



PATIENT

Wallaby Roche

SPECIES

Canine

BREED

Wheaton Terrier

SEX

Neutered Male

AGE

9 years

WEIGHT

36 lbs.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

**IMAGING
PERFORMED BY**

Dr. Scott

HOSPITAL NAME

Ho Ho Kus VH

REFERRING VET

Dr. Gannon

INVOICE

12970

DATE

1/5/22

PRESENTING CLINICAL SIGNS

Diarrhea- no improvement on metro and w/d, vomited once and now decreased appetite
Abnormal PE/Chem/CBC/UA Results: TP 3.6 Alb 1.6 Glob 2.0

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to a lack of urine distention with minimal anechoic urine present. No evidence of sediment or calculi was noted. The urethral exhibited normal structure and tone to a depth of 2.0 cm.

No overt pathology associated with the residual prostate was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.7 cm in length. The right kidney measured 5.2 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The visualized gastric walls were sonographically unremarkable. The lumen of the stomach contained moderate, echogenic, nonshadowing ingesta / chyme most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.



PATIENT	The small intestine presented intact wall layering with generalized propensity for prominent mucosa. Areas of mucosal fogging with mildly hyperechoic speckling and mucosal striations were present. No evidence of intestinal masses was noted.
Wallaby Roche	
SPECIES	The colon exhibited sonographically unremarkable walls with generalized mid colon distention with semi-formed to non-formed feces.
Canine	
BREED	<i>Pancreas</i>
Wheaton Terrier	The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.
SEX	<i>Free Abdomen</i>
Neutered Male	Peri intestinal to generalized reactive mesentery along with mild volume peritoneal primarily peri intestinal free fluid were present.
AGE	ULTRASONOGRAPHIC FINDINGS
9 years	<i>Primary Findings</i>
WEIGHT	<ul style="list-style-type: none"> • Enteropathy exhibiting segmental to generalized mucosal fogging, speckling, and mildly hyperechoic striations- consistent with PLE pattern • Associated peri intestinal to generalized reactive mesentery and small volume peritoneal free fluid • Possible gastric hypomotility
36 lbs.	
INTERPRETED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Considerations for the small intestine may include IBD, lymphangiectasia, or less likely Infiltrative enteropathy (neoplasia or other). Urinalysis, if not done, is suggested to rule out proteinuria. Endoscopic intestinal biopsies would be ideal for a definitive diagnosis yet contraindicated with albumin levels <2.0. Some or all of the following protocol may be considered.
IMAGING PERFORMED BY	OBJECTIVE: keep albumin levels > 2 g/dl, avoid thromboembolism and cavitory effusions, monitor concurrent PLN (Wheaton Terrier PLE/PLN) and liver disease:
Dr. Scott	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
HOSPITAL NAME	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.
Ho Ho Kus VH	DATE
REFERRING VET	Metronidazole (10-20 mg/kg po bid) Famotidine 1 mg/kg lv 1m 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
Dr. Gannon	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.
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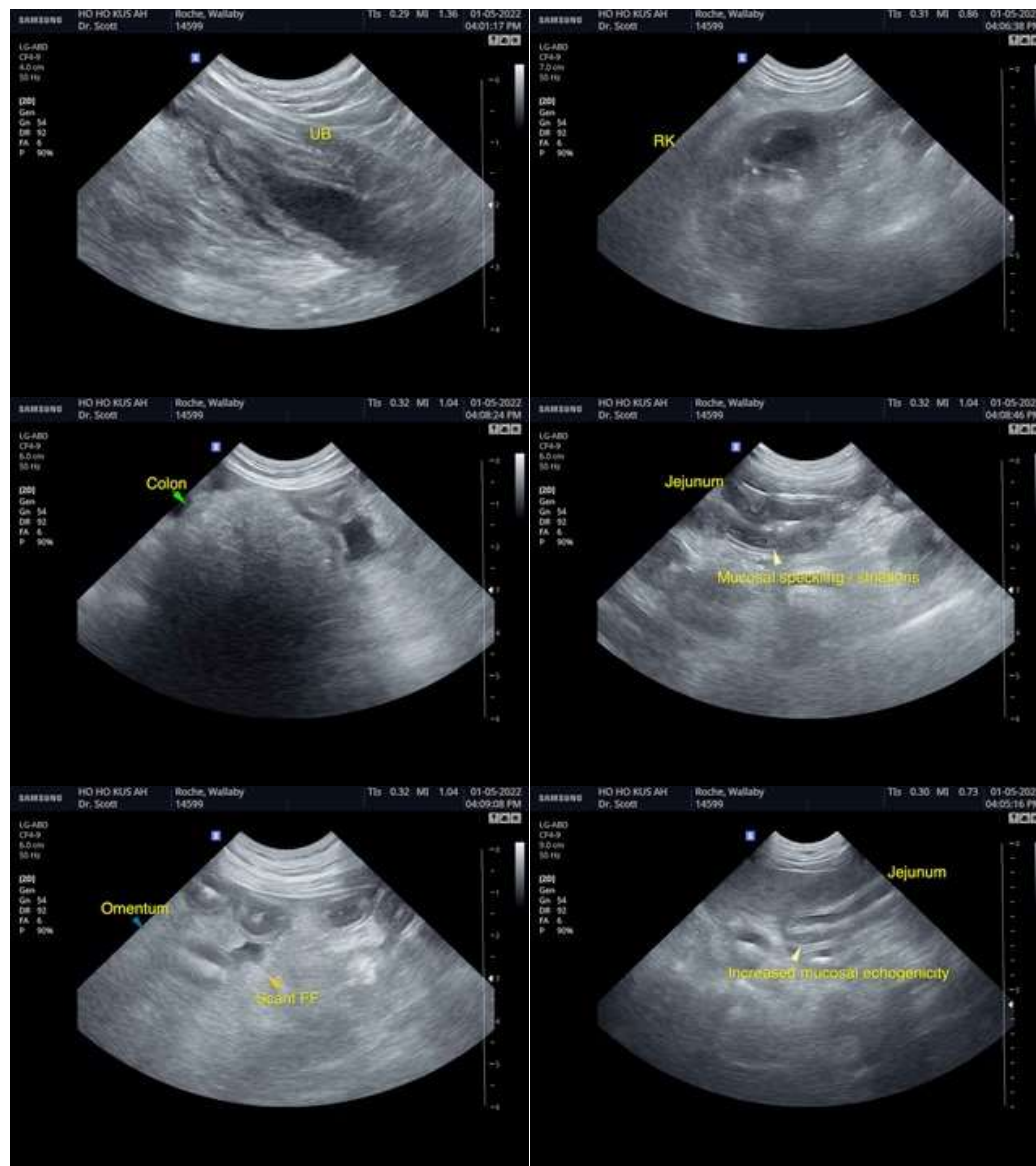
1/5/22

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.





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The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com