



**PATIENT**

Rosie Walker

**SPECIES**

Canine

**BREED**

Yorkshire Terrier

**SEX**

Spayed female

**AGE**

7 years

**WEIGHT**

5.8 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Tudini

**HOSPITAL NAME**

East Aurora VH

**REFERRING VET**

Dr. Huckabone

**INVOICE**

44188

**DATE**

5/4/23

**PRESENTING CLINICAL SIGNS**

History: Patient was diagnosed with PLE in October. Patient had over 400mls of a clear transudate drained via an abdominocentesis last week. She is receiving 1.25mg prednisolone every 12 hrs. Not on any other medication. Has been on metronidazole intermittently for diarrhea but currently stools are formed. Clinician is trying to establish degree of change and any other changes as patients is responding poorly to prednisolone.

Abnormal PE/Chem/CBC/UA Results: Most recent labwork showed neutrophilia (24.8), TP (3.3), Albumin (1.4), Globulin (1.9).

**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 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. Slight, pinpoint mineralization was noted in both kidneys and was non-obstructive. The left kidney measured 3.25 cm. The right kidney measured 3.7 cm.

**Adrenal Glands**

Both **adrenal glands** were flattened likely owing to Prednisone therapy. The left adrenal gland

**Spleen**

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

**Liver**

The **liver** revealed slight coarse architecture with mildly increased portal markings. There was no evidence of passive congestion. The gallbladder and common bile duct were unremarkable.

**Gastrointestinal**

The stomach was over distended with chyme and echogenic material that was non-obstructive. Mucosal fogging was noted throughout the GI tract. Enhanced surrounding mesentery was noted.



<b>PATIENT</b>	<b>Pancreas</b>
Rosie Walker	The <b>pancreas</b> was obscured by the enhanced mesentery, yet did not reveal any global pathology.
<b>SPECIES</b>	<b>Free Abdomen</b>
Canine	A moderate amount of ascites was noted. Pleural effusion was also noted through the diaphragm likely owing to poor oncotic pressure.
<b>BREED</b>	
Yorkshire Terrier	<b>ULTRASONOGRAPHIC FINDINGS</b>
	Lymphangectasia, PLE pattern.
<b>SEX</b>	Minor, degenerative renal changes and mineralization.
Spayed female	
<b>AGE</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
7 years	There was no obvious evidence of neoplasia.
	Part or all of this protocol may be considered based on your clinical impression of the patient:
<b>WEIGHT</b>	<b>OBJECTIVE: keep albumin levels &gt; 2 g/dl, avoid thromboembolism and cavitory effusions, monitor concurrent PLN (Wheaton Terrier PLE/PLN) and liver disease:</b>
5.8 lbs	<b>Plasma</b> 10 mL / kilogram IV over 4 hours Or <b>Human albumin</b> 2 ml/kg/h over 10 hours. Total daily volume 20.l/kg/day
<b>INTERPRETED BY</b>	<b>And Colloids/Hetastarch</b>
Eric Lindquist, DMV DABVP, Cert. IVUSS	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.
<b>IMAGING PERFORMED BY</b>	<b>Metronidazole</b> (10-20 mg/kg po bid) <b>Famotidine</b> 1 mg/kg lv 1m po dc Sid /bid
Dr. Tudini	<b>Sucralfate</b> 0.5-1 g po tid dogs, 0.5 g bid cats in slurry Or <b>Misoprostol</b> 1-5 ug/kg po tid
<b>HOSPITAL NAME</b>	<b>Diet:</b> 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.
East Aurora VH	<b>Prednisone</b> or prednisolone 2 mg/kg bid x 3-5 days then 2 mg/kg sid. <b>Chlorambucil</b> in refractive severe IBD/alimentary lymphoma cases (monitor cbc for rare bone marrow suppression) 4 mg/m <sup>2</sup> Q 24-48 hours.
<b>REFERRING VET</b>	<b>Cobalamine</b> (B12) 250-1500 ug/dog weekly x 6 weeks. <b>Calcium</b> supplementation if necessary.
Dr. Huckabone	<b>Aspirin</b> 0.5-1 mg/kg/day or <b>Clopidrel</b> (Plavix) 1-5 mg/kg/day.

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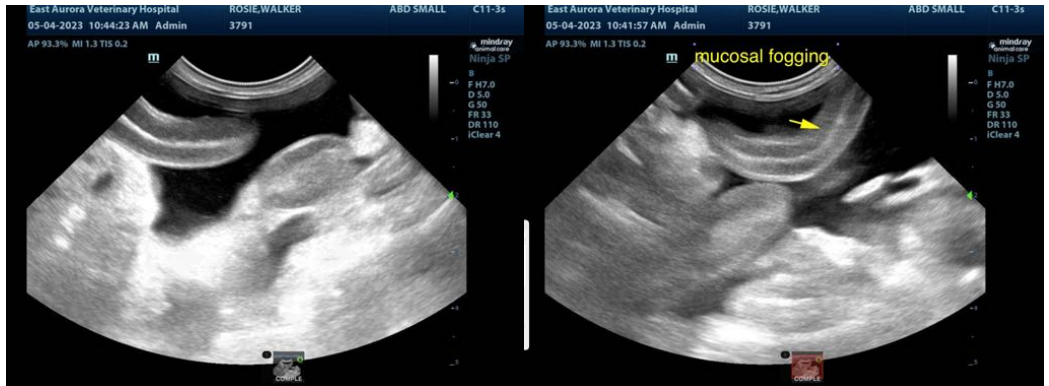
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**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**

Yorkshire Terrier

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

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