



PATIENT	PRESENTING CLINICAL SIGNS
Becky Castellano	colitis, lethargy, possible mass; on famotidine. suspicion of PLE, lymphangectasia, and/or lymphoma. No obstruction on rads.
SPECIES	Abnormal PE/Chem/CBC/UA Results: TP 3.4, Alb 1.8 (from 10/4), Ca decr 7.4, Mg decr 1.3, WBC 21.7 with neuts and monos incr, HCT 63%, cortisol incr 5.1 (1-5); SDMA 14.4 (<14 normal)
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Whippet Mix	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 was noted.
Spayed Female	
AGE	The area of the aortic trifurcation was free of pathology.
7 years	
WEIGHT	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio with mild loss of corticomedullary border demarcation were present. No evidence of pyelectasia was noted. The left kidney measured 5.4 cm in length. The right kidney measured 4.6 cm in length.
29 lbs.	
INTERPRETED BY	Adrenal Glands
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 2.3 cm length x 0.48 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.3 cm length x 0.49 cm width at the caudal pole.
IMAGING PERFORMED BY	Spleen
Diane McFadden	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.
HOSPITAL NAME	Liver/ Gallbladder
Animal Hospital of Roxbury	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.
REFERRING VET	
Dr. Hickenbottom	
INVOICE	
12362	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
DATE	Gastrointestinal
10/5/21	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.



PATIENT	The small intestine exhibited intact wall layering with subjective propensity for generalized prominent mucosa exhibiting subtle increased mucosa echogenicity to subtle mucosal fogging. Segmental propensity for mildly prominent to echogenic submucosa layer was also present. The jejunum wall width measured 0.52 cm.
Becky Castellano	
SPECIES	
Canine	The colon exhibited mild prominent yet intact wall layering with generalized mild dilation containing nonformed feces. The descending colon wall width measured 0.22 cm.
BREED	
Whippet Mix	Pancreas The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
SEX	
Spayed Female	Free Abdomen Subjective mild primarily peri intestinal reactive mesentery was present. No evidence of significant peritoneal free fluid or overt lymphadenopathy was noted.
AGE	
7 years	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
29 lbs.	Primary Findings
INTERPRETED BY	<ul style="list-style-type: none"> • Enteropathy with subjective prominent, mildly echogenic mucosa to subtle mucosal fogging • Concurrent mild colitis with generalized mild colonic dilation containing nonformed stool • Mild primarily peri intestinal reactive mesentery
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
IMAGING PERFORMED BY	Give the lack of hepatic pathology and assuming no evidence of proteinuria, intestinal protein loss resulting in panhyperproteinemia is probable. Primary considerations for PLE of which potential etiologies may consist of inflammatory bowel disease, lymphangiectasia, infiltrative enteropathy (neoplasia, less likely fungal), or other enteropathy. Intestinal biopsies would be required for a definitive diagnosis, yet are likely contraindicative at this time given the albumin levels (<2.0). A GI panel to include PLI/TLI/Cobalamin/Folate, as well as fresh fecal analysis to rule out parasitic ova / Giardia Is suggested.
Diane McFadden	Empirically, some or all of the following protocol, based on the clinical impression of the patient, may be considered.
HOSPITAL NAME	OBJECTIVE: keep albumin levels > 2 g/dl, avoid thromboembolism and cavitory effusions, monitor concurrent PLN (Wheaton Terrier PLE/PLN) and liver disease:
Animal Hospital of Roxbury	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
REFERRING VET	And Colloids/Hetastarch
Dr. Hickenbottom	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	Metronidazole (10-20 mg/kg po bid)
12362	Famotidine 1 mg/kg lv 1m po dc Sid /bid
DATE	
10/5/21	



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Becky Castellano

SPECIES

Canine

BREED

Whippet Mix

SEX

Spayed Female

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WEIGHT

29 lbs.

INTERPRETED BY

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DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Animal Hospital of
Roxbury

REFERRING VET

Dr. Hickenbottom

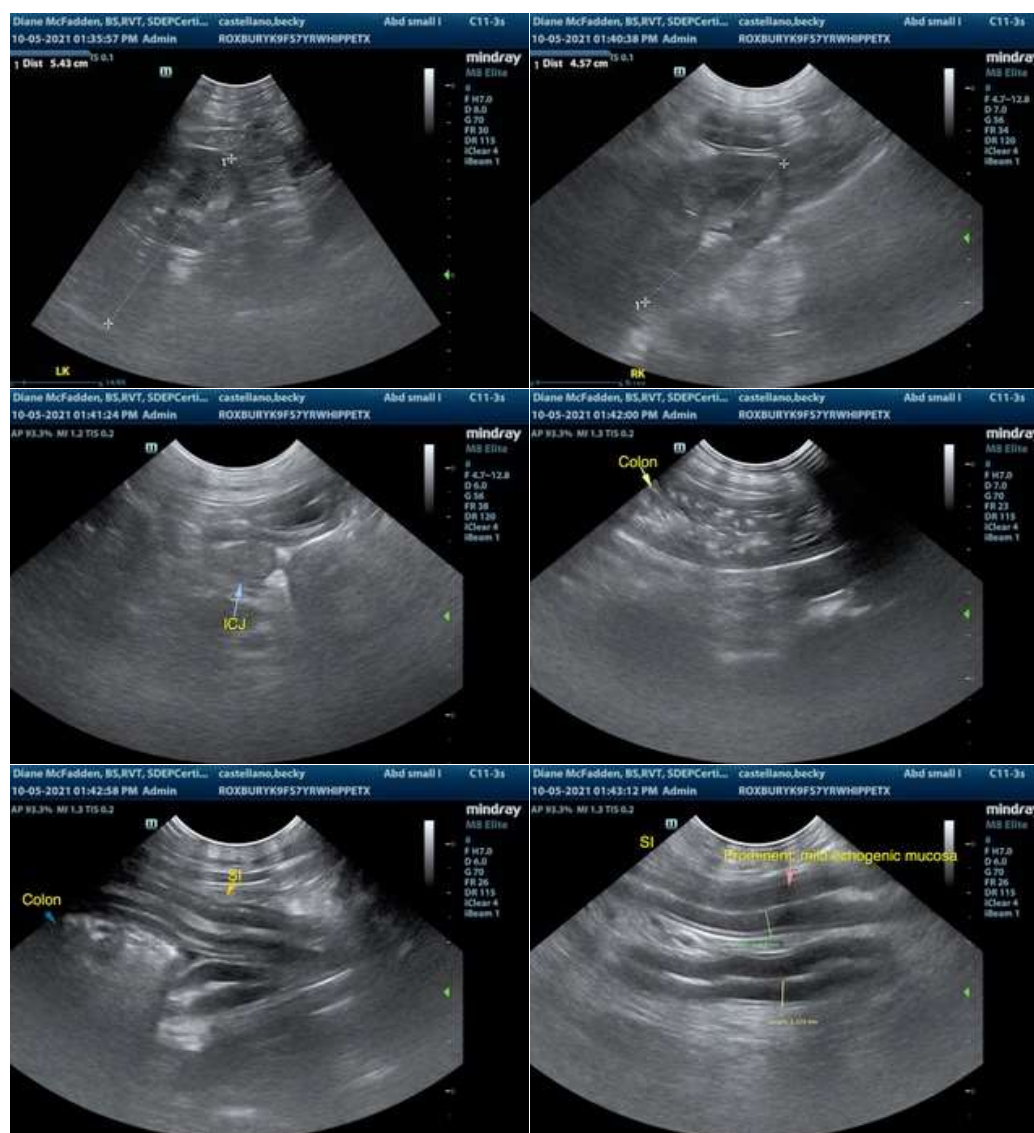
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DATE

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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/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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REFERRING VET

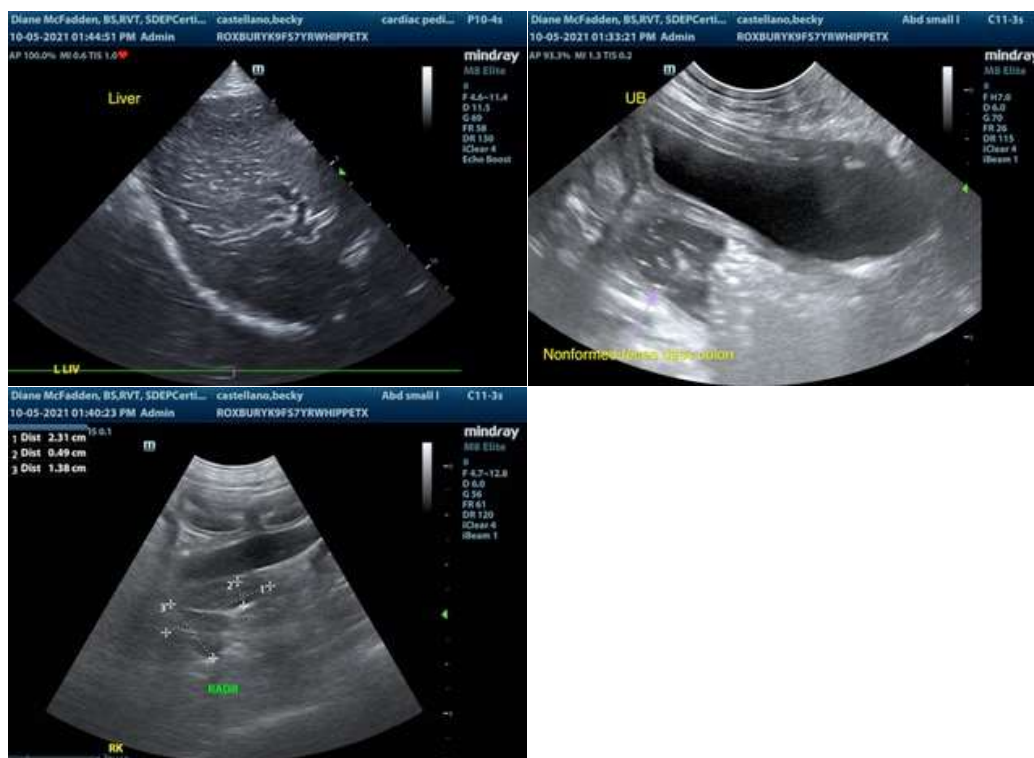
Dr. Hickenbottom

INVOICE

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DATE

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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