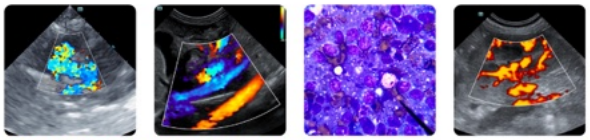

PATIENT

Lillie Pantely

SPECIES

Canine

BREED

Boxer

SEX

Spayed female

AGE

10 years

WEIGHT

64 lbs

INTERPRETED BY

Kim Radway, DVM, DABVP (Canine/ Feline)

IMAGING PERFORMED BY

Ryan Moreno

HOSPITAL NAME

Seven Fields VH

REFERRING VET

Dr. Moreno

INVOICE

71161

DATE

2/3/26

PRESENTING CLINICAL SIGNS

- Doing well at home, recently noticed some urinary issues and has chronic hyperkeratosis of dorsal part of nose. Albumin has fluctuated up and down, last bloodwork showed decrease in in Alb with no protein loss in the urine. Work up for lower protein.
- 12/1/25: ALB: 2.3 Ca: 8.8 (corrected Ca 10) UA: WNL 2/3/26: Full Bloodwork with urine: Pending Canine GI panel: Pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. No uroliths or masses were noted in the lumen of the bladder. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.

The **kidneys** revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex and no evidence or dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. The left kidney was 6.2 cm and the right kidney was 5.47 cm in length.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were acceptable. The left adrenal gland was 3.1 cm by 0.46 cm by 0.42 cm and the right adrenal gland was 1.33 cm by 0.58 cm by 0.51 cm in size.

Spleen

The **spleen** presented with a smooth homogeneous parenchyma hyperechoic to liver and kidney. The capsule was smooth and linear in its contour. The splenic vasculature demonstrated normal volume without signs of congestion, significant contraction, or thrombosis.

Liver

The **liver** revealed normal size, contour, and structure. Parenchymal echogenicity was smooth and homogenous in appearance. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented with anechoic contents and a thin hyperechoic wall. The cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.

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Gastrointestinal

The **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was a small amount of gas in the lumen of the stomach. No obstructive or overt infiltrative disease was noted. No abnormal lymphatic activity was noted and the abdomen was free of gastrointestinal masses and pathological fluid.

Pancreas

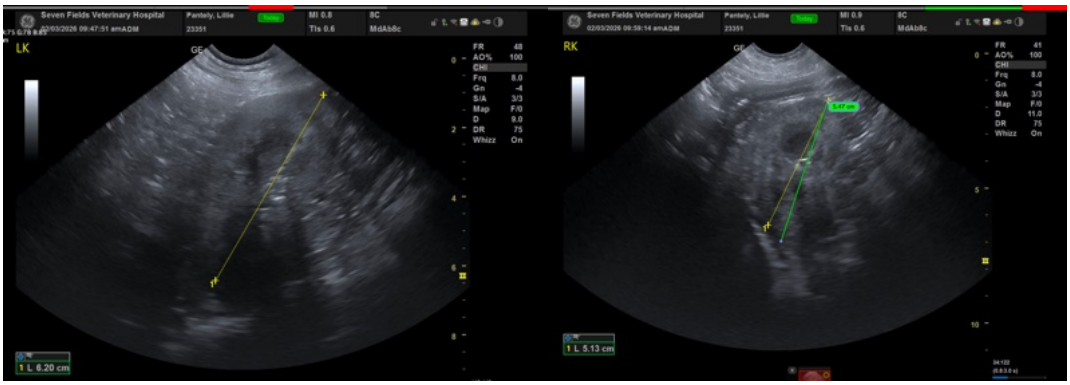
The right and left limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic capsular contour were acceptably normal. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Normal abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This was a normal abdomen with no evidence of discrete masses, enlarged lymph nodes or free abdominal effusion. This patient may have underlying inflammatory bowel disease and protein losing enteropathy as a cause for the mild decreased albumin; however, there was no historical evidence of weight loss, vomiting or diarrhea. The results of the pending GI panel may be of benefit to determine if there is further support for underlying protein losing enteropathy. Since there is no evidence of proteinuria, this patient should continue to be carefully monitored. If there is evidence of abnormalities on the GI panel then a hypoallergenic diet, and daily probiotics should be considered as a first line treatment option for emerging protein losing enteropathy.



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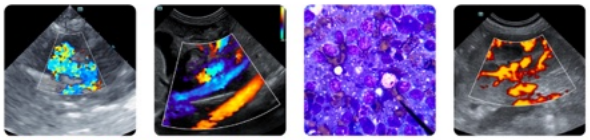

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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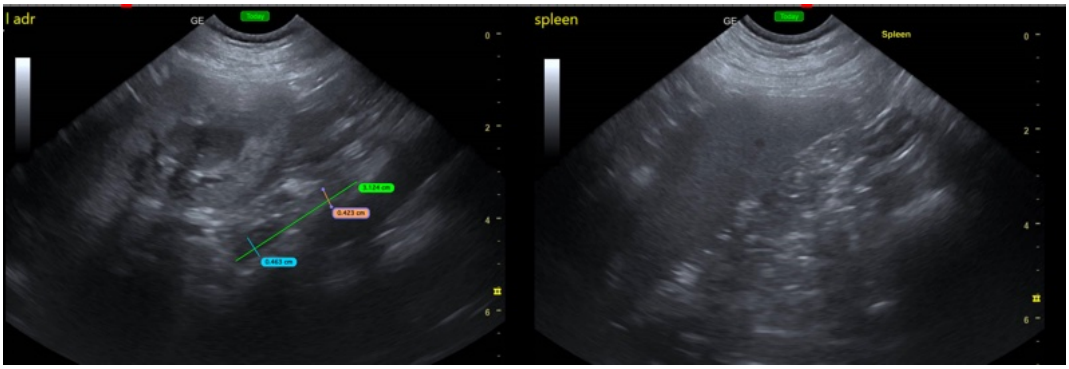

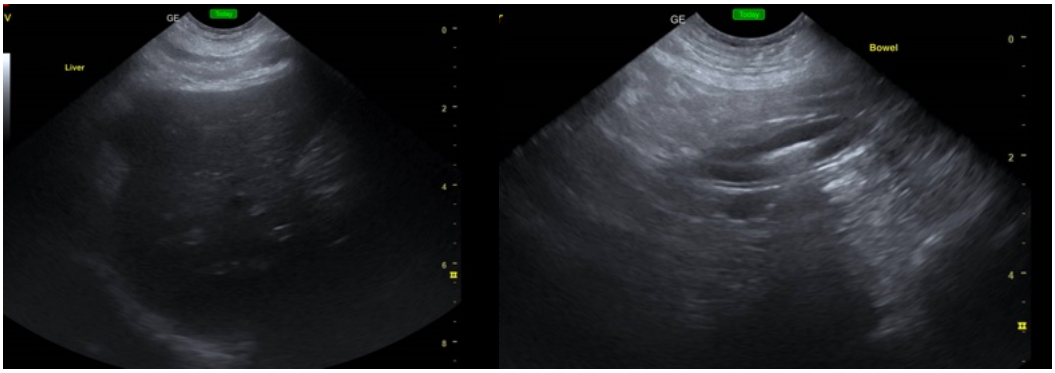

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kim Radway, DVM, DABVP (Canine/ Feline)

info@SonoPath.com