



**PATIENT**

Libby Osthoff

**SPECIES**

Canine

**BREED**

German Shorthair Pointer

**SEX**

FS

**AGE**

10 years

**WEIGHT**

26 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Callihan/Pacific Crest Mobile

**HOSPITAL NAME**

Pacific Crest Mobile Vet

**REFERRING VET**

Dr. Boekenoogen/  
Nooksack

**INVOICE**

14086

**DATE**

2/24/22

**PRESENTING CLINICAL SIGNS**

12/28/2021 Intermittent diarrhea for 2-3 weeks, finished heat cycle ~ 12/20 Fecal negative -not responsive to metronidazole 5-day course 20 mg/kg 1/7/2022 Persistent diarrhea, tiny amt blood, decreased appetite. Leukocytosis, neutrophilia, monocytosis -TP 3.0 w alb 1.4, glob 1.6 -suspect PLE, vs other, o declined further diagnostics, pred trial started (taper over approx 3 week). Off pred ~ 1 month at time of ultrasound today 1/12: followup call doing well, diarrhea resolved 2/15 UA USG. 1.060, pH 5.0, no protein, quiet sediment 2/12: visit for discomfort after urination (a lot of licking perivulvar area), decreased appetite for regular food - PE unremarkable - CBC normal - chems: TP 5.1 (glob 2.9, alb 2.2)

Abnormal PE/Chem/CBC/UA Results: Healthy appearing coat and body condition, nothing overtly amiss with PE today

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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.

The area of the aortic trifurcation was free of pathology.

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. The left kidney measured 6.1 cm in length. The right kidney measured 6.1 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 0.48 cm width at the caudal pole and 0.5 cm width at the cranial pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.65 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. 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.



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The gallbladder was non distended in size with mild gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

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**Gastrointestinal**

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.

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The small intestine exhibited intact wall layering with segmental to generalized propensity for prominent mucosa. Segmental mild increased mucosal echogenicity to subtle mucosal fogging along with intermittent mildly hyperechoic mucosal foci to striation. The duodenum wall measured 0.58 cm The jejunum wall measured 0.36 cm.

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The colon exhibited intact and sonographically unremarkable wall layering with subjective semi-formed feces.

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**Pancreas**

The pancreas was normal in size and contour with heterogeneous to mildly echogenic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

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**Other**

No overt pathology associated with the uterus. The bilateral ovaries were overtly normal. The left ovary measured 2.4 cm in diameter. The right ovary measured 1.8 cm in diameter.

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Crest Mobile

**ULTRASONOGRAPHIC FINDINGS**

- Enteropathy, exhibiting segmental mild mucosal fogging to intermittent mucosal speckling/striations, consistent with probable PLE
- Mild age-related kidneys
- Mild echogenic pancreatic remodeling- age-related variant remodeling or mild fibrosis, owing to previous inflammation or low-grade to chronic pancreatitis possible

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the previous panhypoproteinemia, in conjunction with non-responsive gastrointestinal signs, aside from prednisone therapy, PLE is strongly suspected, although biopsies would be required for a definitive diagnosis. Potentially, this patient may need intermittent corticosteroid therapy in addition to traditional PLE protocol, such as hydrolyzed diet, intermittent antibiotic therapy and high colony count probiotic count, such as Provable. Further assessment may include GI panel, to include PLI, TLI, cobalamin and folate (as needed). No overt evidence of lower urinary tract pathology.

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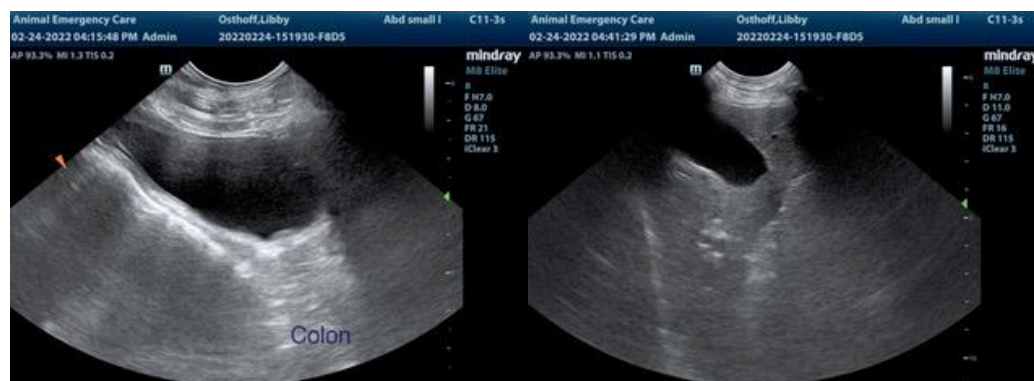
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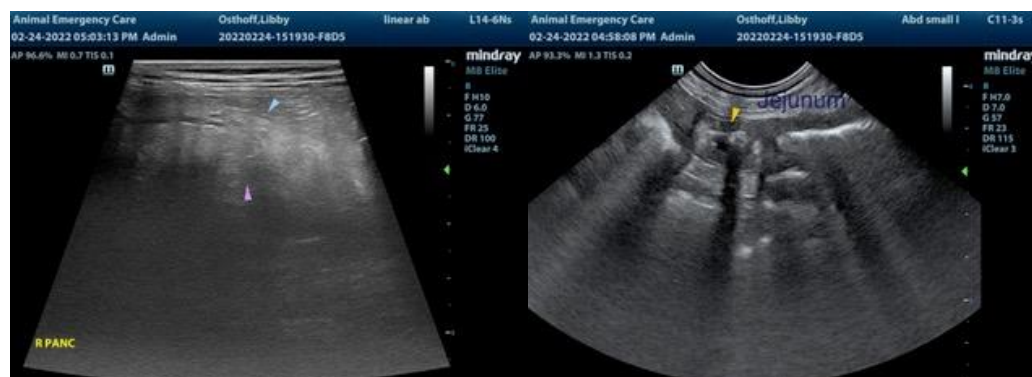
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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