

PATIENT PRESENTING CLINICAL SIGNS

Wally Abdallah

History: Intermittent loss of appetite for several months. Weight loss of >10 lbs since 4/22. Sedated with Butorphanol.

SPECIES

Abnormal PE/Chem/CBC/UA Results: BW: progressive hypoalbuminemia (1.7g/dL) w/ persistent liver enzyme elevations. ALT 530, AST 73, ALP 557, SDMA elevated (19). USG 1.039 w/ trace proteinuria.

Canine

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Husky Mix

Urinary System

SEX

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.

Neutered male

AGE

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.

13 years

Medullary structure differed distinctly from the cortex. The capsules were acceptably uniform without significant irregularities. Slight pyelectasia was noted in the left kidney. An anechoic cyst was noted in the left kidney at the dorsal cortex and measured 0.96 cm. The left kidney measured 5.78 cm. The right kidney measured 5.73 cm.

WEIGHT

44 lbs

INTERPRETED BY

Adrenal Glands

Eric Lindquist, DMV
DABVP, Cert. IVUSS

The left **adrenal gland** was mildly enlarged and measured 2.67 x 1.1 cm at the caudal pole and 0.96 cm at the cranial pole. The right adrenal gland was uniform and measured 0.5 cm.

IMAGING PERFORMED BY

Spleen

Dr. Ebersole

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Chadbourne

Liver

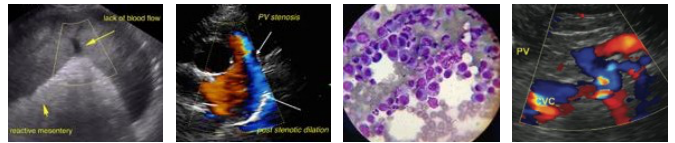
INVOICE

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

32823

DATE

9/9/22



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Gastrointestinal

SPECIES

Canine

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. Areas of mucosal fogging were noted. A portion of small intestine was particularly thickened and measured approximately 1.0 x 2.0 cm without overt loss of mural detail. There was no obvious evidence of neoplasia.

BREED

Husky Mix

Pancreas

SEX

Neutered male

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.

AGE

13 years

ULTRASONOGRAPHIC FINDINGS

Enlarged left adrenal gland.

WEIGHT

44 lbs

IBD gastrointestinal pattern. Mucosal fogging, protein losing enteropathy pattern.

Minor renal pyelectasia.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the low albumin I suspect protein losing enteropathy. No obvious neoplasia was noted unless the left adrenal gland represents pheochromocytoma or carcinoma. Malassimilation of nutrients is suspected. Serial blood pressure measurements are warranted. If hypertension is present then urine catecholamine is indicated.

IMAGING PERFORMED BY

Dr. Ebersole

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

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

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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

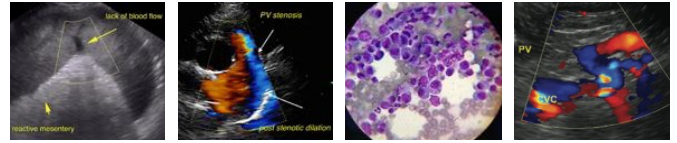
10 to 20 mL per kilogram per day and dogs

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)



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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

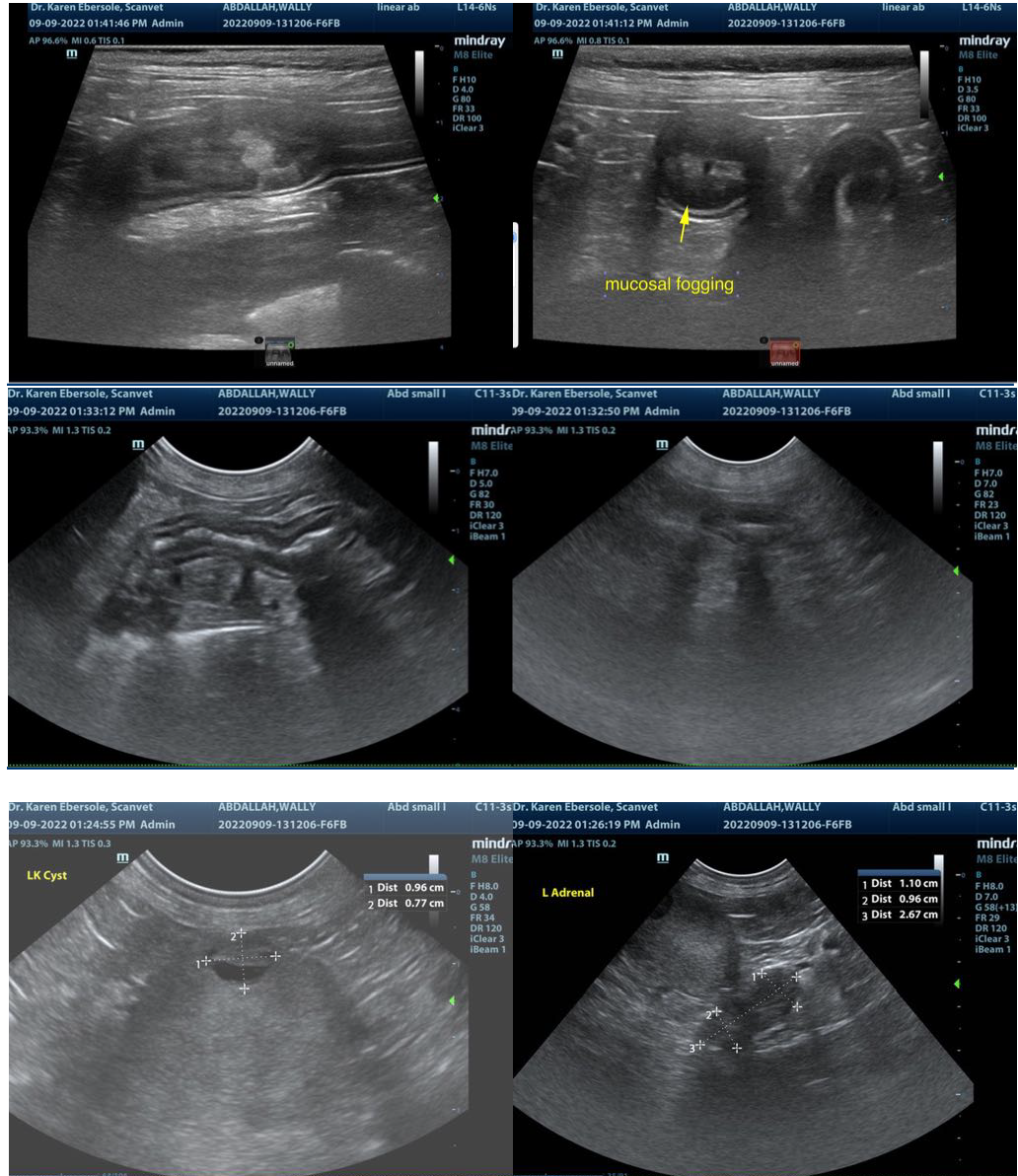
Diet: Highly digestible high quality protein, low fiber, low fat diet (< 15% of dry matter). Hydrolyzed protein or novel protein. Purina HA or Royal Canine HP or similar.

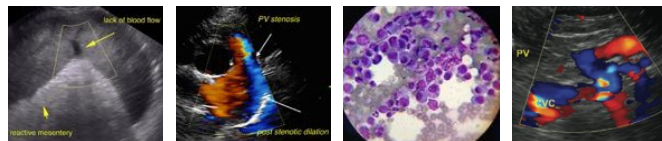
Prednisone or prednisolone 2 mg/kg bid x 3-5 days then 2 mg/kg sid. **Chlorambucil** in refractive severe IBD/alimentary lymphoma cases (monitor cbc for rare bone marrow suppression) 4 mg/m²Q 24-48 hours.

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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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