PATIENT

Frankie Glavin

SPECIES

Canine

BREED

Bulldog

SEX

FS

AGE

9y, 4m

WEIGHT

35.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

VCA Northside AH

REFERRING VET

Dr. Russell

INVOICE

10636

DATE

2/17/26

PRESENTING CLINICAL SIGNS

History:

- Decreased appetite, chronic large bowel diarrhea, panhypoproteinemia, weightloss, lethargic,
- z/d diet, visbiome

Abnormal PE/Chem/CBC/UA Results: 2/5/26 TP 3.0, Album 1.5, Glob 1.5, Ca 5.6, Mg 0.9 Platelet count 745,000 Resting cortisol 2.1 Key screen decal no parasites detected Low USG otherwise urine wnl USG 1.007

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

The area of the iliac trifurcation was free of pathology.

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 5.4 cm in length. The right kidney measured 4.9 cm in length.

Adrenal Glands

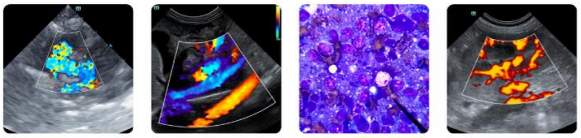
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.58 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.72 cm width at the caudal pole.

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.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. 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.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate, progressively shadowing ingesta without signs of obstruction or foreign material.

Intact intestinal wall exhibiting prominent to generalized variably hyperechoic mucosa was present with diffuse mucosa speckling to echogenic mucosal striations. Intestinal wall layering was maintained with normal / mild altered 1:3 muscularis / mucosa ratio. Mild segmental nonobstructive ileus pattern was noted to the level of the colon with segmental gas. The appearance of the small intestine is most consistent with protein losing enteropathy or lymphangiectasia. There was no evidence of infiltrative or neoplastic intestinal disease which is considered unlikely but cannot be ruled out without full thickness or endoscopic biopsies.

Normal visible colon wall layers were present with semi-formed to soft fecal matter.

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.

Free Abdomen

Mild volume peritoneal effusion was present. No overt significant omental lymphadenopathy was visualized.

ULTRASONOGRAPHIC FINDINGS

- P.L.E. intestinal pattern
- Progressively shadowing gastric ingesta
- Normal colon containing semi formed to soft fecal matter
- Mild volume peritoneal effusion
- Normal volume liver

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IBD or other inflammatory intestinal disease, lymphangiectasia, possible infiltrative enteropathy, i.e., neoplasia, or other, are all potentials. P.L.E. therapy is indicated, given panhypoproteinemia without evidence of hepatic pathology or reported proteinuria as a contributing factor. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Intestinal biopsies are ideal for a definitive diagnosis yet contraindicated with albumin level <2.0. Correlation with most recent meal ingestion is recommended, given progressively shadowing gastric ingesta, which may indicate dense food echogenicity, while potential for a small amount of nonobstructive gastric foreign material, although thought less likely, is not excluded. If reported fasted, a documented 12-hour NPO, and sonographic reassessment of the stomach is indicated.

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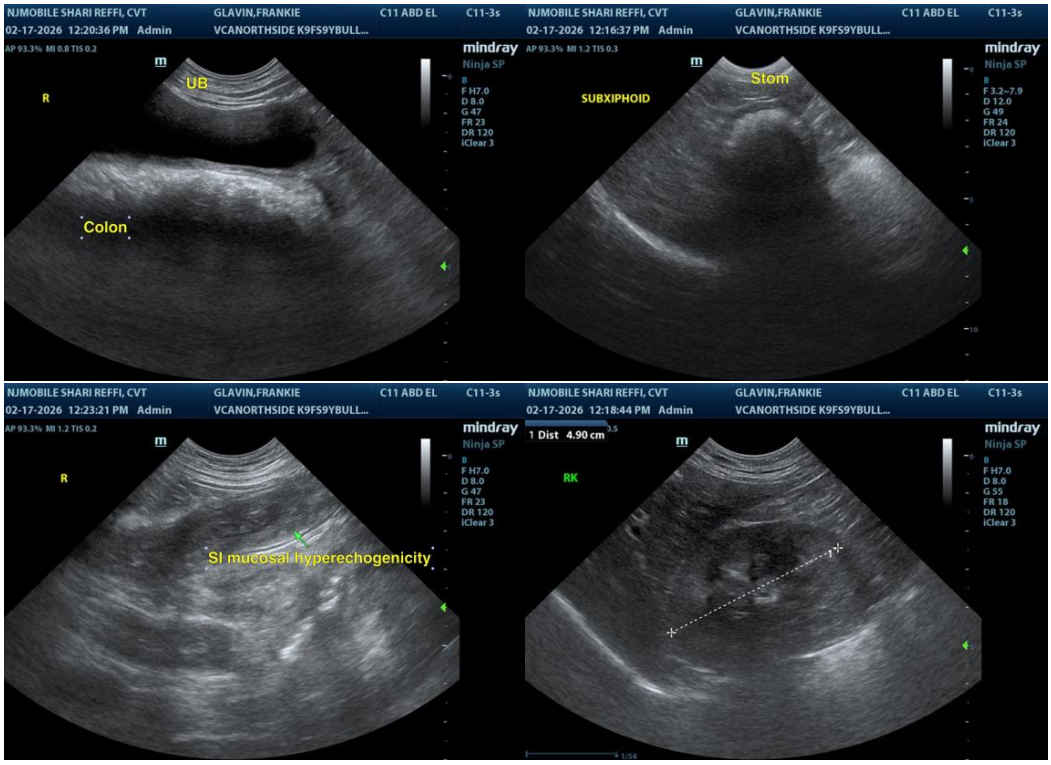
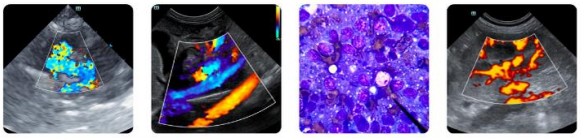
Part or all of this protocol may be considered based on your clinical impression of the patient:

OBJECTIVE: keep albumin levels > 2 g/dl, avoid thromboembolism and cavitary effusions, monitor concurrent 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.
High colony count probiotic Proviable or Visbiome
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^2 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.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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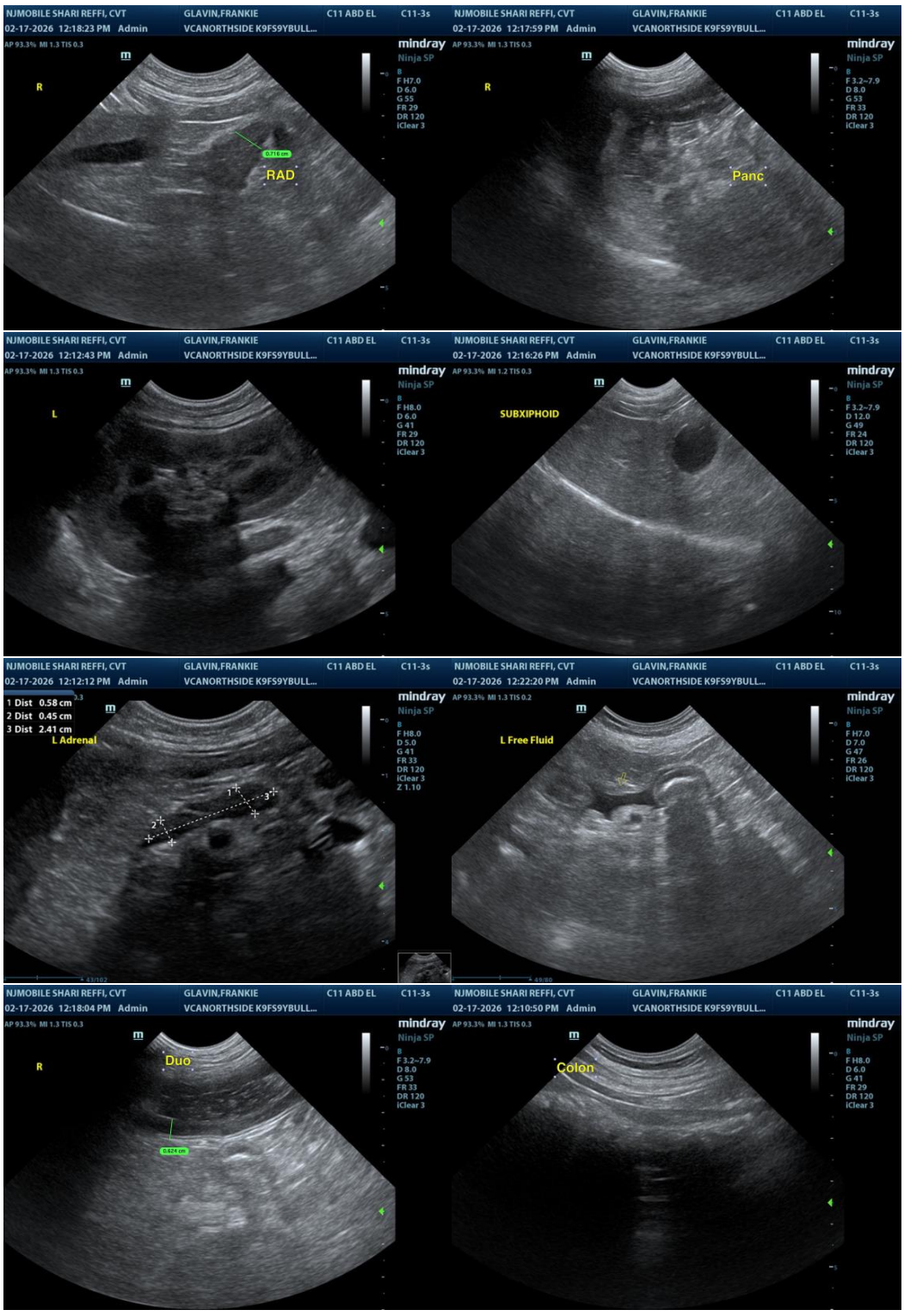

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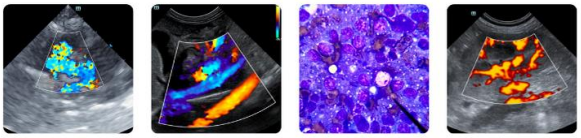

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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