



PATIENT

Allie Rotundo

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed female

AGE

6 ½ years

WEIGHT

10 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Valeryia Shumskaya

HOSPITAL NAME

Animal General of
Augusta

REFERRING VET

Dr. Castimore

INVOICE

42800

DATE

2/14/23

PRESENTING CLINICAL SIGNS

History: gagging for 5 days Current meds: Given Reglan (cerenia, dex) Today had flagyl
Abnormal PE/Chem/CBC/UA Results: Declining TP 3.8 to 3.5m glob 2.0 to 2.1, CA 6.7 now 6.0, HCT 63, WBC 23 Giardia 4 days ago, lepto + today

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. The right kidney measured 3.64 cm. The left kidney measured 3.12 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 left adrenal gland measured 1.37 x 0.37 c at the cranial pole and 0.36 cm at the caudal pole. The right adrenal gland measured 1.55 x 0.52 cm at the cranial pole and 0.4 cm at the caudal pole.

Spleen

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.

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. Pleural effusion was noted through the diaphragm.



PATIENT

Gastrointestinal

Allie Rotundo

The **gastrointestinal tract** revealed gastric thickening with early loss of mural detail. Diffuse, hyperechoic fogging or overlay was noted 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. Fluid filled colon was noted. 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.

SPECIES

Canine

BREED

Yorkshire Terrier

Pancreas

SEX

The **pancreas** revealed heterogenous, mixed echogenic changes and remodeling. This is consistent with history of pancreatitis with history of active inflammation.

Spayed female

AGE

Free Abdomen

6 ½ years

Minor areas of free fluid were noted with reactive mesentery.

WEIGHT

10 lbs

ULTRASONOGRAPHIC FINDINGS

Gastroenteritis, protein losing enteropathy pattern/lymphangectasia.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I am assuming albumin levels are less than 1.5. There was no obvious neoplasia noted; however, I cannot rule out emerging round cell neoplasia/lymphoma. If the albumin levels at the time of the sonogram were less than 1.5 then the free fluid in the chest and abdomen can be justified by poor oncotic pressures. Otherwise, other sources such as lymphatic congestion should be considered as cause of ascites and pleural effusion.

IMAGING PERFORMED BY

Valeryia Shumskaya

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

HOSPITAL NAME

Animal General of
Augusta

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

REFERRING VET

Dr. Castimore

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.

INVOICE

42800

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.

DATE

2/14/23



PATIENT

Allie Rotundo

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.

SPECIES

Canine

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.

BREED

Yorkshire Terrier

SEX

Spayed female

AGE

6 ½ years

WEIGHT

10 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Valeryia Shumskaya

HOSPITAL NAME

Animal General of
Augusta

REFERRING VET

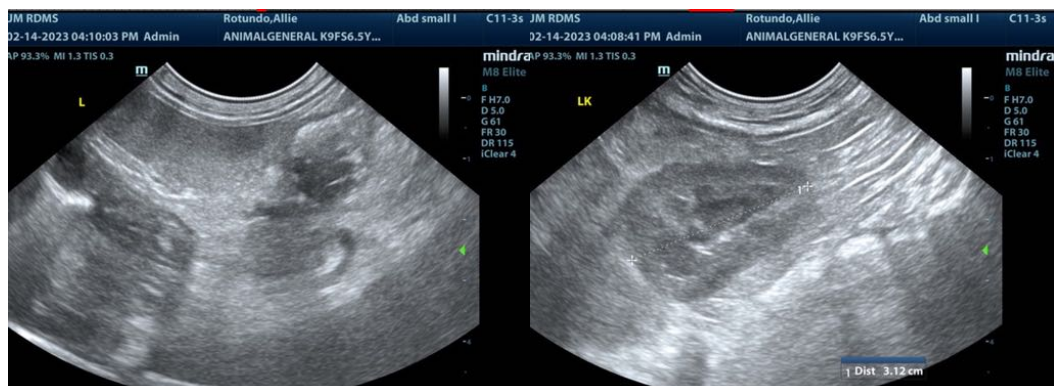
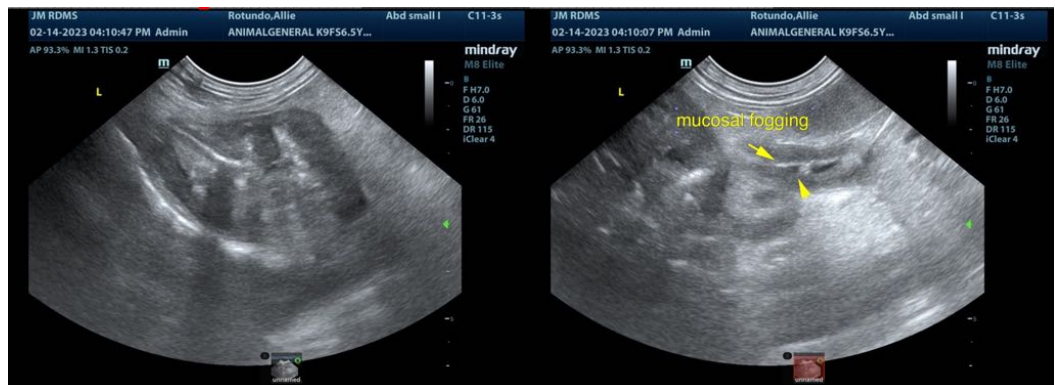
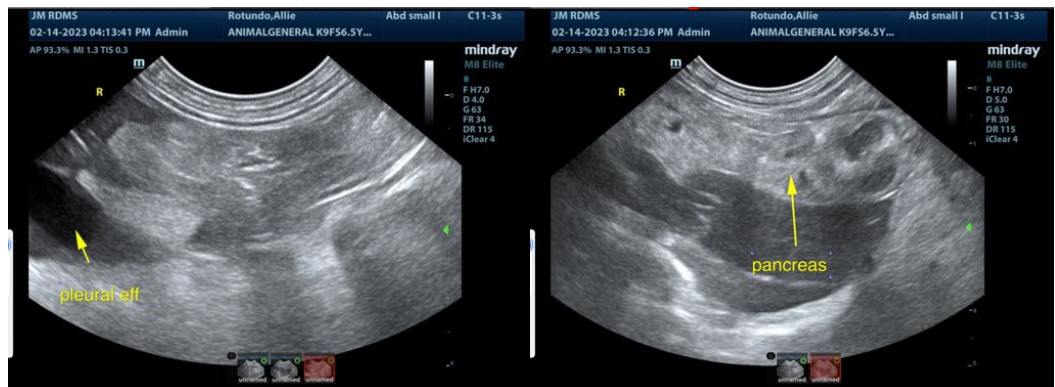
Dr. Castimore

INVOICE

42800

DATE

2/14/23





PATIENT

Allie Rotundo

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed female

AGE

6 ½ years

WEIGHT

10 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Valeryia Shumskaya

HOSPITAL NAME

Animal General of
Augusta

REFERRING VET

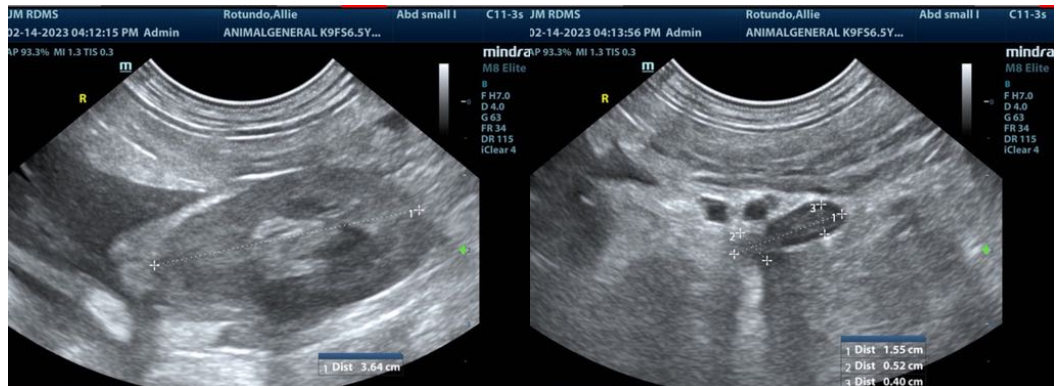
Dr. Castimore

INVOICE

42800

DATE

2/14/23



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