



PATIENT

Rose Fitzpatrick

PRESENTING CLINICAL SIGNS

chronic diarrhea, 4 weeks. Some improvement on Tylan. Possible seizure today.
Abnormal PE/Chem/CBC/UA Results: CBC: wnl ALB: 2.1 Bili: 1.0

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Bulldog

The **urinary bladder** itself was unremarkable. The urethra subjectively presented poor tone.

SEX

Spayed Female

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.12 cm. The right kidney measured 7.18 cm.

Adrenal Glands

AGE

9 Years

The **left adrenal gland** was flattened and isoechoic, measuring 2.81 cm x 0.37 cm at the caudal pole and 0.36 cm at the cranial pole. The **right adrenal gland** presented fairly normal size, measuring 1.95 cm x 0.45 cm at the caudal pole and 0.8 cm at the cranial pole.

Spleen

WEIGHT

73 Pounds

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Liver

IMAGING PERFORMED BY

Dr. Linda Grau

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

HOSPITAL NAME

Fredon AH

Gastrointestinal

REFERRING VET

Dr. Linda Grau

The **stomach** itself was unremarkable. The small intestine from the duodenum to jejunum revealed variable thickening with regional mesenteric enhancement. Some early loss of mural detail noted in portions of the small intestine. Mucosal fogging noted as well as striations. Reactive mesentery noted throughout the mid small intestine.

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Pancreas

Some heterogeneous changes were noted around the right limb of the **pancreas** owing to the duodenal pathology and regional inflammation.

ULTRASONOGRAPHIC FINDINGS

DATE

12/27/21

- Mucosa striations and fogging with reactive mesentery - acute on chronic inflammatory bowel/protein losing enteropathy likely.
- Subjectively subnormal adrenal size



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend treatment for acute on chronic inflammatory bowel with the following protocol. Reassessment of the bilirubin value warranted, as structurally the liver appears normal. This may be artifactual. Screening for Addison's also warranted. Baseline cortisol warranted given the low albumin. However, the structural changes in the GI tract would suggest PLE. Given the seizure activity, CT of the CNS would be warranted.

SonoPath CT Services are offered at the [Blairstown Animal Hospital](https://www.blairstownanimalhospital.com/). Blairstown animal hospital is just a 30-minute drive west on route 80 from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at:

<https://sonopath.com/resources/sonopaths-teleconsultation-services-and-sdep-certification/sonopath-ct-services>

PLE Therapy

Part or all of this protocol may be considered based on your clinical impression of the patient:

OBJECTIVE: keep albumin levels > 2 g/dl, avoid thromboembolism and cavitory effusions, monitor concurrent PLN (Wheaton Terrier PLE/PLN) and liver disease:

Plasma 10 mL / kilogram IV over 4 hours

Or **Human albumin** 2 ml/kg/h over 10 hours. Total daily volume 20.l/kg/day

And Colloids/Hetastarch

10 to 20 mL per kilogram per day and dogs

10 to 15 mL per kilogram per day cats

(Can bolus first 1/3 of dose over 15 minutes)

& maintain on LRS maintenance otherwise.

Metronidazole (10-20 mg/kg po bid)

Famotidine 1 mg/kg Iv Im po dc Sid /bid

Sucralfate 0.5-1 g po tid dogs, 0.5 g bid cats in slurry Or **Misoprostol** 1-5 ug/kg po tid

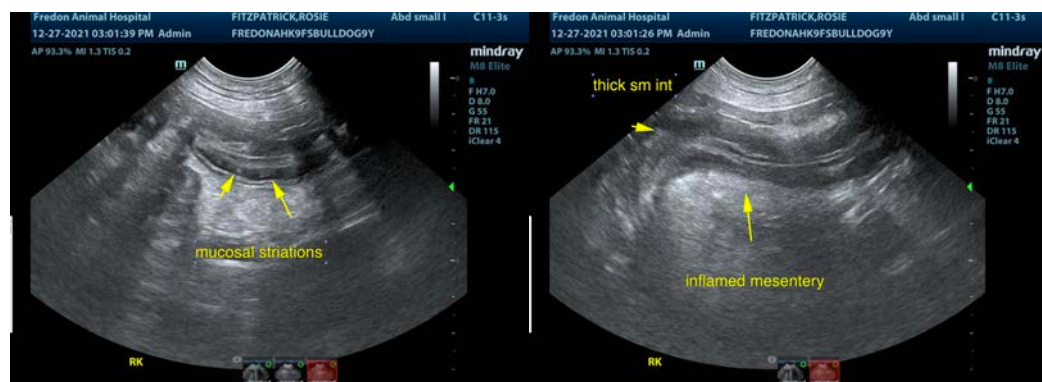
Diet: Highly digestible high quality protein, low fiber, low fat diet (< 15% of dry matter). Hydrolyzed protein or novel protein. Purina HA or Royal Canine HP or similar.

Prednisone or prednisolone 2 mg/kg bid x 3-5 days then 2 mg/kg sid. **Chlorambucil** in refractive severe IBD/alimentary lymphoma cases (monitor cbc for rare bone marrow suppression) 4 mg/m² Q 24-48 hours.

Cobalamine (B12) 250-1500 ug/dog weekly x 6 weeks.

Calcium supplementation if necessary.

Aspirin 0.5-1 mg/kg/day or **Clopidrel (Plavix)** 1-5 mg/kg/day.





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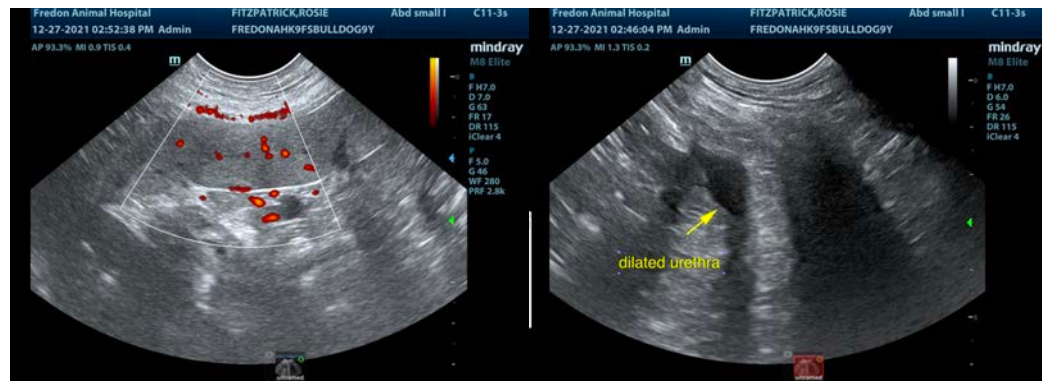
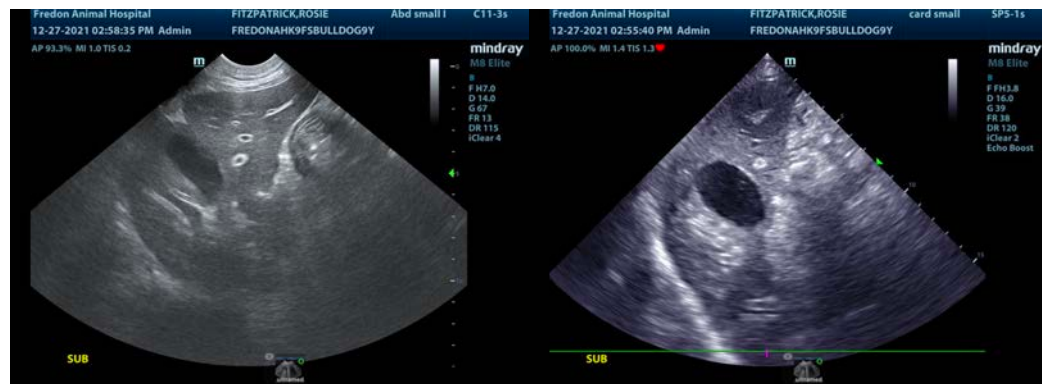
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

BREED

Bulldog

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com

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