



PATIENT

Callie Moriarty

SPECIES

Canine

BREED

Mix

SEX

Spayed female

AGE

10 years

WEIGHT

17 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Smatt

HOSPITAL NAME

The Pets I Love

REFERRING VET

Dr. Smatt

INVOICE

73766

DATE

3/24/26

PRESENTING CLINICAL SIGNS

- ADR, lethargic, decreased eating, loose stool, hard time with stairs, losing fur on nose for few months. Fever. Underweight
- Abdominal pain - r/o pancreatitis, inflammatory bowel disease, intestinal obstruction
- Hypoalbuminemia with elevated globulins (historical finding) - r/o protein-losing enteropathy, inflammatory bowel disease, malabsorption
- - Progressive weight loss and decreased appetite - r/o pancreatitis, inflammatory bowel disease, malabsorption syndrome
- Cpli - normal 4dx - negative CBC- normal Chem - alb - 2.1 low glo - 4.6 high ALP - 187 - high U/A - Bacteria - UTI

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Mild mineralization was noted in the kidneys. The left kidney measured 4.3 cm. The right kidney measured 4.5 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.45 cm. The right adrenal gland measured 0.7 cm at the cranial pole and 0.5 cm at the caudal pole.

Spleen

The **spleen** revealed a focal, hypoechoic nodule at the midbody and measured 1.0 cm. Hypoechoic splenic nodules were noted elsewhere in addition to the primary nodules. Minor, heterogenous changes were noted elsewhere in the spleen.



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Liver

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The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Mildly increased portal markings. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. A slight amount of gallbladder sand.

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Slight areas of mucosal striations were noted in the small intestine/fogging. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

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ULTRASONOGRAPHIC FINDINGS

Protein losing enteropathy pattern.

Splenic nodules.

Age related renal changes.

IMAGING PERFORMED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Assuming no significant protein losing nephropathy is present then management for PLE is indicated. There was no evidence of neoplasia unless the splenic presentation is an early manifestation of neoplastic event. Ultrasound-guided 25-gauge FNA of the general spleen and splenic nodule is recommended. Otherwise, management for PLE is indicated.

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

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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)



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& 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

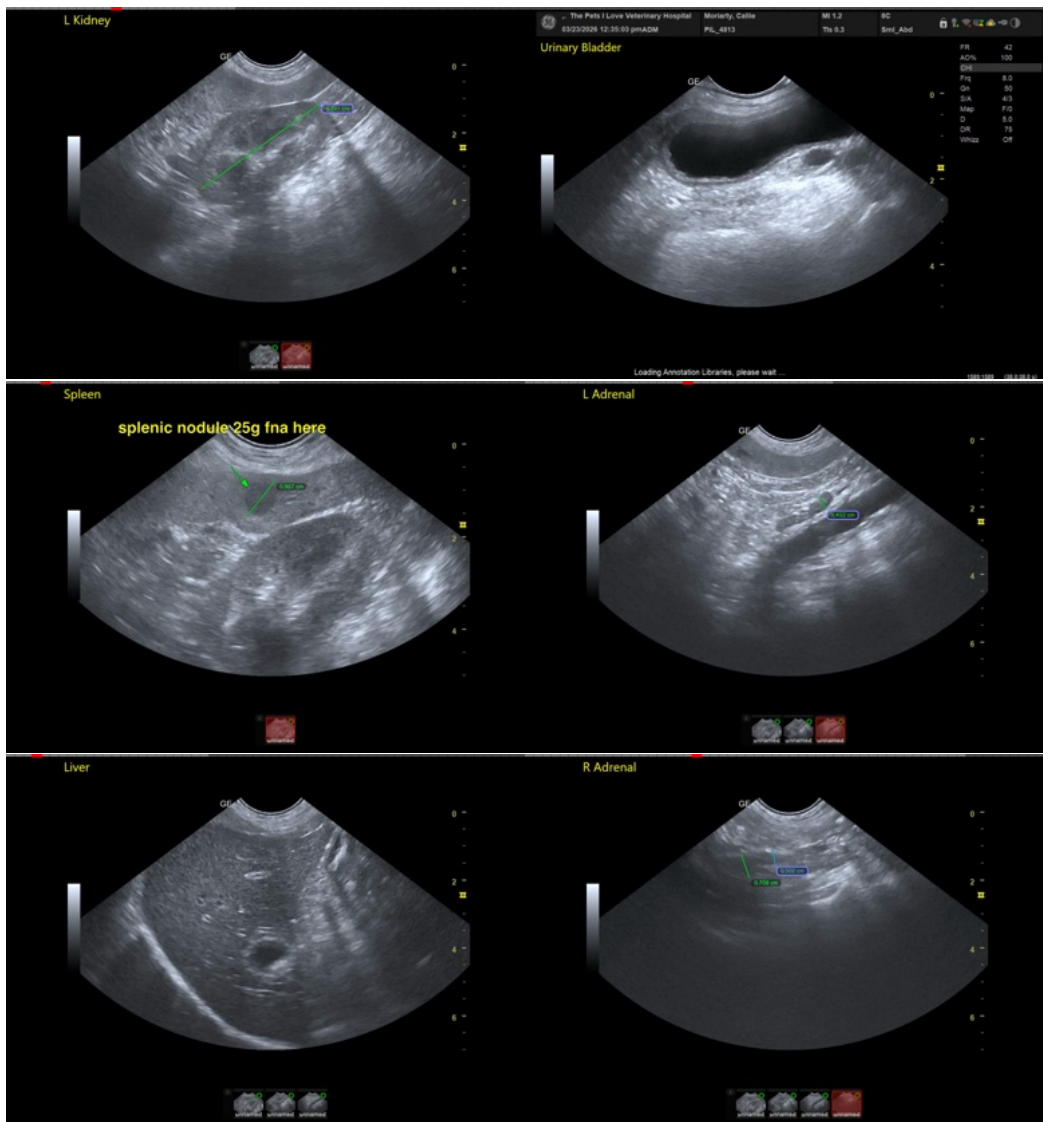
Diet: Highly digestible high quality protein, low fiber, low fat diet (< 15% of dry matter). Hydrolyzed protein or novel protein. Purina HA or Royal Canine HP or similar.

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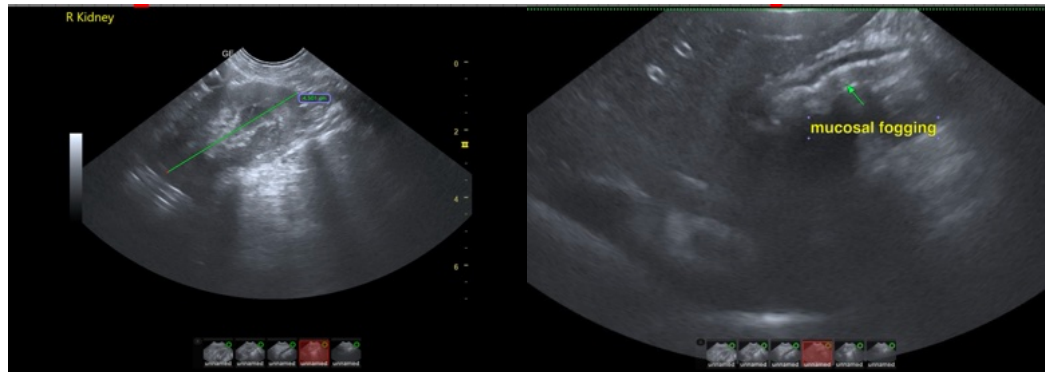
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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