



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Kirby Abramson	2wks of inappetence and diarrhea. Weight loss. Also a "Chronic GI dog". Not responding to metronidazole.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: Alb 1.9, Ca 7.4- corrected 9.0, HCT 31%
Canine	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
Cavalier King Charles	The urinary bladder presented minimal urine with minor micropolyloid changes and mural hypertrophy. The trigone and pelvic urethra presented normal thicknesses and normal tone.
<b>SEX</b>	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 a largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Minor bilateral mineralization was present. The left kidney measured 3.9 cm in length. The right kidney measured 4.1 cm in length.
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<b>AGE</b>	
11	The prostate was slightly prominent yet uniform. The residual prostate measured 1.2 cm. No mineralization was noted. Minor remodeling was noted, which may be normal if the patient was neutered later in life.
<b>WEIGHT</b>	<b>Adrenal Glands</b>
19	The left adrenal gland was 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 0.55 cm caudal pole width by 0.5 cm cranial pole width. Portions of the right adrenal gland image appeared unremarkable.
<b>INTERPRETED BY</b>	<b>Spleen</b>
Eric Lindquist, DMV DABVP, Cert. IVUSS	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.
<b>IMAGING PERFORMED BY</b>	<b>Liver</b>
Melissa Pascucci	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 wall was slightly echogenic 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.
<b>HOSPITAL NAME</b>	<b>Gastrointestinal</b>
American Animal Hospital	The gastrointestinal tract revealed diffuse mucosal striations and mucosal fogging without loss of mural detail. Normal muscularis and submucosal changes were noted as well as hyperperistalsis. There was no evidence of an obstructive pattern. This is most consistent with lymphangiectasia and protein losing enteropathy. Albumin and calcium levels should be monitored carefully. There is no suspicion of
<b>REFERRING VET</b>	
Vogel	
<b>INVOICE</b>	
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<b>PATIENT</b>	neoplasia, but this could not be entirely ruled out without full thickness biopsies. Ideally corn oil test with endoscopy or full thickness biopsies, as long as the albumin levels are greater than 2.0 at the time of surgery, would be recommended.
Kirby Abramson	
<b>SPECIES</b>	<b>Pancreas</b>
Canine	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.
<b>BREED</b>	<b>Free Abdomen</b>
Cavalier King Charles	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
<b>SEX</b>	
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<b>AGE</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
11	<ul style="list-style-type: none"> <li>Variable subacute on chronic enteritis pattern with mucosal fogging. Emerging intestinal neoplasia cannot be definitively ruled out, yet neoplastic criteria was not satisfied in any of the image set.</li> </ul>
<b>WEIGHT</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
19	Full thickness intestinal biopsies would be necessary for further definition. Recheck sonogram in 3-4 weeks suggested if the patient is improving and earlier if the patient is declining.
<b>INTERPRETED BY</b>	Part or all of this protocol may be considered based on your clinical impression of the patient:
Eric Lindquist, DMV DABVP, Cert. IVUSS	<p>OBJECTIVE: keep albumin levels &gt; 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)          &amp; maintain on LRS maintenance otherwise.</p>
<b>IMAGING PERFORMED BY</b>	Metronidazole (10-20 mg/kg po bid)
Melissa Pascucci	Famotidine 1 mg/kg Iv Im po dc Sid /bid
<b>HOSPITAL NAME</b>	Sucralfate 0.5-1 g po tid dogs, 0.5 g bid cats in slurry Or Misoprostol 1-5 ug/kg po tid
American Animal Hospital	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.
<b>REFERRING VET</b>	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 <sup>2</sup> Q 24-48 hours.
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<b>INVOICE</b>	Calcium supplementation if necessary.
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**BREED**

Cavalier King Charles

**SEX**

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**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Melissa Pascucci

**HOSPITAL NAME**

American Animal  
Hospital

**REFERRING VET**

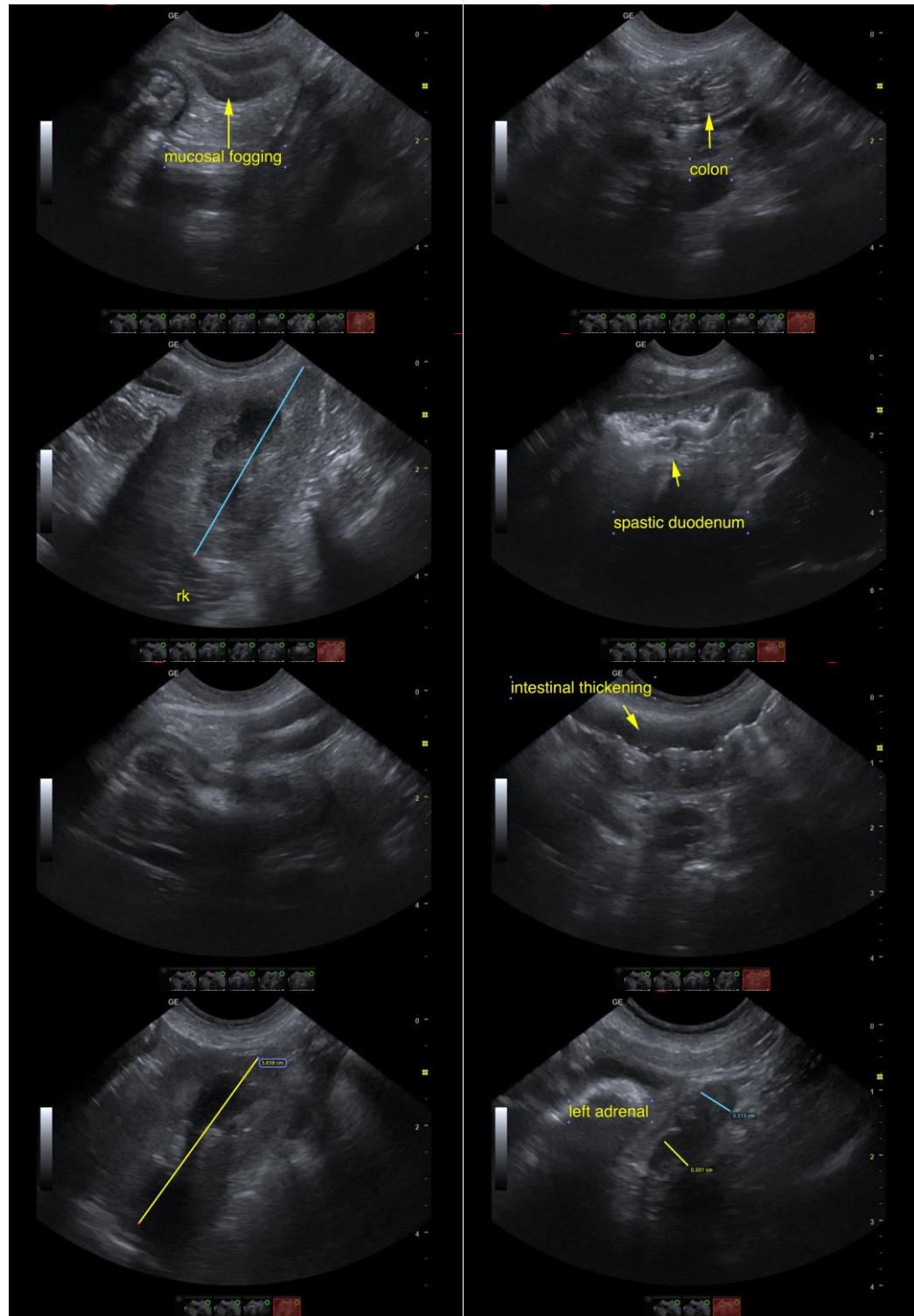
Vogel

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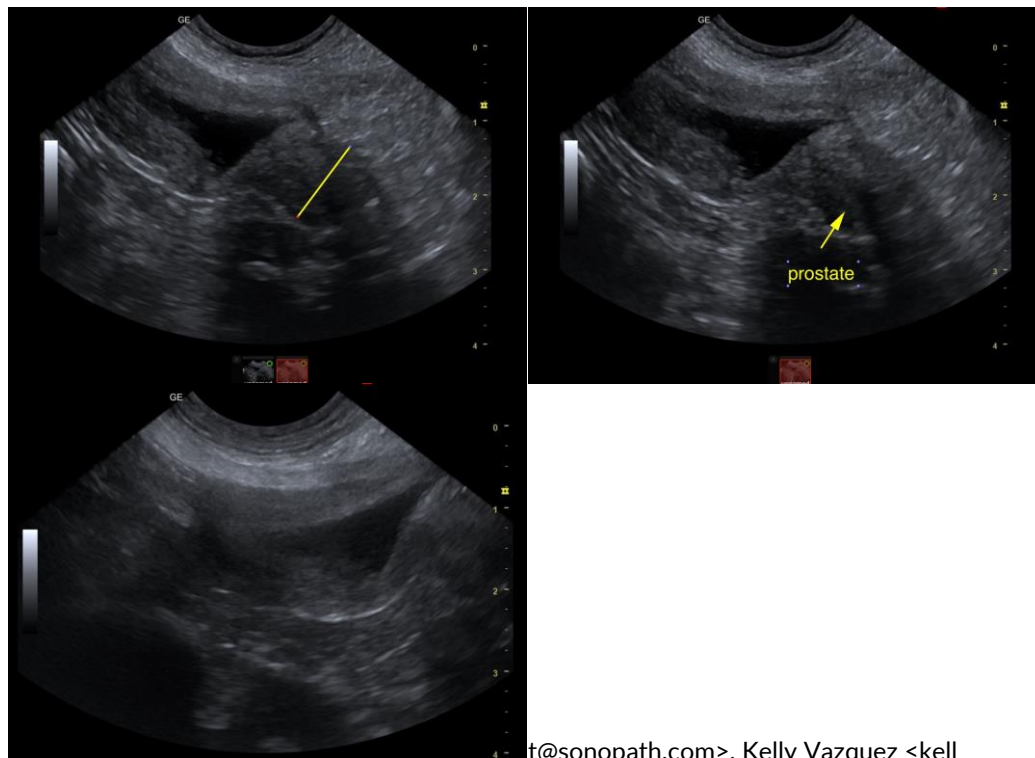
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Eric.Lindquist@SonoPath.com>, Kelly Vazquez <kell

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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  
Eric.Lindquist@SonoPath.com

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Melissa Pascucci

**HOSPITAL NAME**

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