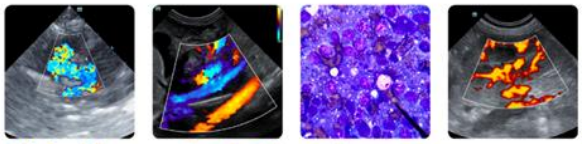


PATIENT

Jack Liber

SPECIES

Canine

BREED

Maltese

SEX

MN

AGE

3yr

WEIGHT

1.24kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Sookhoo

HOSPITAL NAME

Calusa Veterinary Center

REFERRING VET

Dr Glotzer

INVOICE
23773

DATE
02/03/2026

PRESENTING CLINICAL SIGNS

- Hx of progressive weight loss since May 2025 - slowly. Having diarrhea since early Jan 2026. On 1/28 recommended bloodwork and diagnostics for weight loss and diarrhea - declined until the 30th and for bloodwork only to be sent out. Blood work today revealed significant anemia, significant hypo-proteinemia and hypo-albuminemia and elevated WBC and elevated CPL. Recommend coming in for hospitalization and workup - cost concerns per owner. On presentation today was lethargic, not eating and having diarrhea and vomiting since Friday. He did eat a small amount on Saturday but then vomited up all his food. Pet is only up to date on Bordetella.

Abnormal PE/Chem/CBC/UA Results: ALB 1.3 g/dL, GLU 39 mg/dL, TP 3.8 g/dL, Ca 6.1 mg/dL, Phos 1.5 mg/dL PCV 20%, TS 2.2 g/dL WBC 21.85 K/uL Pending Texas GI panel

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/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.

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. Bilateral areas of pinpoint medullary mineral were present. The left kidney measured 2.7 cm in length. The right kidney measured 2.6 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology.

Adrenal Glands

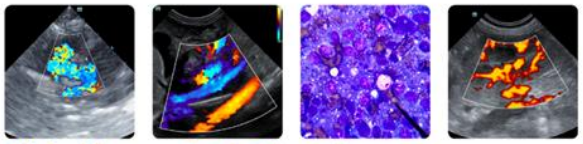
The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

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. Subjective adequate vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The



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gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach was moderately distended with retained anechoic to mildly echogenic fluid. No visualized obstruction to pyloric outflow.

Generalized increased intestinal mucosa echogenicity with segmental to generalized mucosa speckling to echogenic mucosal striations were present. Intestinal wall layering was maintained with mild altered 1:3 muscularis / mucosa ratio. There was no evidence of an obstructive pattern or foreign material. Primarily generalized mild to moderate intestinal ileus was present to the level of the colon. 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 generalized mild distention and soft fecal matter.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

Mild volume peritoneal effusion.

No visualized significant/ swollen lymphatic mesenteric lymphadenopathy. Indistinct to isoechoic mesenteric lymphadenopathy not excluded.

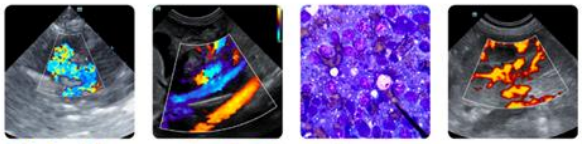
ULTRASONOGRAPHIC FINDINGS

Primary

- Moderate hypomotile stomach
- PLE intestinal pattern with generalized intestinal ileus
- Soft fecal matter in colon
- Mild peritoneal effusion
- Subjective adequate volume liver with mild non-organized gallbladder debris
- Bilateral pinpoint renal medullary mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestinal presentation is consistent with protein losing enteropathy in conjunction with subnormal ALB, gastrointestinal signs and effusion. No evidence of hepatic pathology as a contributing factor. Correlation with pending GI panel as well as UA to assess for evidence of proteinuria is recommended. Concurrent screening cortisol level to rule out occult Addison's disease as a contributing factor may be considered. No definitive evidence of mechanical gastrointestinal obstruction i.e. visualized stricture, foreign body, mass etc. which suggests diffuse metabolic gastrointestinal ileus. Intestinal biopsies could be considered if ALB > 2.0. Sonographic reassessment indicated if non-responsive or progressive gastrointestinal signs or evidence of gastrointestinal ileus.



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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/m2 Q 24-48 hours.
Cobalamin (B12) 250-1500 ug/dog weekly x 6 weeks.
Calcium supplementation if necessary.
Aspirin 0.5-1 mg/kg/day or Clopidogrel (Plavix) 1-5 mg/kg/day.

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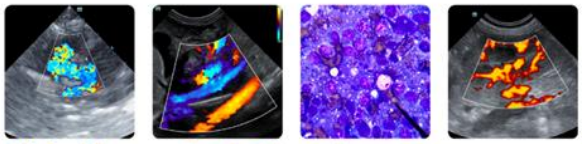

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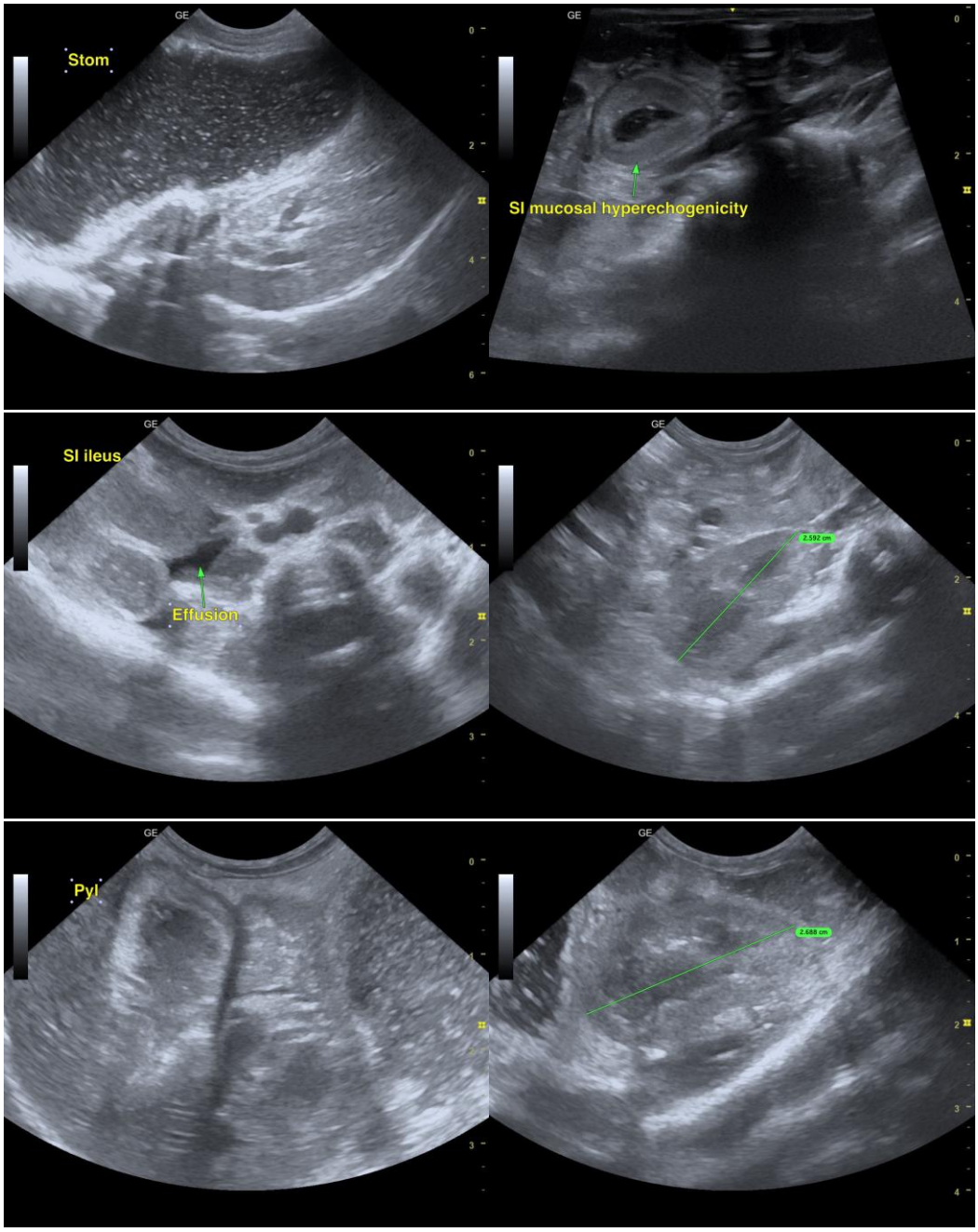

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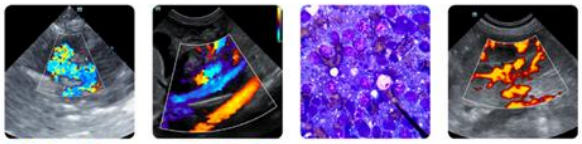

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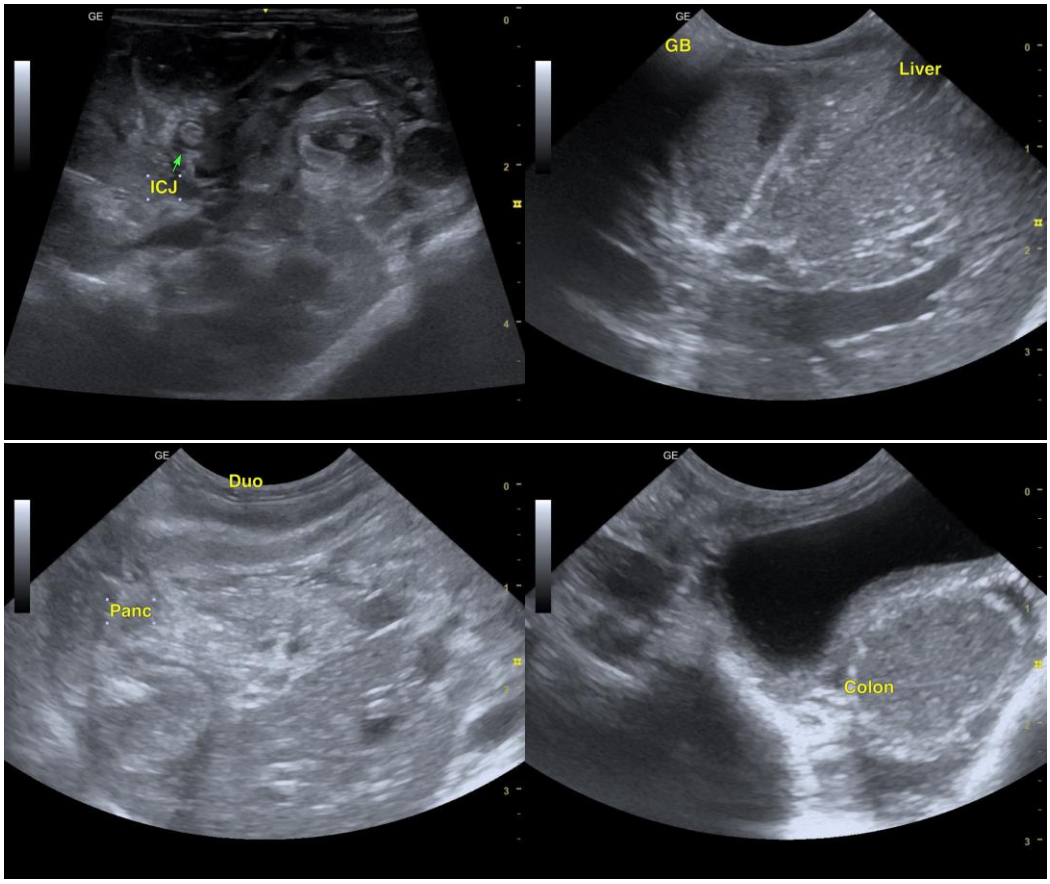

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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