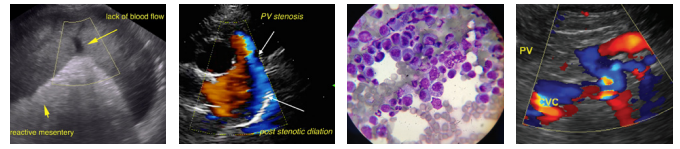


<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Samantha Commorato	Possible PLE.
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b>
<b>BREED</b>	The <b>urinary bladder</b> , trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters 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.
Yorkie	
<b>SEX</b>	
Spayed female	The <b>kidneys</b> 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 left kidney measured 3.2 cm.
<b>AGE</b>	
13 years	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
Eric Lindquist, DMV DABVP, Cert. IVUSS	Both <b>adrenal glands</b> were subnormal in size owing to Addisonian state. The adrenal glands measured approximately 2-3 mm in width.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Eric Lindquist, DMV DABVP, Cert. IVUSS	The <b>spleen</b> 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.
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Franklin Lakes AH	
<b>REFERRING VET</b>	<b>Liver</b>
Dr. Kozak	The <b>liver</b> images from right and left intercostal as well as subcostal views revealed subjectively normal liver contour and structure. The liver was slightly subnormal in size. 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.
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3/30/23	



**PATIENT**

**Gastrointestinal**

Samantha Commorato

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.

**SPECIES**

Canine

**BREED**

Yorkie

**SEX**

Spayed female

**Pancreas**

Diffuse hyperechoic changes were present in the area of the **pancreas**. The pancreatic remodeling was evident with multifocal to diffuse hyperechoic changes. These changes are consistent with fibrosis, amyloid, saponification of fat and may contain areas of low-grade chronic active inflammation especially if pain on imaging (+ Murphy sign) was present +/- focal subxiphoid palpation reveals pain response. No overt masses were noted.

**AGE**

13 years

**ULTRASONOGRAPHIC FINDINGS**

Minor gastritis.

**INTERPRETED BY**

Subnormal adrenal size, owing to Addisonian state.

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Dietary indiscretion, food intolerance, structurally significant inflammatory bowel or occult parasitism and occult Addison's are all potentials. Diet change to Purina HA or Royal Canin HP diet is indicated. I recommend treatment for protein losing enteropathy and reassessment of the Addisonian state with ACTH stimulation.

**HOSPITAL NAME**

Franklin Lakes AH

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

**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 lv 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/m<sup>2</sup> Q 24-48 hours.

**Cobalamine** (B12) 250-1500 ug/dog weekly x 6 weeks.

**Calcium** supplementation if necessary.

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**PATIENT**

**Aspirin 0.5-1 mg/kg/day or Clopidrel (Plavix) 1-5 mg/kg/day.**

Samantha Commorato

**SPECIES**

Canine

**BREED**

Yorkie

**SEX**

Spayed female

**AGE**

13 years

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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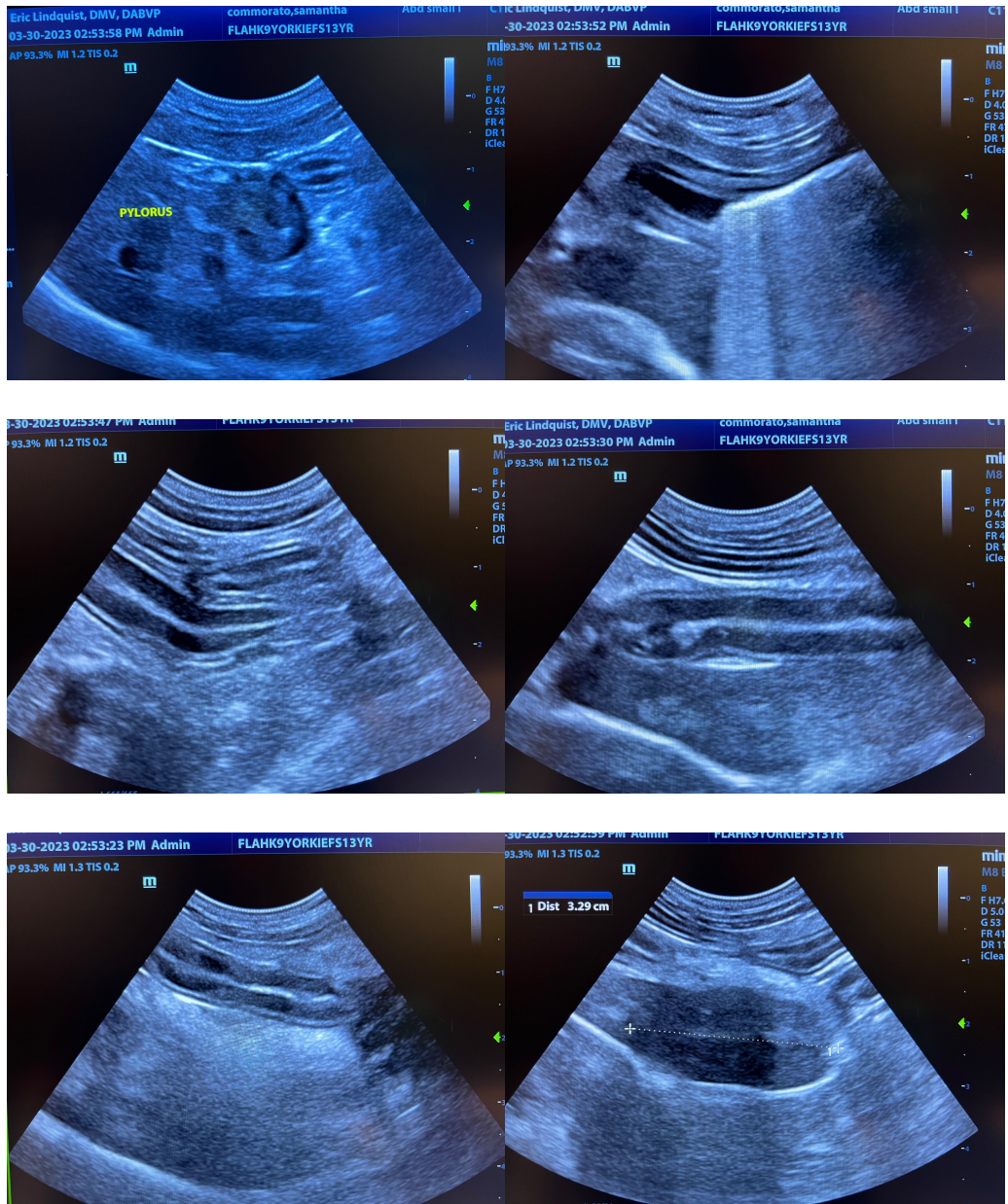
Dr. Kozak

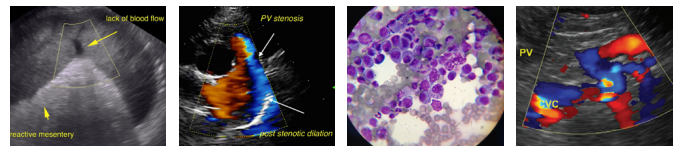
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**PATIENT**

Samantha Commorato

**SPECIES**

Canine

**BREED**

Yorkie

**SEX**

Spayed female

**AGE**

13 years

**INTERPRETED BY**

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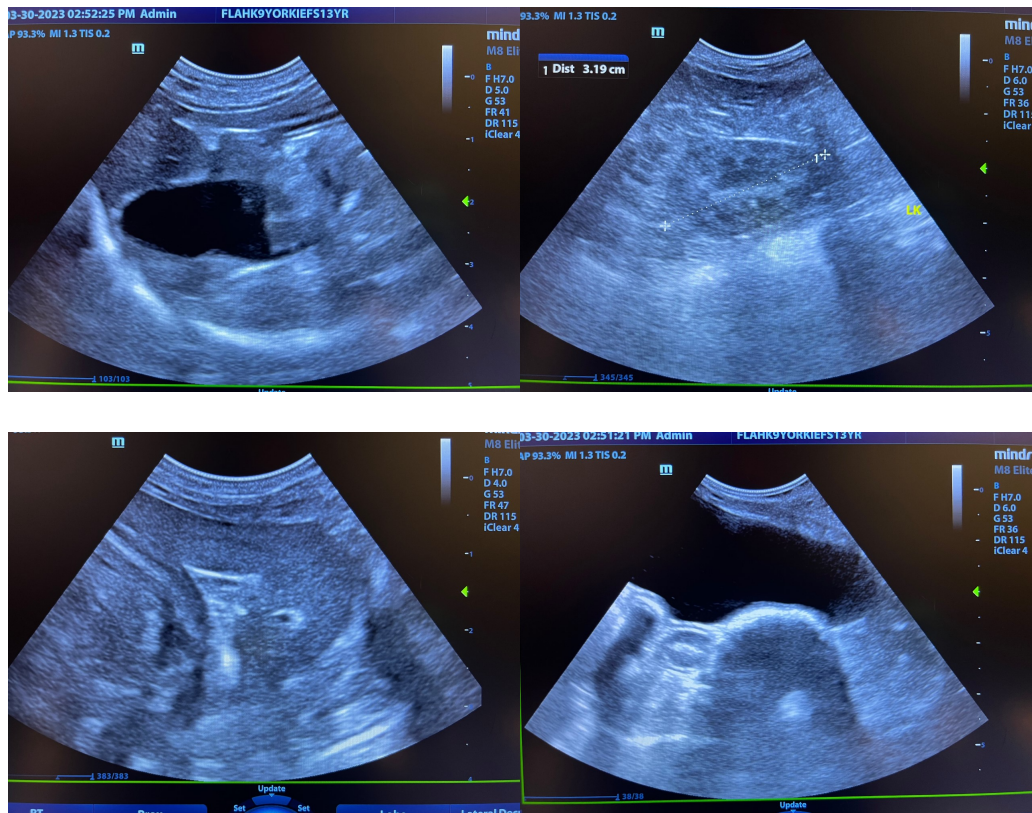
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**DATE**

3/30/23



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