



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Montana Santainte	diarrhea
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: TP 3.8 Alb 1.5 Lipase 627
Canine	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Catahoula Leopard Dog Mix	<b>Urinary System</b>
<b>SEX</b>	The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
FS	
<b>AGE</b>	No evidence of pathology in the area of the aortic trifurcation.
6	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.8 cm in length. The right kidney measured 7.2 cm in length.
<b>WEIGHT</b>	
77	
<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 0.5 cm width at the caudal pole. The right adrenal gland was not definitively visualized.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Jenn	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>
Rockaway 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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
<b>REFERRING VET</b>	<b>Gastrointestinal</b>
Dr. Maniar	The stomach presented a thickened hypoechoic wall. The stomach was overall nondistended with mild retained anechoic fluid. The gastric thickened stomach wall measured 1.4 cm width.
<b>INVOICE</b>	
10331	
<b>DATE</b>	
11/12/25	



<b>PATIENT</b>	The visualized small intestinal segments exhibited maintained intact wall layering, propensity for mildly prominent mucosa with indistinct to subtle hyperechoic mucosal speckling. Diffuse, primarily mild intestinal ileus was noted to the level of the colon. The small Intestinal wall width measured 0.39 cm.
Montana Santainte	
<b>SPECIES</b>	Normal visible colon wall layers were present with non-formed fecal matter.
Canine	<b>Pancreas</b>
<b>BREED</b>	The area of the pancreas was normal.
Catahoula Leopard Dog Mix	<b>Free Abdomen</b>
<b>SEX</b>	No visualized significant peritoneal effusion or omental lymphadenopathy was present. There is no evidence of omental masses.
FS	<b>ULTRASONOGRAPHIC FINDINGS</b>
<b>AGE</b>	<ul style="list-style-type: none"> <li>• Thickened edematous hypomotile stomach</li> <li>• Enteropathy exhibiting diffuse ileus and indistinct mucosal speckling</li> <li>• Non formed fecal matter in colon</li> <li>• Sonographically normal area of pancreas</li> </ul>
6	
<b>WEIGHT</b>	
77	
<b>INTERPRETED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The gastrointestinal presentation may indicate PLE criteria in conjunction with hypoalbuminemia with considerations including IBD or other inflammatory enteropathy, lymphangiectasia, or infiltrative disease such as neoplasia, fungal disease, or other. Generalized metabolic gastrointestinal ileus is probable without overt visualized area of mechanical intestinal obstruction.
<b>IMAGING PERFORMED BY</b>	A GI panel to include PLI/TLI/Cobalamin/Folate and screening cortisol level are recommended. Empirical therapy for protein-losing enteropathy with some or all of the following protocol and clinical monitoring is recommended. Eventual gastrointestinal biopsies are likely required for a definitive diagnosis, if albumin level is stabilized at >2.0.
Jenn	
<b>HOSPITAL NAME</b>	
Rockaway AH	
<b>REFERRING VET</b>	Part or all of this protocol may be considered based on your clinical impression of the patient:
Dr. Maniar	<b>OBJECTIVE: keep albumin levels &gt; 2 g/dl, avoid thromboembolism and cavitory effusions, monitor concurrent PLN (Wheaton Terrier PLE/PLN) and liver disease:</b>
<b>INVOICE</b>	<b>Plasma</b> 10 mL / kilogram IV over 4 hours
10331	Or <b>Human albumin</b> 2 ml/kg/h over 10 hours. Total daily volume 20.l/kg/day
<b>DATE</b>	<b>And Colloids/Hetastarch</b>
11/12/25	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.



## PATIENT

Montana Santainte

## SPECIES

Canine

## BREED

Catahoula Leopard Dog Mix

## SEX

FS

## AGE

6

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77

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway AH

## REFERRING VET

Dr. Maniar

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**High colony count probiotic** (i.e., Proviabile or similar)

**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

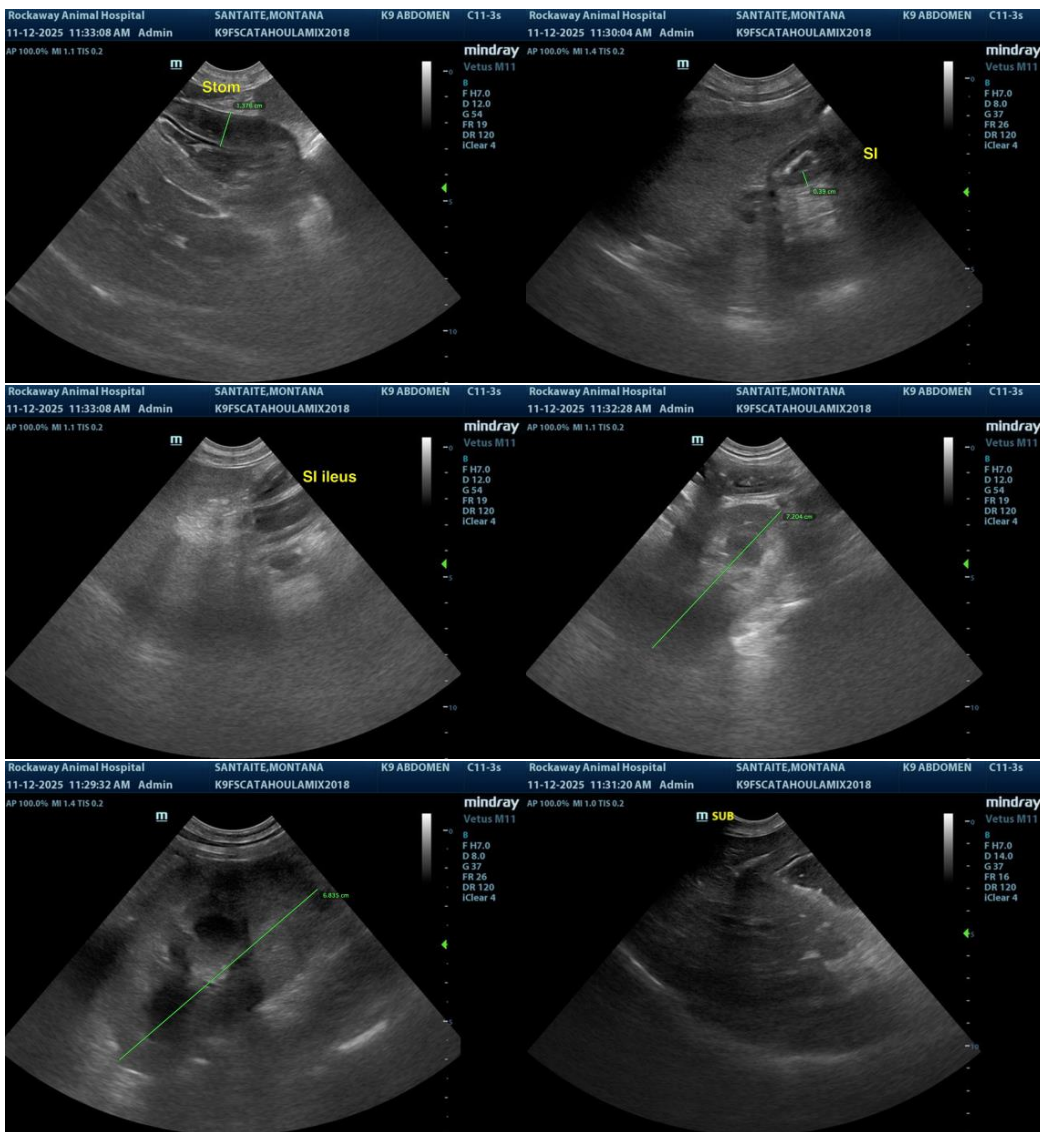
**Diet:** Highly digestible high quality protein, low fiber, low fat diet (< 15% of dry matter). Hydrolyzed protein or novel protein. Purina HA or Royal Canine HP or similar.

**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.

**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/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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)  
[info@sonopath.com](mailto:info@sonopath.com)