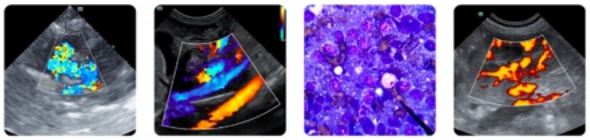


PATIENT

Dubbs Lee

SPECIES

Canine

BREED

English Setter

SEX

Intact male

AGE

12 years

WEIGHT

72.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Eckenrodge

HOSPITAL NAME

Carlisle SAVC

REFERRING VET

Dr. Morrison

INVOICE

71936

DATE

2/25/26

PRESENTING CLINICAL SIGNS

- Major Medical Conditions :Intermittent diarrhea, wt loss
- Patient History : Chronic low alb. Mid-jejunal mass removed in 2023 with open cause. Previous cortisol WNL. History of Giardia but negative today. Historic heart murmur. Intact (was a hunting dog, not sure if still is). Wt loss, gradual.
- Primary concern or rule out: IBD/pancreatitis/mass/neoplasia
- Na 150, K 5.8, Na:K 26 *previous cortisol WNL TP 4.5 (5.5-7.5)* was 4.7 Alb 2.2 (2.7-3.9)*was 2.2 Glob 2.3 (2.4-4) *was 2.5 Cholesterol 224 (131-345) Wt: 72.2, was 76, was 80 nRBC: 6 (0-2)

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 7.3 cm, right measured 7.7 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.

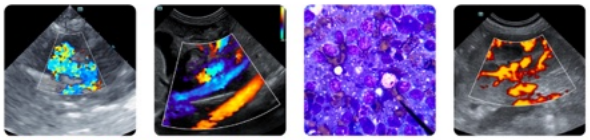
The prostate is symmetrically enlarged measuring 3.5 x 4.0 cm in size with an increased echogenic appearance and a regular curvilinear capsule. A few, small parenchymal cysts are present. Normal appearance of the peri-prostatic tissue.

Adrenal Glands

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.55 cm and 0.78 cm in width. The right adrenal gland was not clearly visualized, but appears to be of normal shape, echogenic appearance and size.

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. Two, focal parenchymal nodules in the body of the spleen were noted. One measured 0.5 x 0.9 cm in size with a hypoechogenic appearance and the other measured 0.7 x 1.1 cm in size with a mottled echogenic appearance. The spleen measures 2.3 cm in width.



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Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. A few, small, hyperechogenic parenchymal nodules measuring 0.7 cm in size. No 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. The small intestine measures up to 0.36 cm.

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

- Cystic prostatomegaly.
- Hepatic nodules.
- Splenic nodules.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the cystic prostatomegaly would be cystic benign prostatic hyperplasia in line with the patietn's age and intact nature. Prostatitis would be a less likely differential diagnosis.

The most likely etiology for the hepatic nodules would be incidental nodular hyperplasia.

Etiologies for the splenic nodules owudl be reactive hyperplasia/extramedullary hemopoiesis, hematomas, granulomas and possibly emerging neoplasia.

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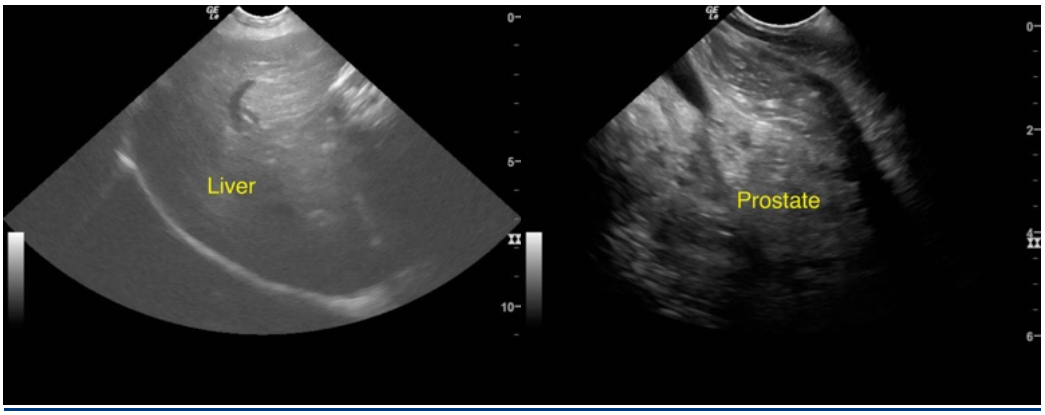
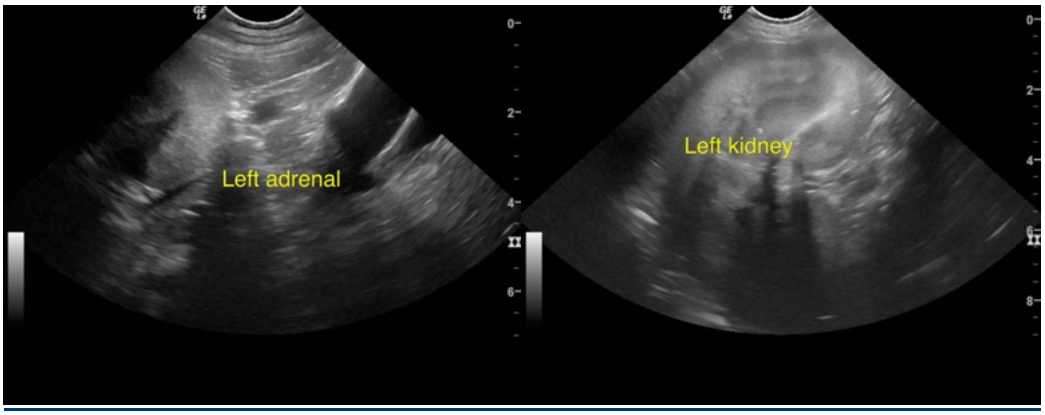
Although the GI tract appears ultrasonographically normal, with the presenting clinical signs and the hypoalbuminemia, an underlying enteropathy such as parasitic enteritis, dietary hypersensitivity and inflammatory bowel disease should still be considered.

Further assessment would be fecal analysis, cobalamin and folate assay and endoscopy of the upper GI tract with biopsies.

Ultrasound monitoring of the splenic nodules would be recommended and if there is any progressive enlargement or bulging of the overlying capsule noted then splenectomy should be considered.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic management that can be considered would be feeding a novel protein/hypoallergenic diet, course of Fenbendazole, cobalamin supplementation and if there is still not a satisfactory improvement then a course of Prednisolone would then be indicated.





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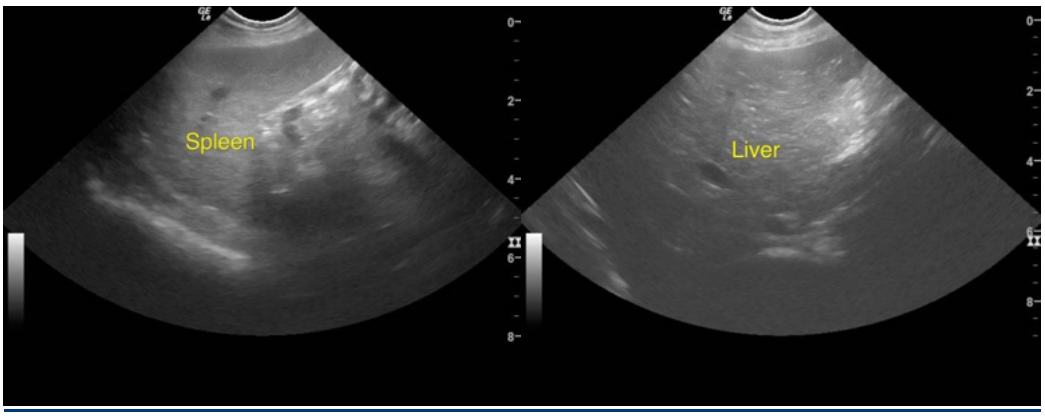

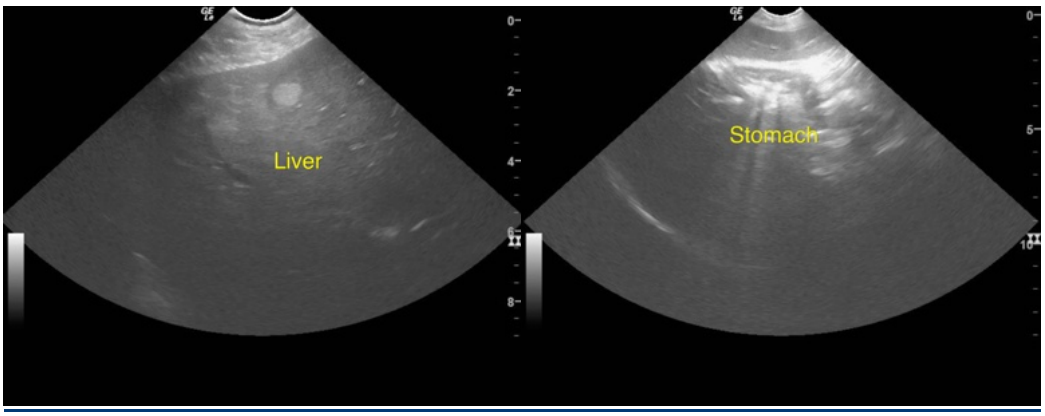

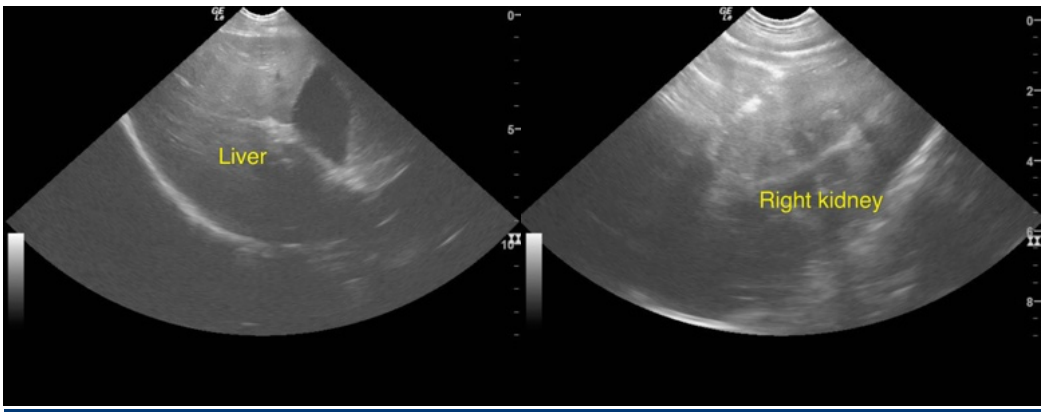

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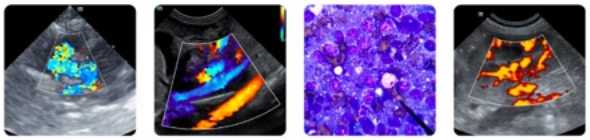

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Educational Teleconsultation Services™

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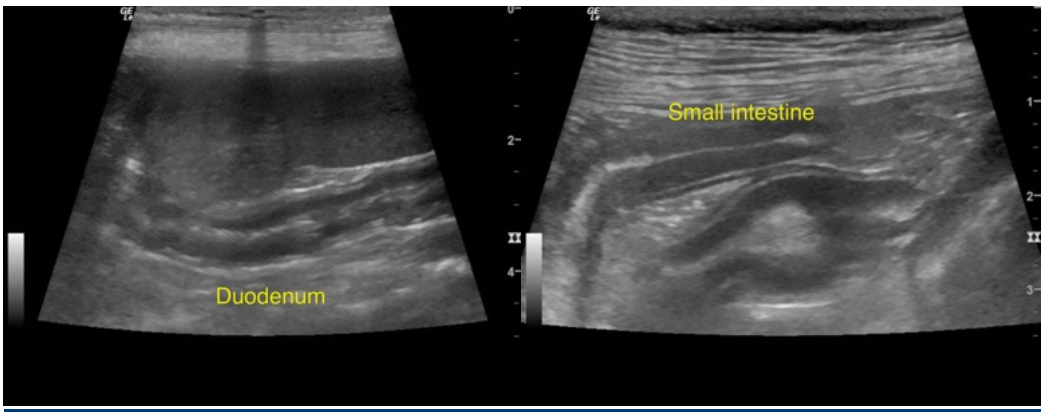

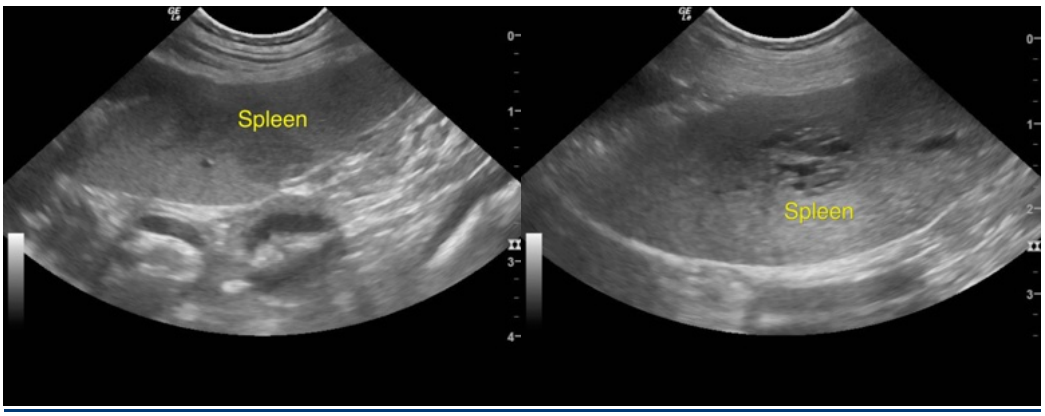

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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