



PATIENT

Ripley Monteleone

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed female

AGE

12 years

WEIGHT

54.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Harris

HOSPITAL NAME

TotalBond VH

REFERRING VET

Dr. Toner

INVOICE

46613

DATE

8/15/23

PRESENTING CLINICAL SIGNS

History: 12 YO FS Lab X presented for recurrent D+. Prior to presentation had gone to UrgentVet for acute D+. Outpatient care initiated and pt responded to probiotics alone. Once probiotics finished, D+ returned and pt had 1 episode of V+. MDB revealed hypoalbuminemia (2.3), elevated TP, hyperglobulinemia. Repeat labs 1 week later revealed hypoalbuminemia (2.0), low TP (3.8), low normal globulins (1.8). Liver values wnl, no proteinuria, fecal parasite PCR neg for all spp tested. Suspect PLE. IBD vs lymphangiectasia vs neoplasia vs other.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 7.0 cm. The left kidney measured 6.6 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 right adrenal gland measured 0.76 cm. The left adrenal gland measured 0.6 cm.

Spleen

The **spleen** revealed subtle, heterogenous parenchymal changes with uniform contour. There was no evidence of significant pathology. The spleen revealed largely age related changes.

Liver

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 presented acceptably thin walls 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.



PATIENT

Ripley Monteleone

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed female

AGE

12 years

WEIGHT

54.2 lbs

Gastrointestinal

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-tact. 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 endoscopy guided biopsies would be ideal to confirm. No obstructive disease or obvious suspicion of neoplasia.

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.

ULTRASONOGRAPHIC FINDINGS

Intestinal mucosal fogging.

Minor excessive upper GI gas.

Hyperperistalsis was noted in the small intestine.

Changes consistent with lymphangectasia/protein losing enteropathy.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No neoplastic criteria was present.

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

IMAGING PERFORMED BY

Dr. Harris

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 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.

HOSPITAL NAME

TotalBond VH

REFERRING VET

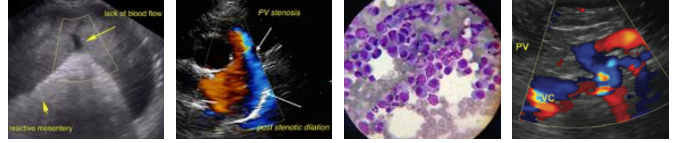
Dr. Toner

INVOICE

46613

DATE

8/15/23



PATIENT

Ripley Monteleone

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed female

AGE

12 years

WEIGHT

54.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Harris

HOSPITAL NAME

TotalBond VH

REFERRING VET

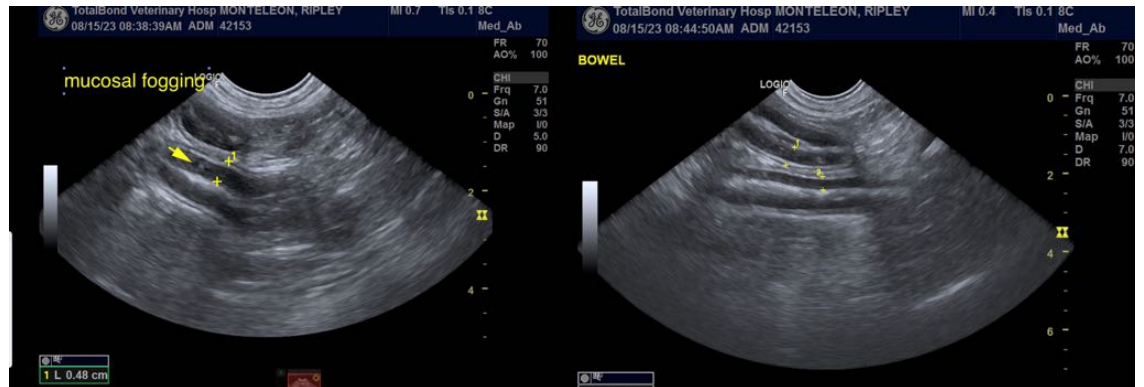
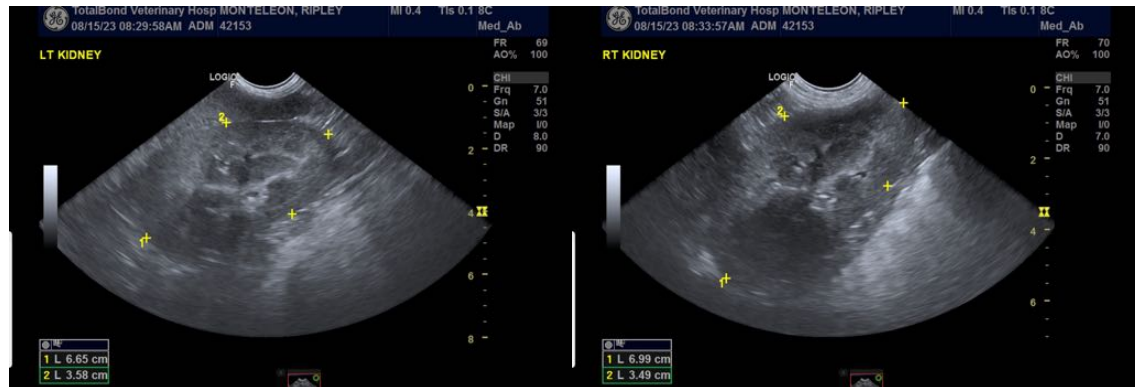
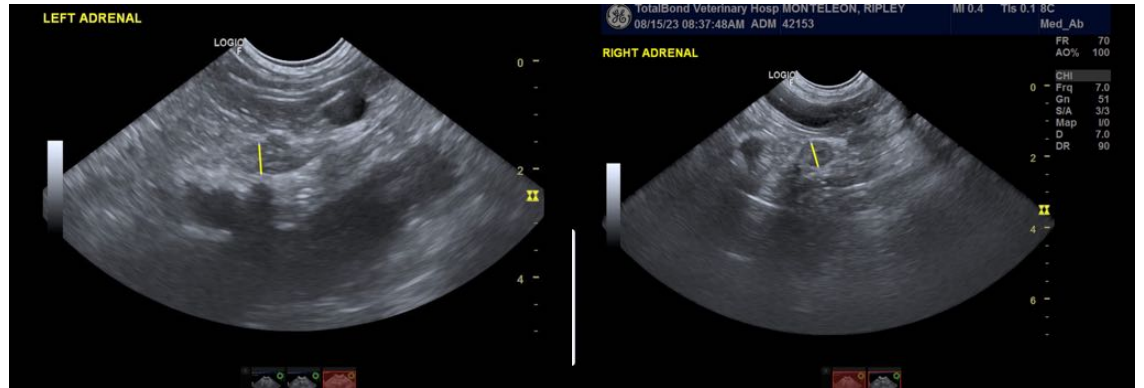
Dr. Toner

INVOICE

46613

DATE

8/15/23





PATIENT

Ripley Monteleone

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed female

AGE

12 years

WEIGHT

54.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Harris

HOSPITAL NAME

TotalBond VH

REFERRING VET

Dr. Toner

INVOICE

46613

DATE

8/15/23



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
info@SonoPath.com