



PATIENT

Peanut Young

SPECIES

Canine

BREED

Pug

SEX

Spayed Female

AGE

11.2 Years

WEIGHT

19.5 lbs

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons),
DACVECC

IMAGING PERFORMED BY

Dr. Kristen Carpenter

HOSPITAL NAME

Pennridge Animal
Hospital

REFERRING VET

Dr. Kristen Carpenter

INVOICE

75447

DATE

5/26/26

PRESENTING CLINICAL SIGNS

Hx: Patient was sedated with Butorphanol. Hx of chronic atopy and cystitis. Hx of hypoalbuminemia and PLE - suspect IBD and chronic pancreatitis (last AUS was 6/2024 with sonopath). No GI biopsies.

Patient was treated empirically with anti-inflammatory course of steroids, visbiome, B12 injections, cerenia, metro PRN. Patient responded very well to prednisone with an initial rebound of albumin and were able to taper prednisone to 2.5 mg every third day long term. Recent recurrence of GI signs and hypoalbuminemia as well as weight loss in March 2026. Prednisone was increased to 5 mg PO BID with no improvement in clinical signs or albumin. Was on urinary s/o for cystitis but patient has been transitioned recently over to HP diet when albumin began to drop again. Current Meds: Prednisone 5 mg PO BID, Metronidazole 62.5 mg PO BID, Benadryl 25 mg PO BID, Visbiome, Gabapentin PRN, Pepcid PRN, on bravecto and sentinel. Current Diet: HP (considering HP+LF as next step)

Abnormal PE/Chem/CBC/UA Results: 3/6/26 Full bloodwork: NSF except TP 4.6 (L). Albumin 2.3 (L), Globulin 2.3 (L). UA NSF. - 3/29/26 TP check: TP 4.5 (L), Albumin 2.2 (L), Globulin 2.4 FECAL - NOS - 5/17/26 TP check: TP 3.5 (L), Albumin 1.7 (L), Globulin 1.8 (L) - 5/26/26 Thoracic rads: NSF, no pulm edema or pleural effusion, no evidence of metastatic disease

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. A non-obstructive nephrolith is noted in the left kidney. Left kidney measures 3.99 cm. Right kidney measures 4.22 cm.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left measures 1.28 cm in length x 0.36 cm at the caudal pole and 0.35 cm at the cranial pole. Right measures 1.53 cm in length x 0.40 cm at the caudal pole and 0.81 cm at the cranial pole.

Spleen

The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively normal in size with normal contours and structure. There is age appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is moderately distended with anechoic fluid, with hyperechoic non-shadowing debris present. There is no surrounding free fluid or signs of active inflammation.



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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

The small intestines appear normal in thickness with normal wall layering. There are focal areas of hyperechoic striations, mucosal patching, and hyperechoic mucosal speckling noted in some loops. There are no visible masses and no appreciable lymphadenopathy.

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

Pancreas

Portions of the visualized right limb of the pancreas are somewhat irregular capsular margins and mildly enlarged. Parenchyma is normal in echogenicity with no specific masses or fluid accumulations seen.

Free Abdomen

The mesentery/omentum is diffusely somewhat hyperechoic with very scant effusion noted between some bowel loops.

ULTRASONOGRAPHIC FINDINGS

- Mucosal changes suggestive of chronic enteropathy, less likely infiltrative disease.
- Pancreatic changes suggestive of chronic pancreatitis or age related remodeling.
- Very scant free fluid – likely secondary to hypoalbuminemia.
- Left nephrolith, incidental.
- Mild gallbladder debris.
- The urinary bladder appeared normal on today's ultrasound.
- The previously noted splenic nodule was not appreciated.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestinal changes noted on ultrasound are consistent with previous presumptive diagnosis of PLE secondary to IBD. There was no suggestion on ultrasound of a more sinister disease, with no lymphadenopathy, masses, or other suggestive of neoplasia. However, given patient's lack of response to steroid therapy at this time, small intestinal biopsies are strongly recommended to further investigate for possible underlying cause. Broad-spectrum deworming is recommended to fully rule out intestinal parasitism as a possible contributor, though this is not likely the sole cause of panhypoproteinemia. Diet trial with hydrolyzed protein and low-fat is reasonable. Another diet trial alternative would be a select protein/novel protein/novel carbohydrate diet. Some patients who initially respond to one diet such as hydrolyzed protein become refractory to the diet but may respond to other diets targeted for inflammatory bowel disease. Additional immunosuppression could be considered, though runs the risk for over immunosuppression and side effects related to that.



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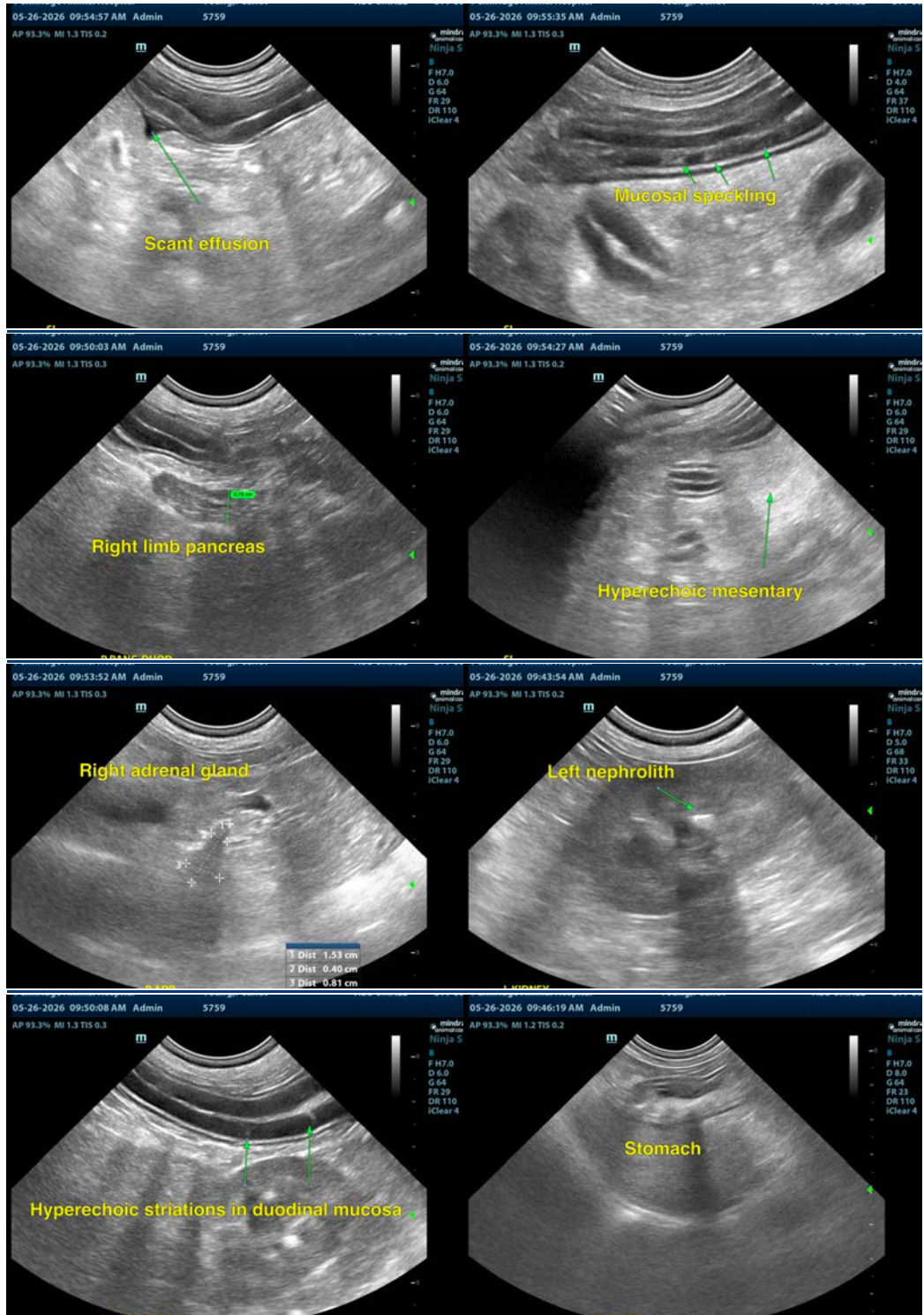
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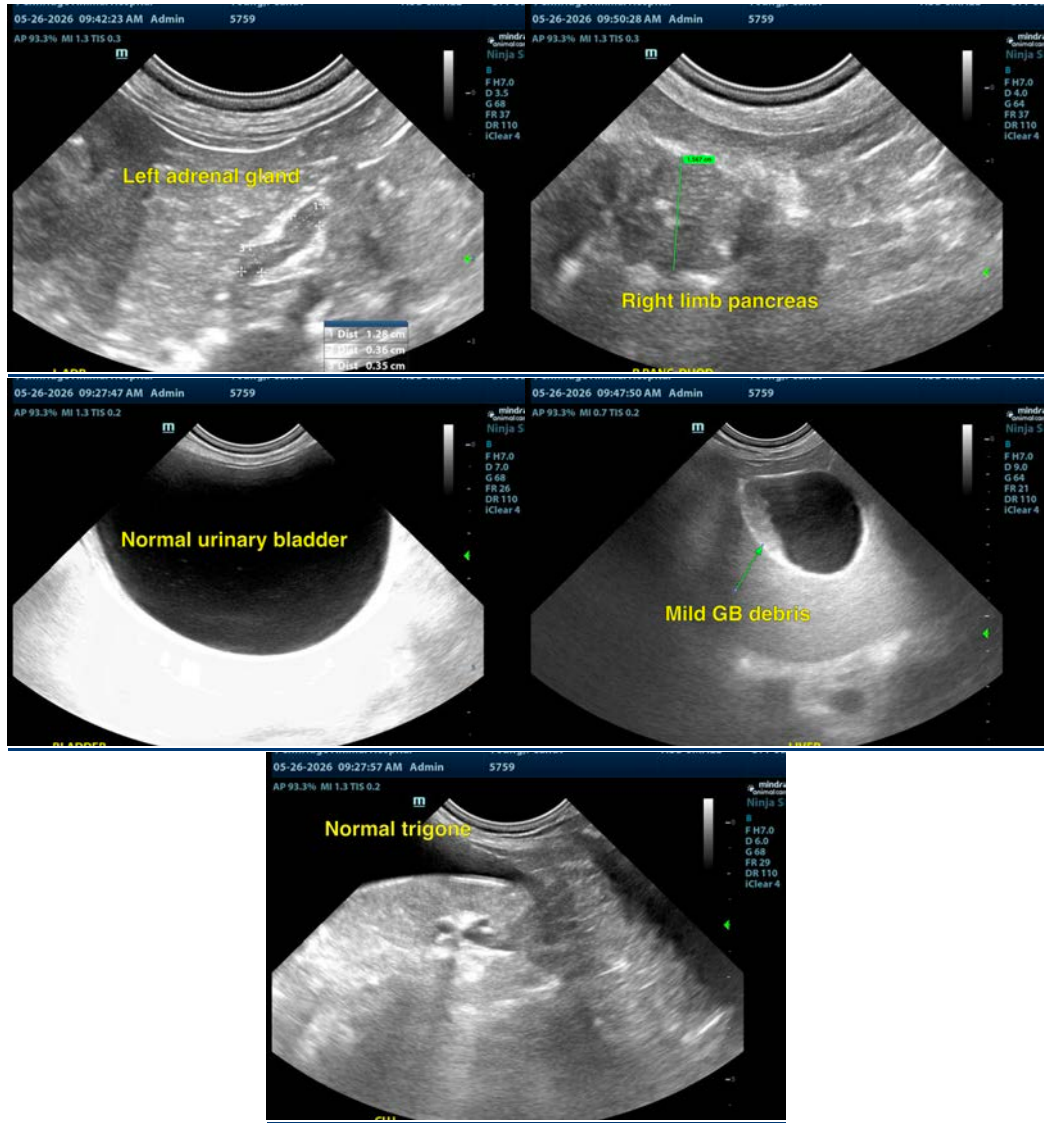
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

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