PATIENT

Hunter Simchera

SPECIES

Canine

BREED

Mix

SEX

Intact male

AGE

1 years

WEIGHT

63.1 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

Midland Park VH

REFERRING VET

Dr. Shokoff

INVOICE

73839

DATE

3/26/26

PRESENTING CLINICAL SIGNS

- Decreased appetite, hx of recurring d+ w/ intolerance to all commercial diets tried by O
- Presented for shifting leg lameness w/ parasteitis a high rule out to protein rich homemade diet
- ALT 119, Na 155, Amylase 1271, HCT 65, HGB 22.1, normal WBC and accuplex

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 6.0 cm, right measured 6.4 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.

Normal size and appearance of the prostate measuring 2.6 x 2.8 cm in size. Normal size and appearance of both testicles. The left testicle measured 4.0 cm in length. The right testicle measured 4.2 cm in length.

Adrenal Glands

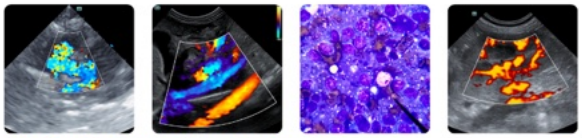
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.19 cm in length x 0.4 cm and 0.53 cm in width. The right adrenal gland measured 1.74 cm in length x 0.53 cm and 0.63 cm in width.

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 2.9 cm in width.

Liver

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



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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

Enlarged mesenteric lymph nodes measuring up to 0.7 x 1.8 cm in size maintaining a normal shape and echogenic appearance.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Mesenteric lymphadenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

On this ultrasound there is no obvious etiology for the presenting clinical signs.

The most likely etiology for the mesenteric lymphadenomegaly would either be age related reactive hyperplasia or reactive hyperplasia secondary to the chronic diarrhea.

Lymphadenitis would be a possible differential diagnosis with infiltrative neoplasia a highly unlikely differential diagnosis.

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

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

FNA cytology of the mesenteric lymph nodes could also be considered.

Specific therapy would be dependent on an etiological diagnosis.

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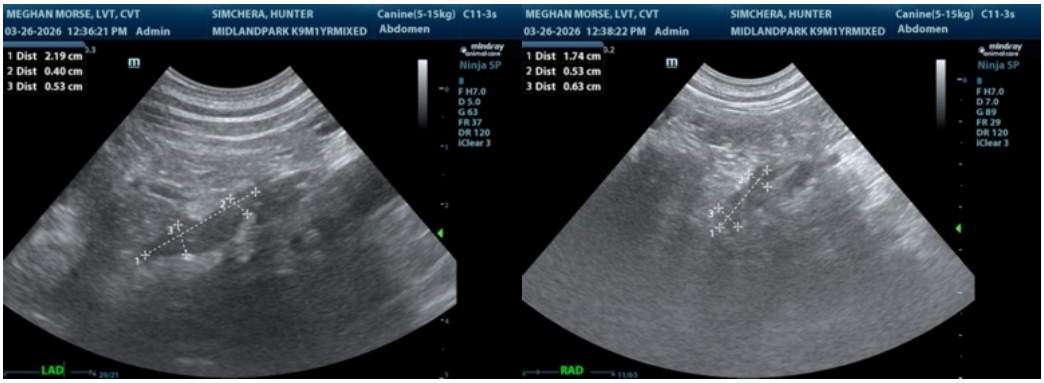
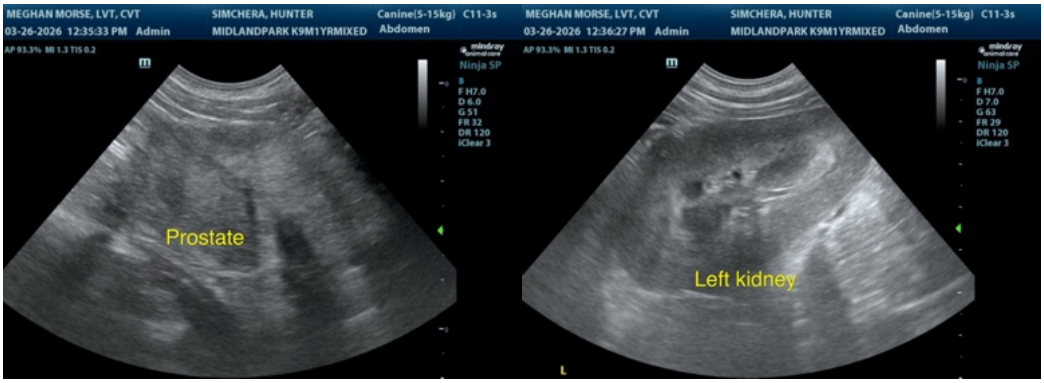
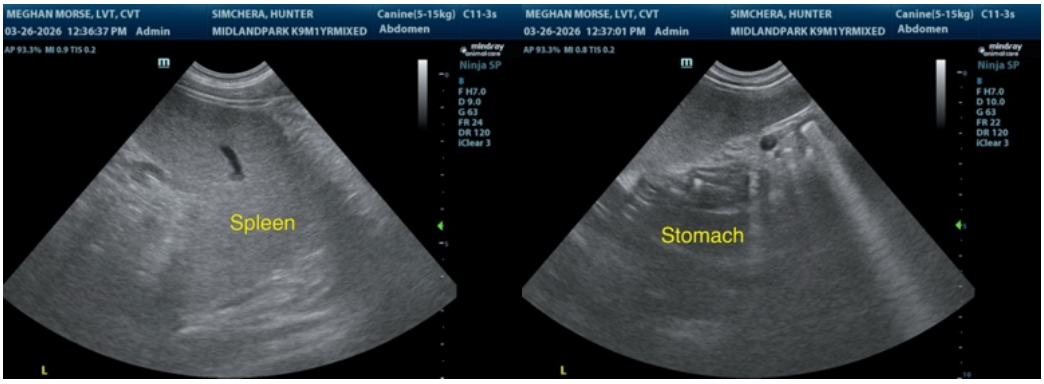
Symptomatic management that could be considered would be feeding a novel protein/hypoallergenic diet, course of Fenbendazole, cobalamin supplementation and if there is still not a satisfactory improvement then a course of Prednisolone would then be indicated.







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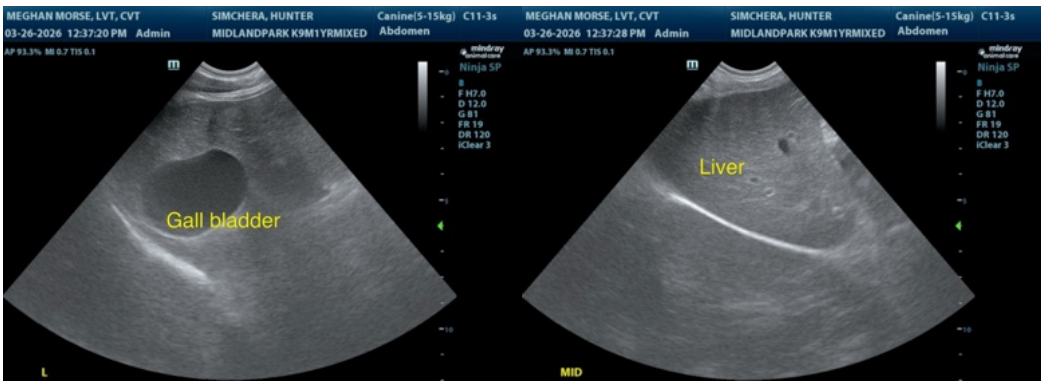

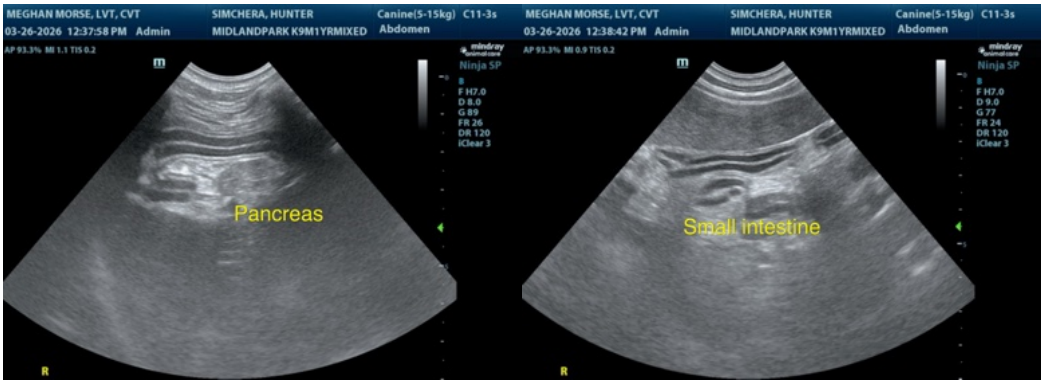

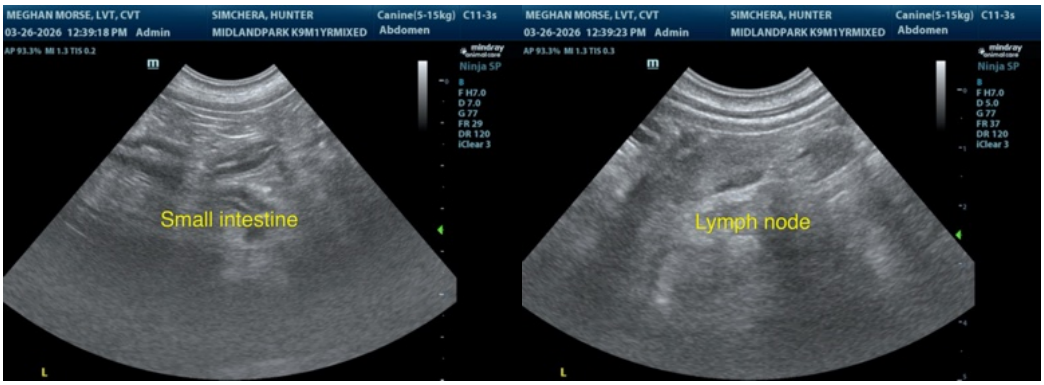

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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