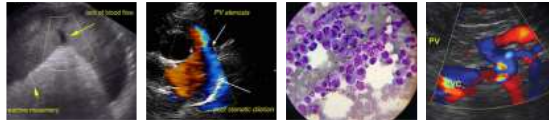


<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Mark Aragon	Distended abdomen Chronic diarrhea Anorexia Abnormal PE/Chem/CBC/UA Results: Decreased Serum proteins TP 3.5, Glob 1.7, Alb 1.8 Calcium decreased 5.8 Urine test WNL- no protein detected
<b>SPECIES</b>	
Canine	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
Yorke Mix	The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
<b>SEX</b>	
MN	The residual prostate was free of pathology.
<b>AGE</b>	The area of the aortic trifurcation was free of pathology.
9 years	
<b>WEIGHT</b>	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 5.0 cm in length. The right kidney measured 5.0 cm in length.
17.25 lbs.	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.7 cm length x 0.69 cm width at the caudal pole. The right adrenal gland was mildly prominent in size, yet without overt pathology. The right adrenal gland measured 2.4 cm length x 0.83 cm width at the caudal pole.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Jenna Walsh, CVT	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.
<b>HOSPITAL NAME</b>	<b>Liver/ Gallbladder</b>
Liberty AH	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 mildly prominent to hyperechoic gallbladder walls. Variably hyperechoic, nondependent to organized luminal debris was present in the gallbladder. No evidence of peripheral gallbladder Inflammation was noted. The cystic and common bile ducts were normal.
<b>REFERRING VET</b>	
Dr. Paoletti	
<b>INVOICE</b>	
12980	
<b>DATE</b>	
1/6/22	



**PATIENT**

***Gastrointestinal***

Mark Aragon

The stomach exhibited maintained intact wall layering with generalized variable thickened mucosa. The stomach lumen was primarily empty with minor retained fluid present in the area of the pylorus. The gastric body wall including the mucosa measured up to 1.5 cm width. No evidence of loss of gastric wall layering was noted.

**SPECIES**

Canine

**BREED**

Yorke Mix

The small intestine presented intact wall layering with generalized propensity for prominent mucosa along with segmental to generalized mild mucosal fogging to intermittent hyperechoic mucosal speckling to striations. The jejunum wall width measured 0.40 cm.

**SEX**

Normal visible colon wall layers were present with non-formed feces in lumen, consistent with diarrhea.

MN

***Pancreas***

**AGE**

9 years

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

**WEIGHT**

17.25 lbs.

***Free Abdomen***

Small pockets of scant, primarily peri intestinal free fluid were noted. Subtle reactive peri intestinal mesentery was present. No evidence of significant lymphadenopathy was evident. Focal gastric lymph node adjacent to the pylorus was present measuring 0.57 cm. This lymph node was subjectively reactive to benign.

**INTERPRETED BY**

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

**ULTRASONOGRAPHIC FINDINGS**

***Primary Findings***

- Mild chronic renal changes
- Gallbladder mucocele
- Gastric mucosal hyperplasia
- PLE small bowel pattern
- Small pockets of scant peritoneal free fluid.

**HOSPITAL NAME**

Liberty AH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**REFERRING VET**

Dr. Paoletti

Given the panhyperproteinemia without evidence of proteinuria in the face of the small intestinal presentation, PLE is probable. IBD, lymphangiectasia, or less likely Infiltrative enteropathy are possible. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate and fresh fecal analysis to assess for parasitic ova / Giardia.

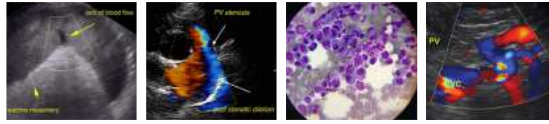
**INVOICE**

12980

**DATE**

1/6/22

Close monitoring for evidence of increasing cholestasis or cranial abdominal / subxiphoid discomfort associated with the gallbladder is recommended. Ideally, endoscopic intestinal biopsies are recommended for definitive diagnosis, yet likely contraindicated given the albumin level (<2.0).



**PATIENT**

Empirically, some or all of the following protocol may be considered with as-needed gastroprotectants.

Mark Aragon

**SPECIES**

**OBJECTIVE: keep albumin levels > 2 g/dl, avoid thromboembolism and cavitory effusions, monitor concurrent PLN (Wheaton Terrier PLE/PLN) and liver disease:**

Canine

**Plasma** 10 mL / kilogram IV over 4 hours

**BREED**

Or **Human albumin** 2 ml/kg/h over 10 hours. Total daily volume 20.l/kg/day  
**And Colloids/Hetastarch**

Yorkie Mix

10 to 20 mL per kilogram per day and dogs  
10 to 15 mL per kilogram per day cats

**SEX**

(Can bolus first 1/3 of dose over 15 minutes)  
& maintain on LRS maintenance otherwise.

MN

**Metronidazole** (10-20 mg/kg po bid)

**AGE**

**Famotidine** 1 mg/kg lv Im po dc Sid /bid

9 years

**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.

**WEIGHT**

**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.

17.25 lbs.

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

**Calcium** supplementation if necessary.

**INTERPRETED BY**

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

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

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Liberty AH

**REFERRING VET**

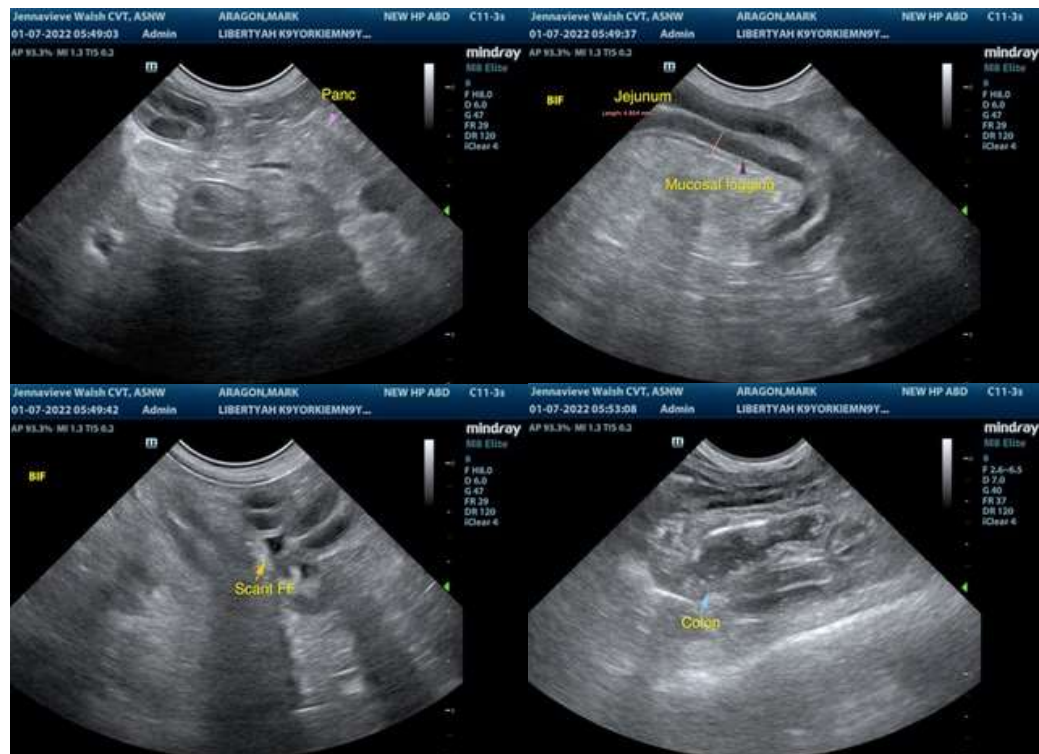
Dr. Paoletti

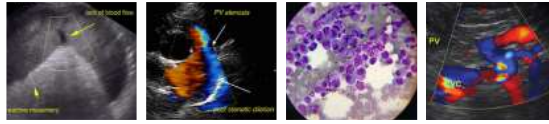
**INVOICE**

12980

**DATE**

1/6/22





**PATIENT**

Mark Aragon

**SPECIES**

Canine

**BREED**

Yorkie Mix

**SEX**

MN

**AGE**

9 years

**WEIGHT**

17.25 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Liberty AH

**REFERRING VET**

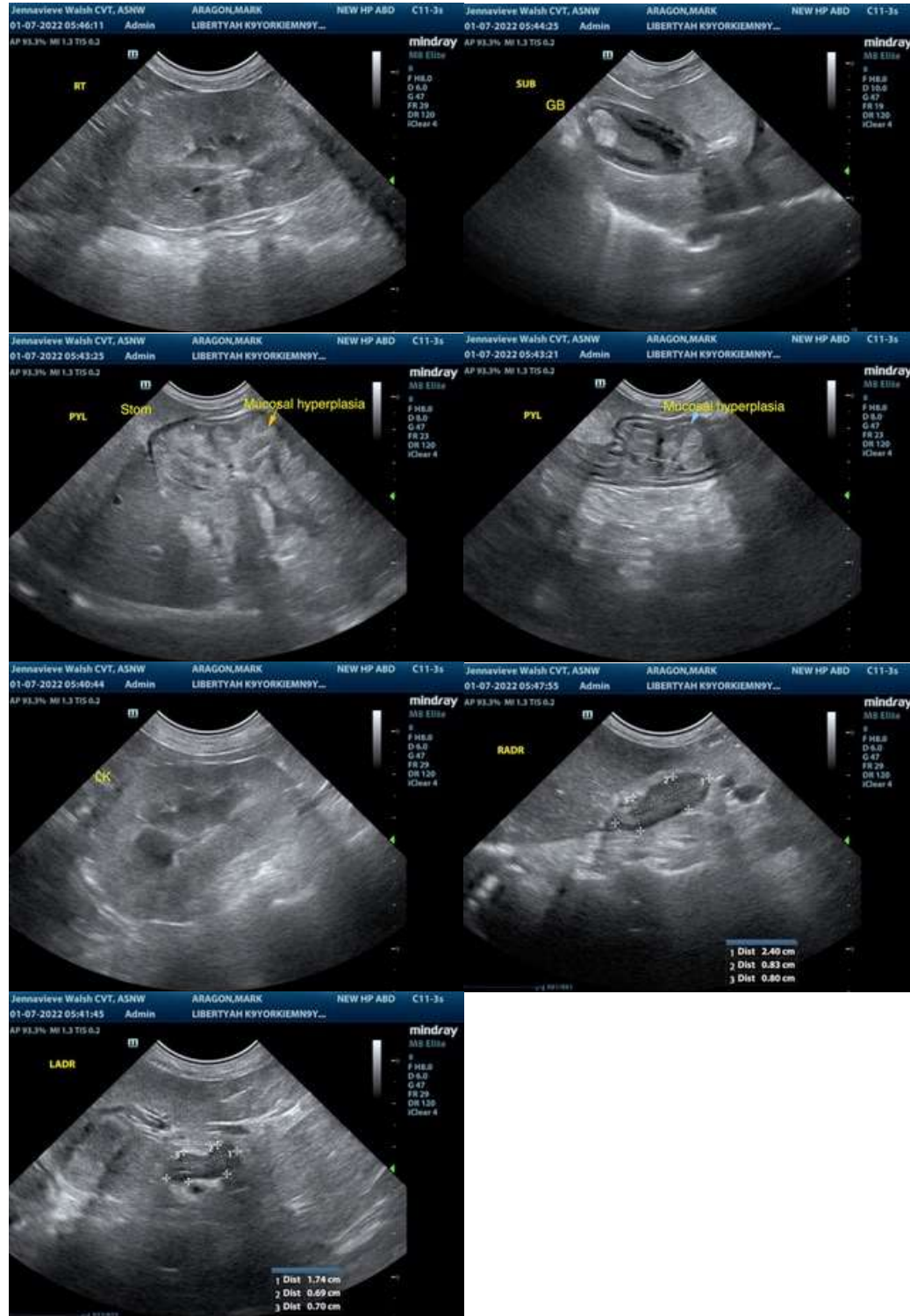
Dr. Paoletti

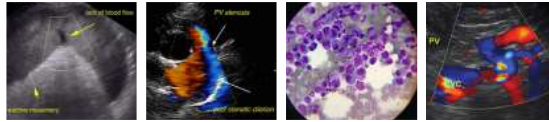
**INVOICE**

12980

**DATE**

1/6/22





**PATIENT**

Mark Aragon

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.

**SPECIES**

Canine

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.

**BREED**

Yorke Mix

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

**SEX**

MN

**AGE**

9 years

**WEIGHT**

17.25 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Liberty AH

**REFERRING VET**

Dr. Paoletti

**INVOICE**

12980

**DATE**

1/6/22