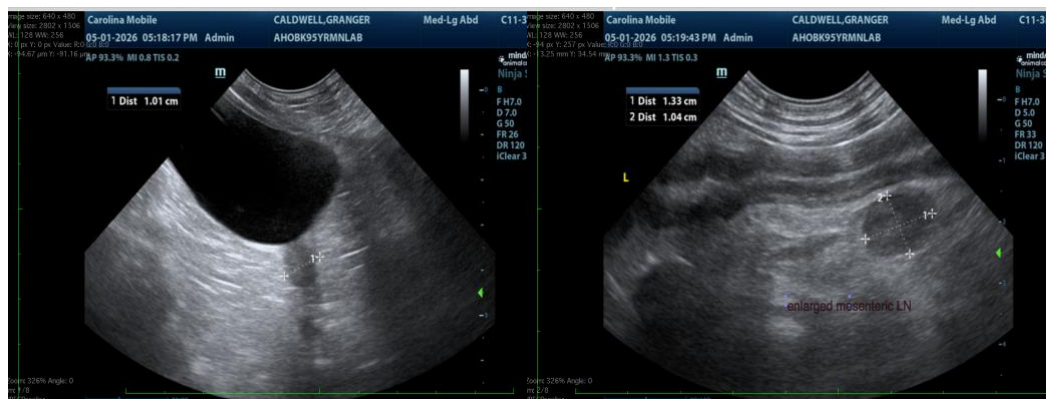
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

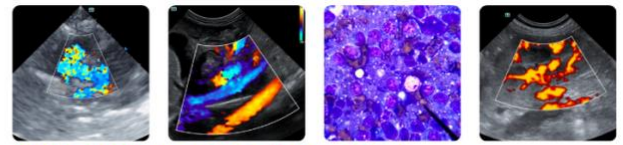
If rectal exam has not been performed, recommend performing rectal exam to rule out metastatic anal sac adenocarcinoma. Recommend fine needle aspirate of mesenteric lymph node with submission for cytology.

Recommend switching patient to ultra low-fat diet, such as Hill's ID low-fat or Royal Canin GI low-fat to determine if patient's albumin can be increased via dietary management. Recheck in 10 days if patient's albumin and globulin are still low.

Consider GI biopsies at that time, either surgically or endoscopically, preferably endoscopically as hypoalbuminemia is a potential cause for dehiscence after surgery. Recommend endoscopic biopsies for histopathology to determine cause of patient's suspected protein losing enteropathy. However, it is important to consider fine needle aspirate of enlarged lymph nodes prior to considering any anesthetized procedure to determine if possible diagnosis can be made from fine needle aspirate of lymph nodes.

Recommend, if not performed, submitting fecal pathogen PCR to rule out any possibility of parasitism as cause of patient's GI disease. Prognosis is open, pending results of recommended diagnostics.





PATIENT

Granger Caldwell

SPECIES

Canine

BREED

Mixed Breed

SEX

Neutered Male

AGE

5 Years 8 Months

WEIGHT

50 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of
 Boone

REFERRING VET

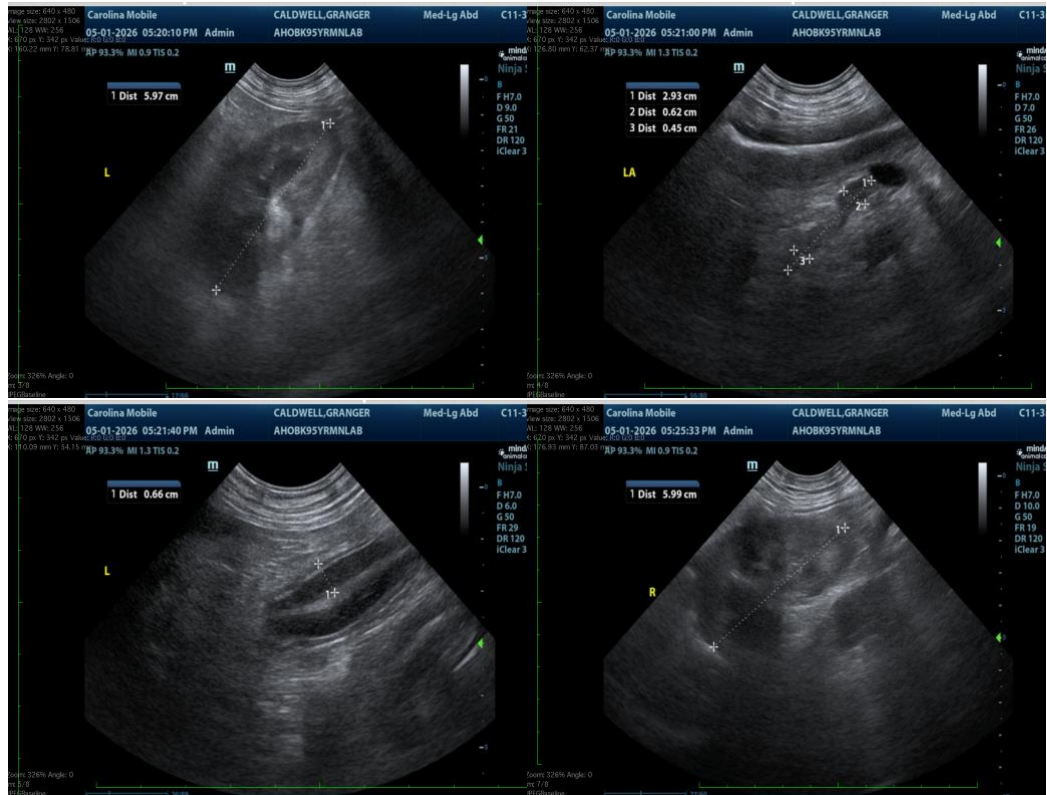
Dr. Palmer

INVOICE

15673

DATE

05/01/26



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