



PATIENT

Tucker Luvisi

SPECIES

Canine

BREED

Boxer

SEX

MN

AGE

1 year

WEIGHT

15.8 kg

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Best Friends Animal
Clinic

REFERRING VET

Dr. Phoebe Weaver

INVOICE

11368

DATE

2/24/2026

PRESENTING CLINICAL SIGNS

- Tucker, a 1 yo Boxer, presented for weight loss and intermittent vomiting and diarrhea. Labwork unremarkable other than PLI 342. No resting cortisol performed (symptoms seem waxing and waning).

Abnormal PE/Chem/CBC/UA Results: PLI 342, all other values WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate is normal in size (0.78 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (4.96 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.42 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.42 cm at the cranial pole and 0.45 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

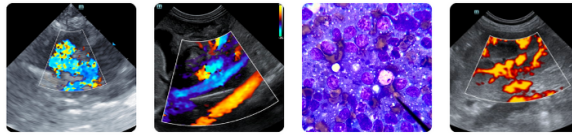
The right adrenal gland is normal in size measuring 0.48 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.38 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.



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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

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The visualized areas of duodenum (0.52 cm), jejunum (0.38 cm) and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Visualized peristalsis appears appropriate. The small intestine appears subjectively mildly thickened with a prominent muscularis layer.

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Sections of colon are visualized with non-formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

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Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

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Free Abdomen

Evaluation of the peritoneal cavity revealed scant free fluid. There is occasional prominent lymph nodes. The iliac lymph nodes measures 0.89 cm, and 0.9 cm in width. Mesenteric lymph nodes are prominent, but not overtly enlarged measuring 0.47 cm and 0.42 cm. The omentum is mildly diffusely hyperechoic.

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ULTRASONOGRAPHIC FINDINGS

- Mildly thickened small intestine. The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).
- Prominent mesenteric lymph nodes. Findings are most consistent with reactive/juvenile lymph nodes. An early neoplastic process cannot be definitively ruled out.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the gastrointestinal tract to explain the vomiting and diarrhea reported. Subjectively, the small intestine appears somewhat thickened with a prominent muscularis layer. This could be consistent with a non-specific inflammatory type change. Given the patient's young age, differentials such as food allergy, infectious or inflammatory causes would be most likely. Consider the following:

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- If not already done, recommend parasite screening and empirical deworming.
- Recommend a baseline cortisol.
- Consider a hydrolyzed protein diet trial.



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- Recommend a GI Panel to Texas A&M For a qualitative PLI/TLI, cobalamin, and folate looking for evidence of exocrine pancreatic insufficiency, dysbiosis, etc.
- If not already done, recommend probiotic therapy.

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If these steps are taken and no diagnosis is obtained, and the patient is still having clinical symptoms, you could consider reevaluation with ultrasound looking for the progressions of today's lesions as ultimately biopsies of the GI tract may be warranted.

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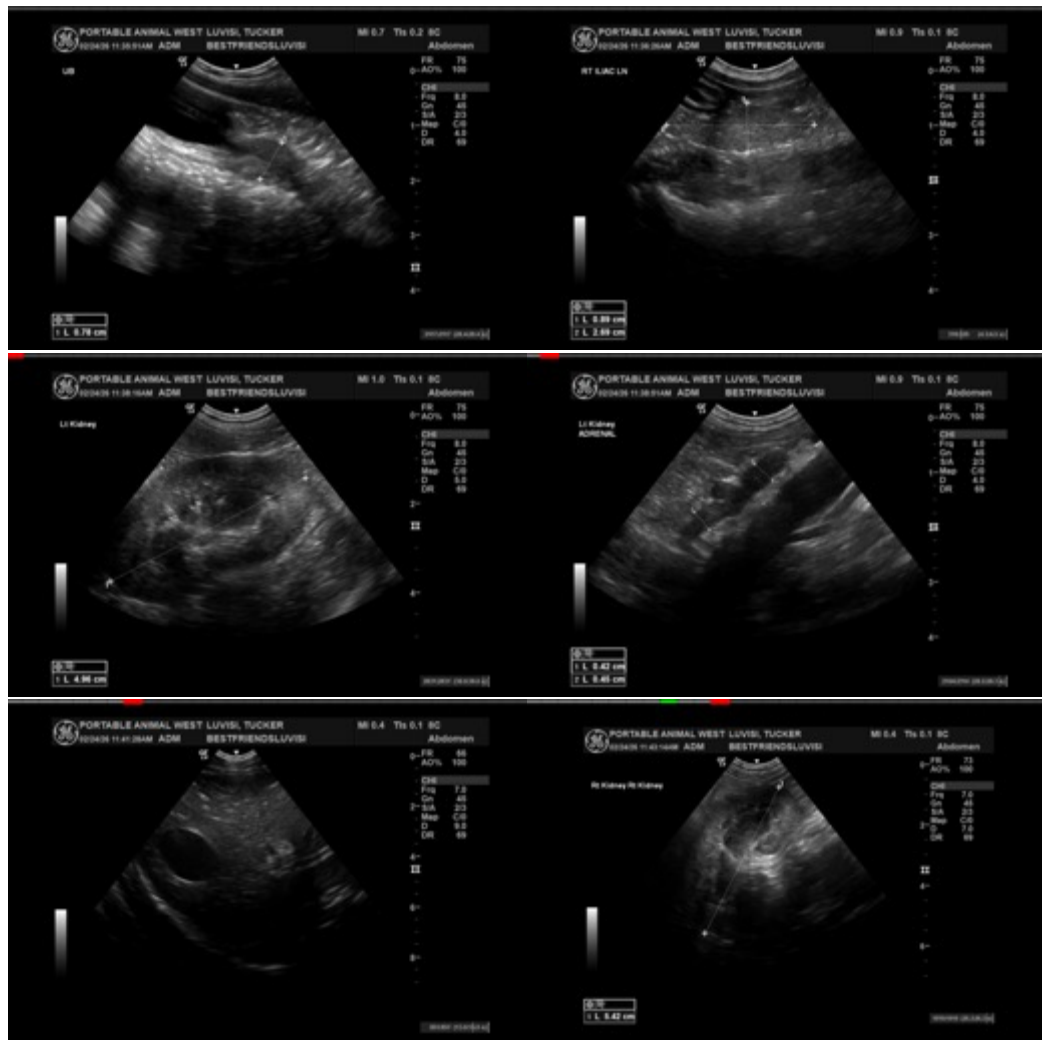
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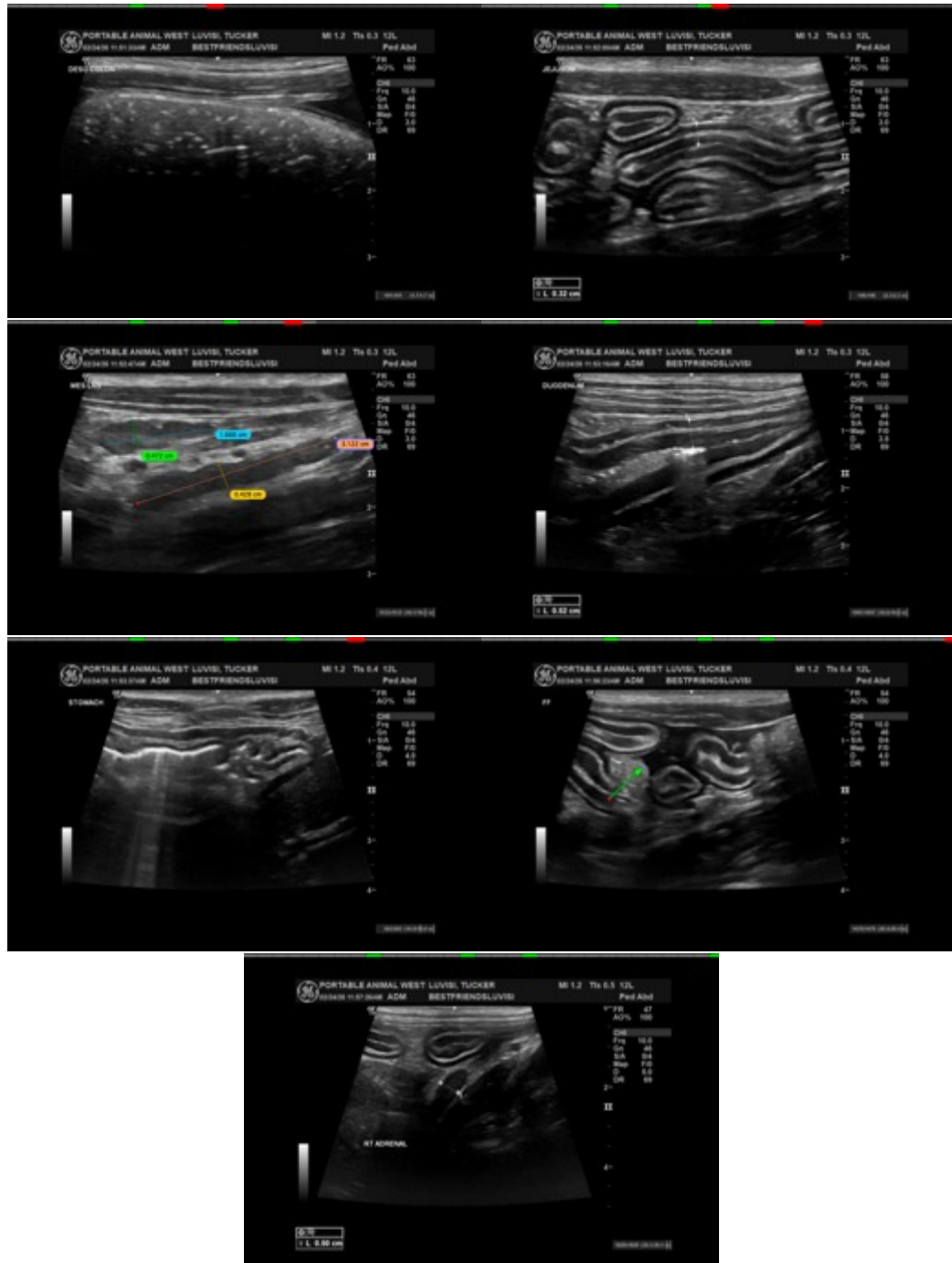
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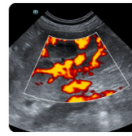
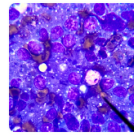
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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