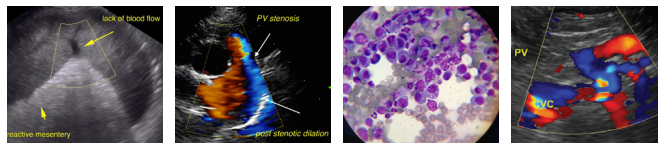




PATIENT	PRESENTING CLINICAL SIGNS
Nike Adomaitis	History: p came in for 2 days of Vomiting in am. p was at er 2/11/22 for ingestion of 1 hershey kiss and foil-no tx or meds. got "liver filled bone" new in last few days and before V started p t+1-1.4 bar-very tense abdomen/distended lat/vd rads pleural eff/suspected ascites/poss nodule in lung
SPECIES	Abnormal PE/Chem/CBC/UA Results: HCT 64.3 Ca 7.6 TP 3.9 Alb 1.6 Glob 2.3 Chol 46
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
Yorkie	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths, sediment or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
SEX	Normal size and margination were present in the left kidney. 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 3.5 cm in length. The right kidney was indistinctly visualized but without overt pathology.
Neutered male	Adrenal Glands
AGE	No overt pathology in the area of the left or right adrenal glands although not distinctly visualized.
8 years	Spleen
WEIGHT	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.
12 pounds	Liver
INTERPRETED BY	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.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The gallbladder was non-distended in size. The gallbladder wall was thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. This is consistent with minor gallbladder wall edema. Possible causes may include acute inflammation, edema and anaphylaxis. The gallbladder contained primarily anechoic luminal content.
IMAGING PERFORMED BY	The cystic and common bile ducts were normal.
Kayla Hanson	Gastrointestinal
HOSPITAL NAME	The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with mild retained nonshadowing ingesta was present.
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PATIENT	The visualized segments of small intestine exhibited intact yet prominent wall layering owing to propensity for prominent mucosa. Indistinct areas of mucosal speckling to fogging were present. The jejunum wall measured 0.38 cm. The duodenum wall measured 0.49 cm.
Nike Adomaitis	
SPECIES	The colon was intact yet with mild prominent wall layering and apparent semi formed to soft feces in the lumen.
Canine	Pancreas
BREED	The pancreas was normal in size and contour with heterogeneous to echogenic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
Yorkie	Free Abdomen
SEX	Generalized reactive mesentery was noted with mild volume peritoneal free fluid.
Neutered male	A transdiaphragmatic view of the caudal thorax in one video confirmed presence of likely pleural effusion.
	ULTRASONOGRAPHIC FINDINGS
AGE	<ul style="list-style-type: none"> Suspect protein losing enteropathy-IBD, lymphangiectasia, infiltrative disease (neoplasia), less likely fungal possible. Generalized reactive mesentery and mild volume peritoneal free fluid. Pancreatic remodeling-potential for concurrent chronic pancreatitis or fibrosis. Concurrent pleural effusion-suspect owing to hypoalbuminemia. Retained gastric ingesta-suspect gastritis with possible metabolic gastric stasis if documented NPO.
8 years	
WEIGHT	
12 pounds	
	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
INTERPRETED BY	Given the presence of panhypoproteinemia in conjunction with the presentation of the small intestine as well as the breed, protein losing enteropathy is suspected. Confirmation would require intestinal biopsy yet is likely contraindicated given albumin levels of <2.0. Correlation with peritoneal or pleural effusion analysis could be considered. Overt evidence of gastrointestinal foreign body or mechanical obstruction was not definitively evident. This patient has a guarded prognosis.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	Part or all of this protocol may be considered based on your clinical impression of the patient:
Kayla Hanson	
HOSPITAL NAME	OBJECTIVE: keep albumin levels > 2 g/dl, avoid thromboembolism and cavitory effusions, monitor concurrent PLN (Wheaton Terrier PLE/PLN) and liver disease:
Yorkville Animal Hospital	
REFERRING VET	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.
Dr Luttrell	
INVOICE	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

Nike Adomaitis

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.

SPECIES

Canine

BREED

Yorkie

SEX

Neutered male

AGE

8 years

WEIGHT

12 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kayla Hanson

HOSPITAL NAME

Yorkville Animal
Hospital

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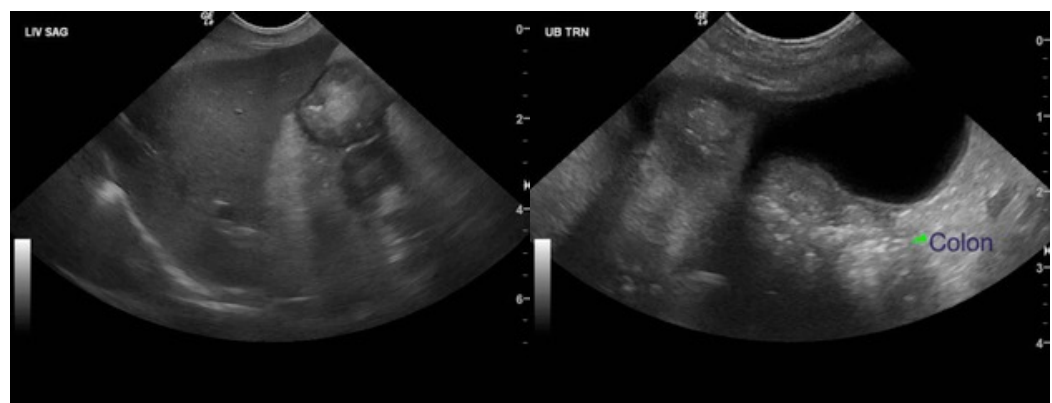
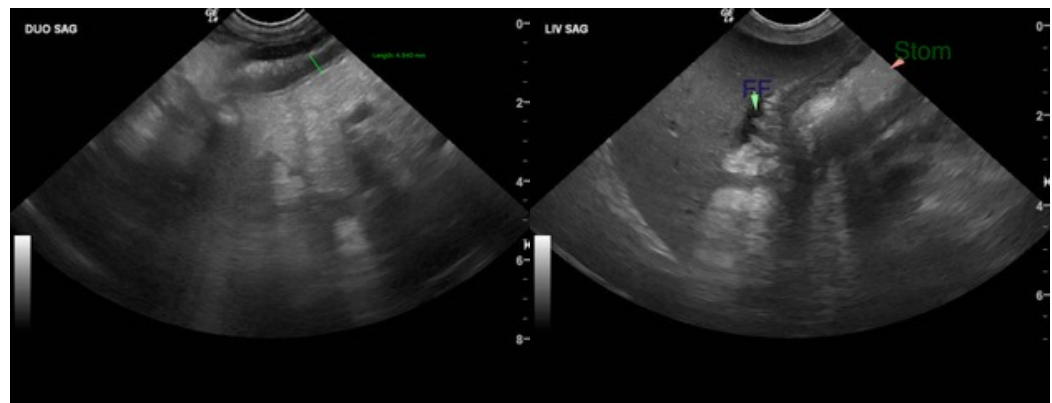
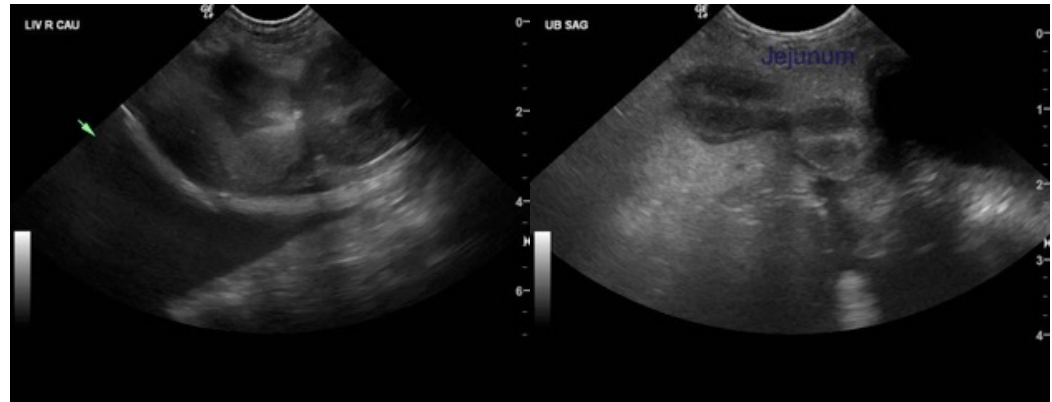
Dr Luttrell

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DATE

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PATIENT

Nike Adomaitis

SPECIES

Canine

BREED

Yorkie

SEX

Neutered male

AGE

8 years

WEIGHT

12 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kayla Hanson

HOSPITAL NAME

Yorkville Animal
Hospital

REFERRING VET

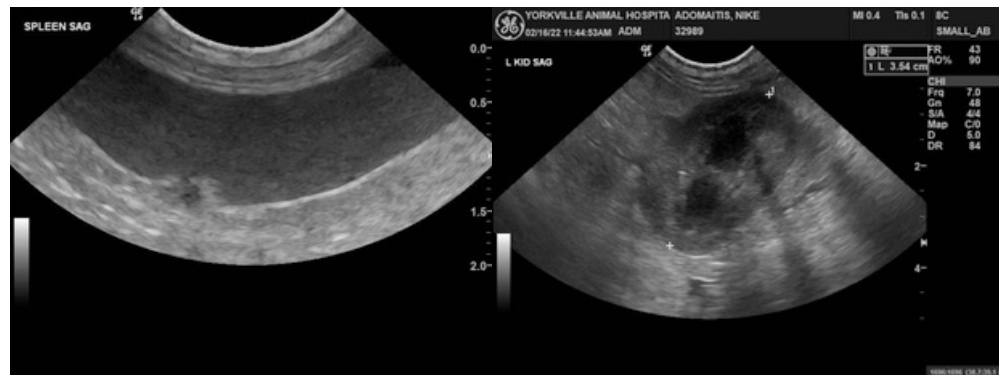
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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