



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Boo Simpson - P presented with chronic diarrhea - Fecal (OPG) was negative for parasites - Eats grass frequently - O tried Sulcrate and Gastro diet with no success - Been ongoing since May 2021 - Physical Exam WNL  
**SPECIES** Abnormal PE/Chem/CBC/UA Results: RBC mildly decreased HGB mildly decreased Lymphocytes mildly decreased Basophils and Platelets mildly increased. Calcium, Total Protein, Albumin, Globulins and Cholesterol decreased Rest of Chemistries WNL Urinalysis WNL Protein Negative  
**PATIENT** Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

**BREED** Boston Terrier The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm 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 were noted.

**SEX**

**SEX** Spayed Female 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Minor medullary mineral was present in both kidneys. The left kidney measured 3.8 cm. The right kidney measured 4.0 cm.

**AGE**

10 Years

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

7.5 kg

**Adrenal Glands**

Bilateral symmetrical adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The right adrenal gland measured 2.0 cm length x 0.72 cm at the caudal pole. The left adrenal gland measured 1.6 cm length x 0.79 cm at the caudal pole.

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Kelly Reschny

**Liver**

**HOSPITAL NAME**

BPH Stoney Creek

The liver was mildly enlarged and mildly hypoechoic with minor increased prominence of portal vasculature borders. The liver parenchyma was mildly nonuniform with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

**REFERRING VET**

Dr. Baskin

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained anechoic to mildly echogenic fluid. Gastric body wall measured 0.32 cm.

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The small intestine presented intact wall layering with mild altered 1:3 muscularis/mucosa ratio owing to subjective generalized propensity for prominent mucosa. The mucosa exhibited variable echogenicity with subjective segmental mucosal fogging. Duodenum wall measured 0.52 cm. Jejunum wall measured up to 0.61 cm. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

**DATE**

10/22/21



**PATIENT** Normal visible colon wall layers were present with semi formed feces in lumen.

Boo Simpson **Pancreas**

**SPECIES** 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 was evident.

Canine

**Free Abdomen**

**BREED** Primarily peri intestinal reactive mesentery noted. No overt lymphadenopathy.

Boston Terrier

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

- Generalized enteropathy with prominent mucosa and segmental mucosal speckling to fogging
- Probable mild gastric stasis
- Mild hepatomegaly – subjectively benign
- Mild gallbladder debris (non-mucocele)
- Bilateral age related kidneys with minor medullary mineral
- Bilateral prominent adrenal glands – non-specific

Spayed Female

**AGE**

10 Years

**WEIGHT**

7.5 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the decreased total protein, albumin, globulin, and cholesterol in combination with chronic diarrhea, the appearance of the small intestine is suggestive of protein losing enteropathy with potential etiologies including chronic IBD, lymphangiectasia, or infiltrative enteropathy (i.e., neoplasia possible yet considered less likely). Ideally, intestinal biopsies would be elected for definitive histopathological diagnosis, yet would be contraindicated if albumin levels >2.0. Empirically, some or all of the following protocol would be appropriate.

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The bilateral prominent adrenal glands are of unclear clinical significance given the lack of reported clinical signs suggestive of underlying endocrinopathy. Patient variant, benign hyperplasia possible. Screening blood pressure recommended.

**IMAGING PERFORMED BY**

Kelly Reschny

**PLE Therapy**

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

**HOSPITAL NAME**

BPH Stoney Creek

**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 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.

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**PATIENT**

Boo Simpson

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.

**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**

Boston Terrier

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

7.5 kg

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**HOSPITAL NAME**

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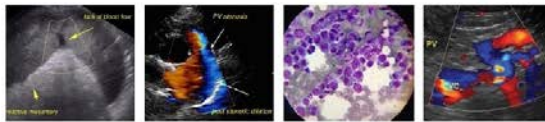
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**PATIENT**

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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.

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