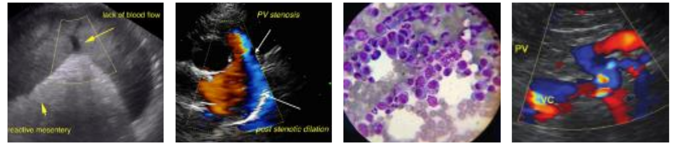


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Junior Peck

SPECIES

Canine

BREED

Aussie Shepherd

SEX

Neutered Male

AGE

12 Years

WEIGHT

11.3 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Neil Russell

HOSPITAL NAME

Frosted Faces
Foundation

REFERRING VET

Neil Russell

INVOICE

21885

DATE

3/31/23

PRESENTING CLINICAL SIGNS

History: 1. Hypoalbuminemia (started 1.8, one week prior, now down to 1.2), D+ (resolved), V+ after giving meds (starting Tues - metro, Panacur, omeprazole, amantadine), no proteinuria r/o PLE (IBD vs lymphangiectasia vs neo vs endoparasites vs +++) vs Hepatic vs Addisons Now on enrofloxacin and Cerenia also. +/- prednisolone pending AUS report. 2. Bi lateral ACL tears 3. IVDD 4. Cataract 5. Tartar 3/4 6. BCS 7/9

Abnormal PE/Chem/CBC/UA Results: HCT 33% NR - Neutrophilia 25K - Monocytosis 4K - TP 3.8 - Albumin 1.2

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 were 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 moderate 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 his age patient. Medullary structure differed distinctly from that of the cortex. Slight pyelectasia was noted in the kidneys. A cortical infarct was noted in the cranial pole of the left kidney. The left kidney measured 4.4 cm. The right kidney measured 5.1 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

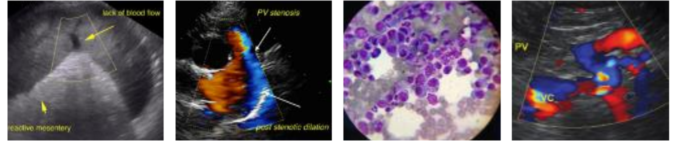
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted. A hyperechoic lipogranuloma was noted in the spleen, measuring 0.83 cm.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

Gastrointestinal

Some partial ingesta was noted in the **stomach**, and mild pyloric hypertrophy. Mild variable areas of intestinal thickening was noted with reactive mesentery. No overt mucosal striations were noted; however, this could not be ruled out.



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Pancreas

Minor **heterogenous** pancreatic changes were noted.

Free Abdomen

Hyperechoic **mesentery** was noted, yet this is likely artifactual from the machine software.

ULTRASONOGRAPHIC FINDINGS

- Moderate degenerative renal changes with infarcts and pyelectasia
- Partial ingesta in the stomach with pyloric hypertrophy
- Mild variable areas of intestinal thickening- cannot rule out emerging intestinal lymphoma or similar neoplasia yet no overt neoplastic criteria is noted at this time.
- Hyperechoic mesentery
- Minor heterogenous pancreatic changes
- Hepatopathy
- Hyperechoic lipogranuloma in the spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full urinary work up is warranted if not already performed. Protein losing enteropathy is likely.

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 cavitary 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/m^2 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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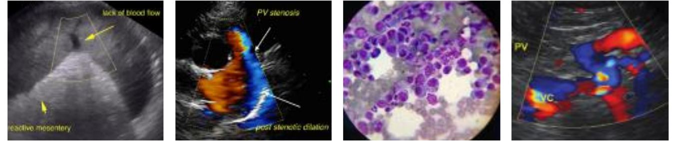
Clinical Sonography & Telecytology



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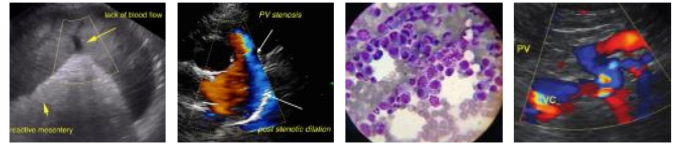

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com