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| PATIENT | PRESENTING CLINICAL SIGNS |
| Drogo Ahlowalia | Vomiting, suspect FB, possible PLE. Abnormal PE/Chem/CBC/UA Results: Decreased Albumin and TP |
| SPECIES | ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN |
| Canine | Urinary System |
| BREED | The urinary bladder , trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. 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. |
| Rottweiler | |
| SEX | The residual prostate was uniform and measured 1.4 cm. |
| Neutered male | 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 7.5 cm. The right kidney measured 7.71 cm. |
| AGE | |
| 2 year | |
| WEIGHT | Adrenal Glands |
| 105 lbs | 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 2.87 x 0.61 cm at the cranial pole and 0.55 cm at the caudal pole. The right adrenal gland measured 2.81 x 1.44 cm at the cranial pole and 0.47 cm at the caudal pole. |
| INTERPRETED BY | |
| Eric Lindquist, DMV DABVP, Cert. IVUSS | |
| IMAGING PERFORMED BY | Spleen |
| Shari Reffi, CVT | 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 was noted. |
| HOSPITAL NAME | |
| Rockaway AH | |
| REFERRING VET | Liver |
| Dr. Maniar | 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 was slightly edematous and mildly thickened. |
| INVOICE | |
| 99243 | |
| DATE | |
| 4/12/22 | |



PATIENT

Gastrointestinal

Drogo Ahlowalia

The **gastrointestinal tract** revealed diffuse, hyperechoic fogging or overlay throughout the small intestine as well as areas of mucosal striations and speckling. This striation + fogging effect appeared to exclusively affect the mucosal layer with the submucosa, muscularis and serosa left in-act. Reactive mesentery was present associated with the serosa indicative of active inflammation. This is most consistent with protein losing enteropathy/lymphangectasia. Full thickness biopsies or endoscopic-guided biopsies would be ideal to confirm. No obstructive disease or obvious suspicion of neoplasia.

SPECIES

Canine

BREED

Rottweiler

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.

SEX

Neutered male

AGE

2 year

ULTRASONOGRAPHIC FINDINGS

Mucosal fogging.

Reactive mesentery, consistent with protein losing enteropathy and enteritis.

WEIGHT

105 lbs

Otherwise unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

A recheck sonogram is recommended in a week.

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

PLE Therapy

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

HOSPITAL NAME

Rockaway AH

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 1m 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.

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

Drogo Ahlowalia

SPECIES

Canine

BREED

Rottweiler

SEX

Neutered male

AGE

2 year

WEIGHT

105 lbs

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Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

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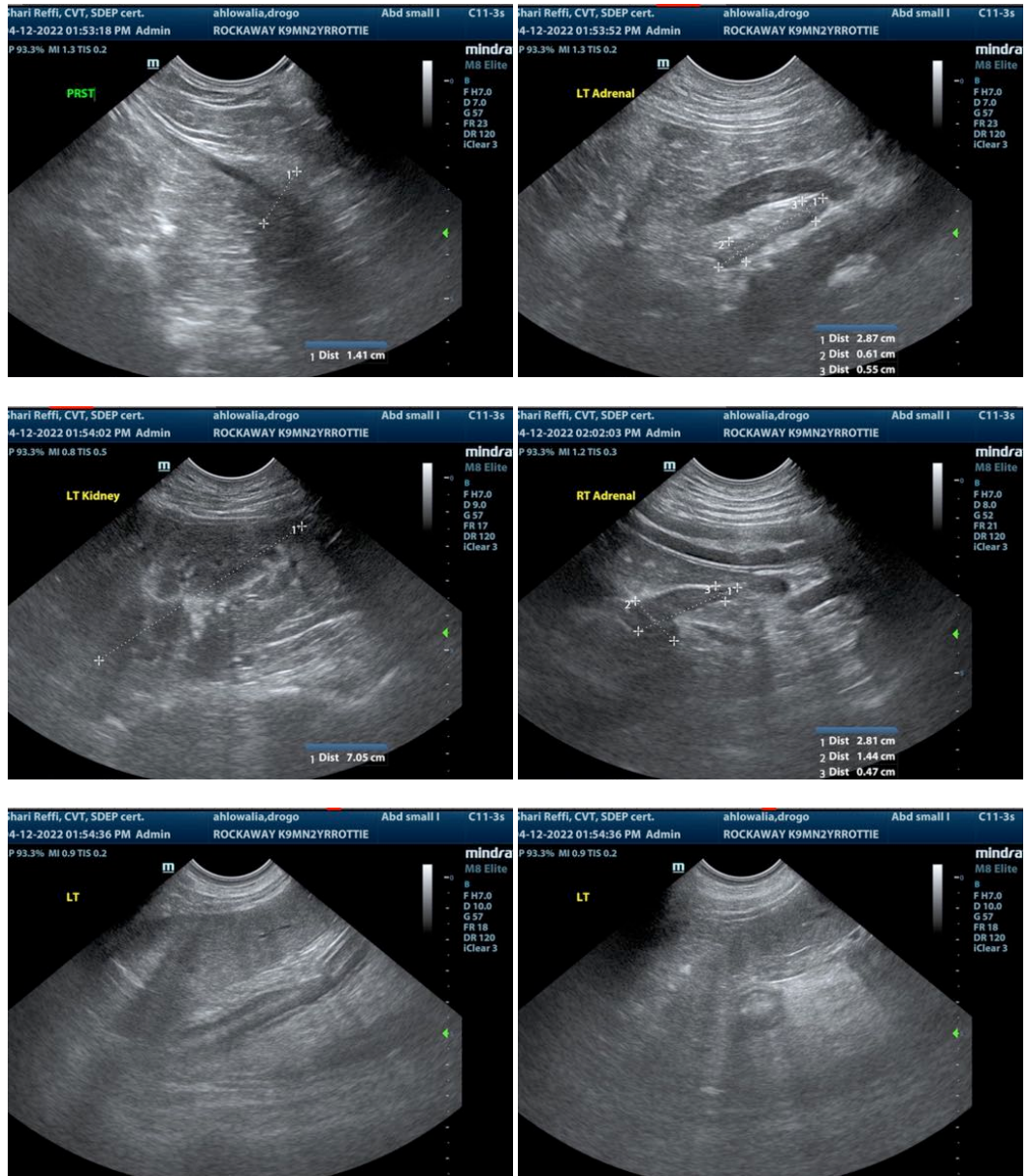
Dr. Maniar

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PATIENT

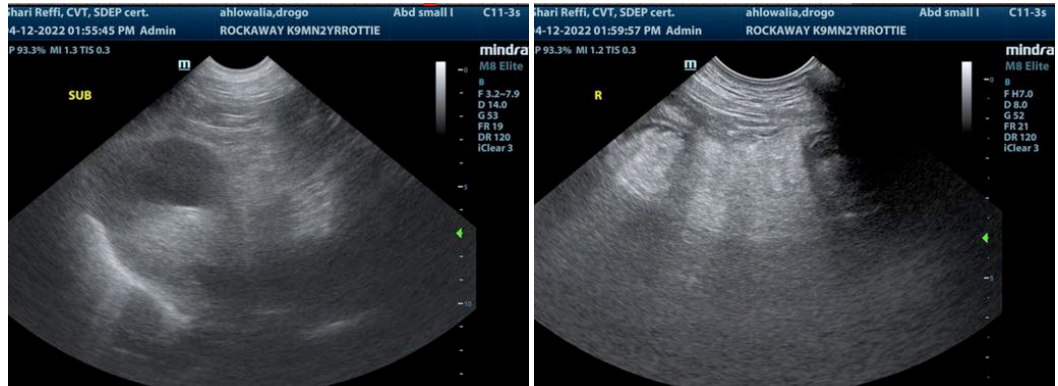
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SPECIES

Canine

BREED

Rottweiler



SEX

Neutered male

AGE

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WEIGHT

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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, Cert. IVUSS, CEO of SonoPath.com
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