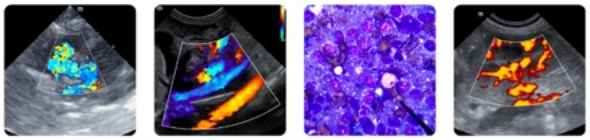


PATIENT

Noodles Roos

SPECIES

Canine

BREED

French Bulldog

SEX

Neutered male

AGE

5 years

WEIGHT

54.8 lbs

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Dr. Justin Eckenrode

HOSPITAL NAME

Carlisle Small Animal VC

REFERRING VET

Dr. Eckenrode

INVOICE

71433

DATE

2/10/26

PRESENTING CLINICAL SIGNS

- Patient History : Chronic wt loss and lower proteins, cholesterol, suspect PLE however - newly assessed cortisol level low, normal electrolytes - now atypical Addison's suspect. No v/d, e/d well. SDMA increased then decreased within 1 month from last time we checked and elevated cystatin B with urinary calcium oxalate crystals. Anaplasma positive but tick PCR was negative. Multifocal congenital malformation of several thoracic and lumbar vertebrae with associated scoliosis and kyphosis and narrowing of the intervertebral disc spaces. Pet is more lethargic, less willing to get around, stiff is the main complaint.
- Primary concern or rule out: Atypical Addison's disease, PLE, chronic pancreatitis, CKD, neoplasia
- Chem: SDMA 18 (Jan 8) now 13 (Feb 4), creat 1.2, BUN 15 Na 145; K 5.0 TP 5.5(5.5-7.5) * was 6.2 Alb 2.3 (2.7-3) Glob 3.2 (2.4-4) Cholesterol 106 (Jan 8) 111 (Feb 4th) (131-345), amylase 1,768 Tick: anaplasma + * chronically positive and Tick PCR negative Cystatin B 390 (0-99) USG 1.052, ph 6, 1+ protein, inactive sample, 3+ calcium oxalate crystals ** UPC 0.2 Cortisol <0.2 on Feb 4th - resting

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 4.5, right measured 4.2 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

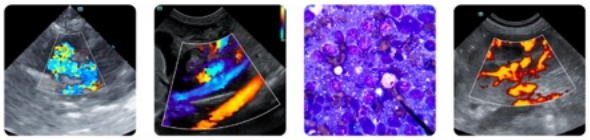
The prostate is small and hypoechogenic.

Adrenal Glands

The adrenal glands are bilaterally small in size and dorsoventrally flattened, but maintained a normal echogenic appearance, position and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.28 cm in width. The right adrenal gland measured 0.33 cm in width.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.7 cm in width.



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Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Small adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the adrenal glands together with the low basal cortisol is highly indicative of atypical Addison's disease. Differential diagnosis enteropathy such as dietary hypersensitivity, parasitic enteritis and inflammatory bowel disease.

Further assessment would be based on the pending ACTH stimulation results and if Addison's disease has been excluded then further assessment would be fecal analysis, cobalamin and folate assay and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

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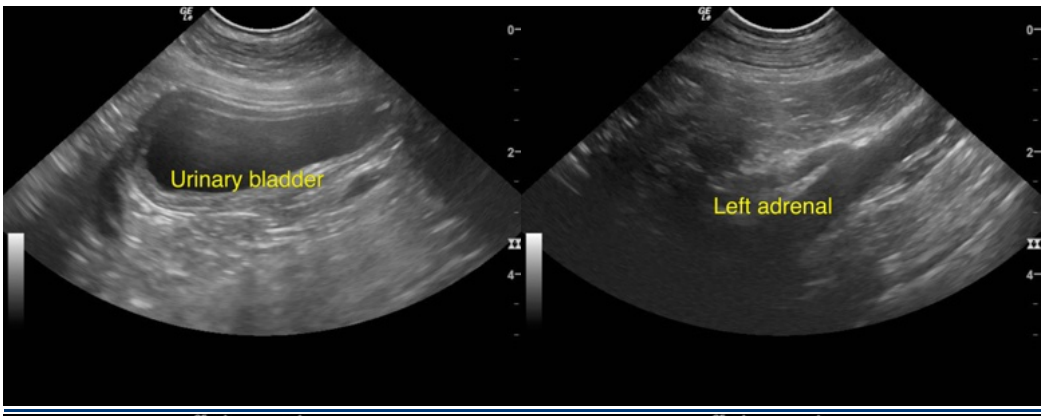

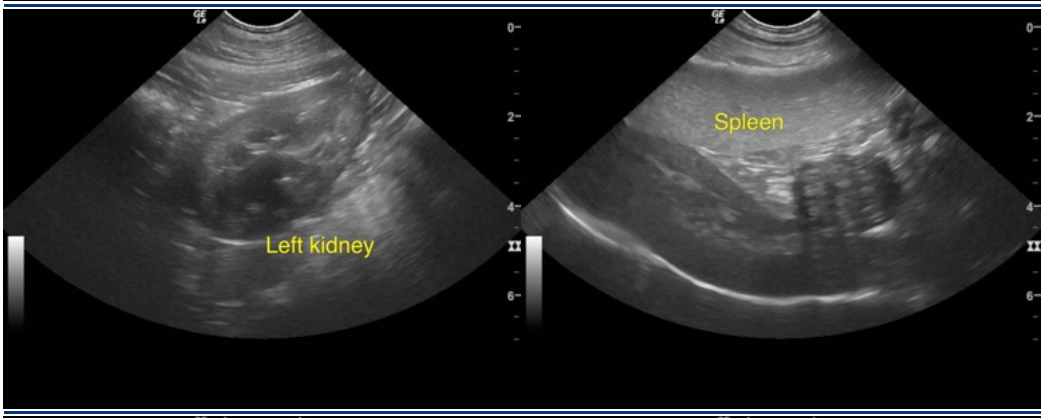

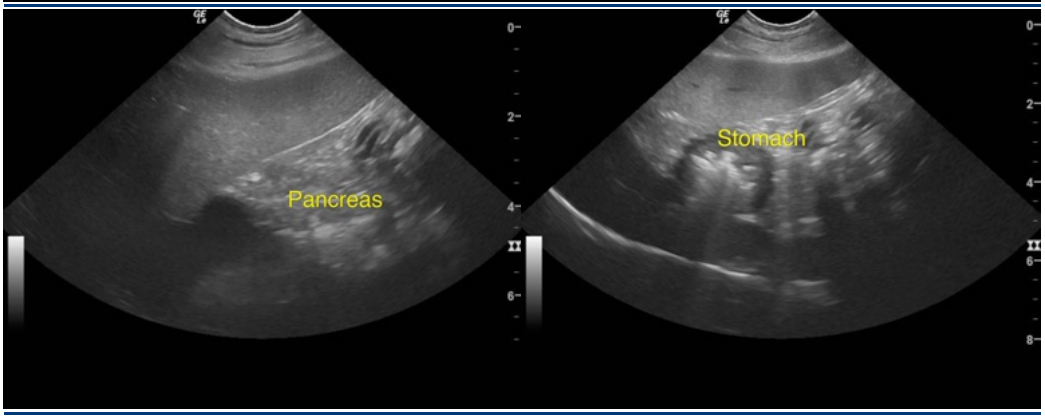

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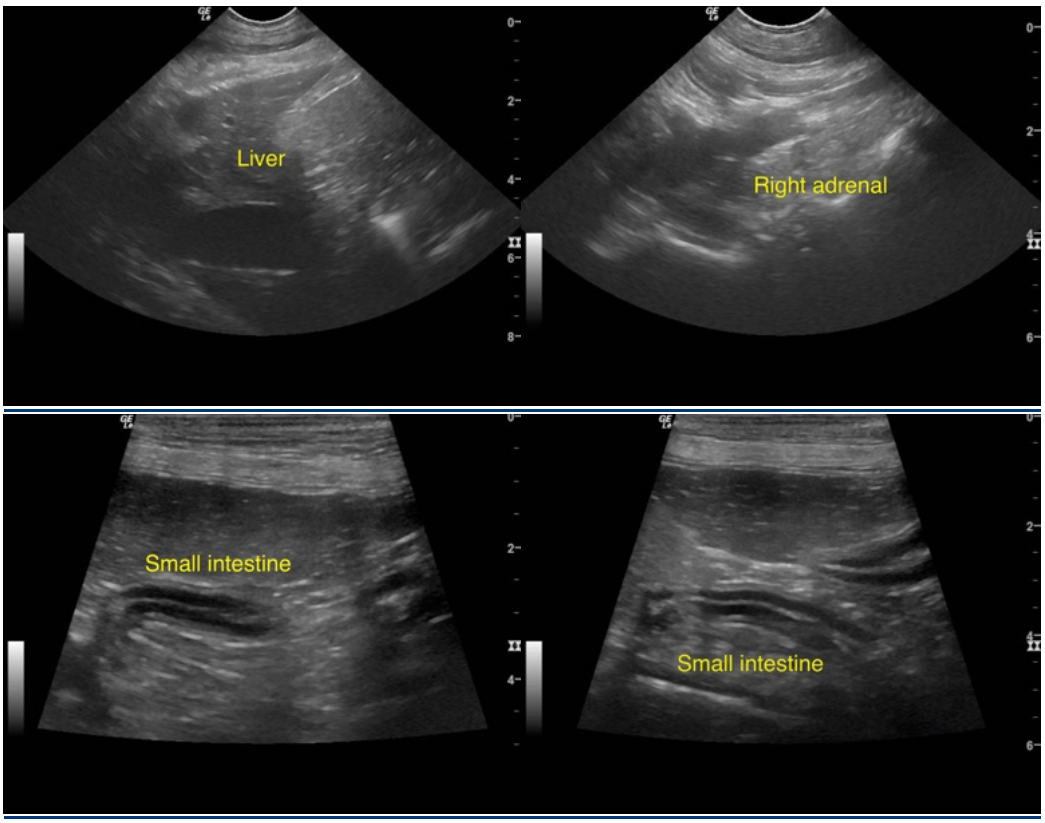

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com