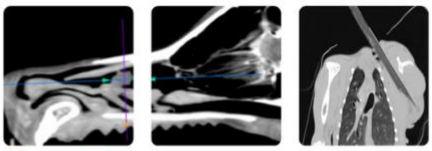


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Otis Simac

SPECIES

Canine

BREED

Boston Terrier Mix

SEX

Neutered Male

AGE

11 Years

WEIGHT

37 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Gagemount Animal Hospital

REFERRING VET

Dr. Bourque

INVOICE

13615

DATE

02/05/26

PRESENTING CLINICAL SIGNS

- Chronic liquid diarrhea for more than 2 months, occasionally contains small nuggets.
- PU/PD
- One episode of hematochezia about 1 month ago
- Vomiting 2 X in last three weeks after water gorging
- Weight loss - was 48.8lbs
- Appetite good. Has been dewormed, Tylosin course and course of prednisone. Some temp improvement at higher doses but relapses when you taper. Now eating GI low fat, used to get people food, not now.

Abnormal PE/Chem/CBC/UA Results: Please see attached lab results

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 uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the residual prostate appeared normal and free of pathology.

Normal size and margination was 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. The left kidney revealed a small cortical cyst. The left kidney measured 5.8 cm in length. The right kidney measured 6.3 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 0.80 cm width at the caudal pole.

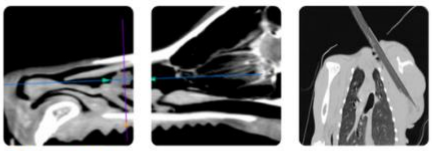
The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.70 cm width at the caudal pole.

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 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 lumen of the stomach contained echogenic, nonshadowing to regional progressively shadowing ingesta without signs of obstruction or foreign material.

Generalized increased intestinal mucosa echogenicity with diffuse mucosa speckling to echogenic mucosal striations were present. Intestinal wall layering was maintained with normal / mild altered 1:3 muscularis / mucosa ratio. There was no evidence of an obstructive pattern or foreign material. 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 in lumen.

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

No obvious visualized significant omental lymphadenopathy was present. Mild peri-intestinal hyperechoic omentum and scant effusion was present.

ULTRASONOGRAPHIC FINDINGS

- PLE intestinal pattern.
- Associated peri-intestinal hyperechoic omentum and scant effusion.
- Nonshadowing to regional progressively shadowing gastric ingesta.
- Semi formed fecal matter in colon.
- Normal volume liver.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the small intestine may include IBD or other inflammatory enteropathy, lymphangiectasia or potentially infiltrative disease. Given no evidence of hepatic pathology and assuming no evidence of proteinuria, intestinal protein loss is probable.

A GI panel to include PLI, TLI, cobalamin and folate is recommended. Empirical therapy for a protein losing enteropathy with monitoring of albumin levels is recommended. Intestinal biopsy is required for a definitive diagnosis and may be considered if albumin level is greater than 20.

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

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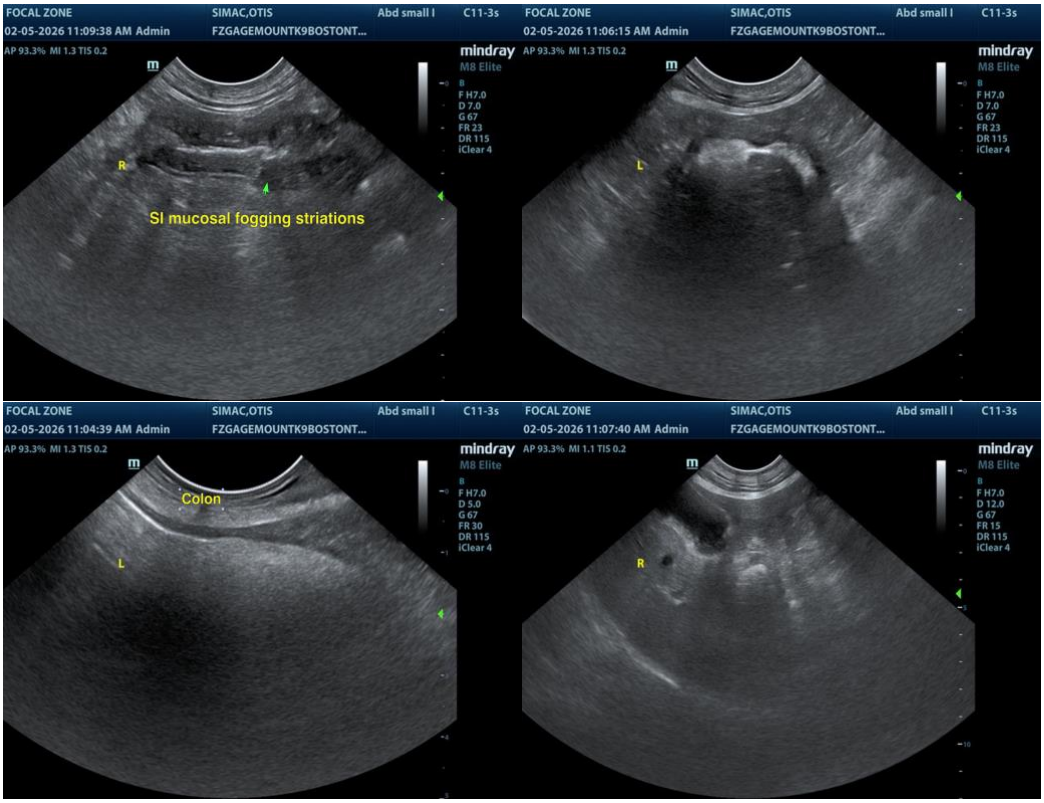
And Colloids/Hetastarch
10 to 20 mL per kilogram per day and dogs
10 to 15 mL per kilogram per day cats
(Can bolus first 1/3 of dose over 15 minutes)
& maintain on LRS maintenance otherwise.
High colony count probiotic Proviable or Visbiome
Famotidine 1 mg/kg Iv Im po dc Sid /bid
Sucralfate 0.5-1 g po 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.
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.



The Focal Zone
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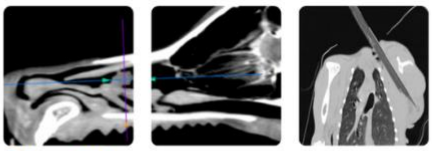

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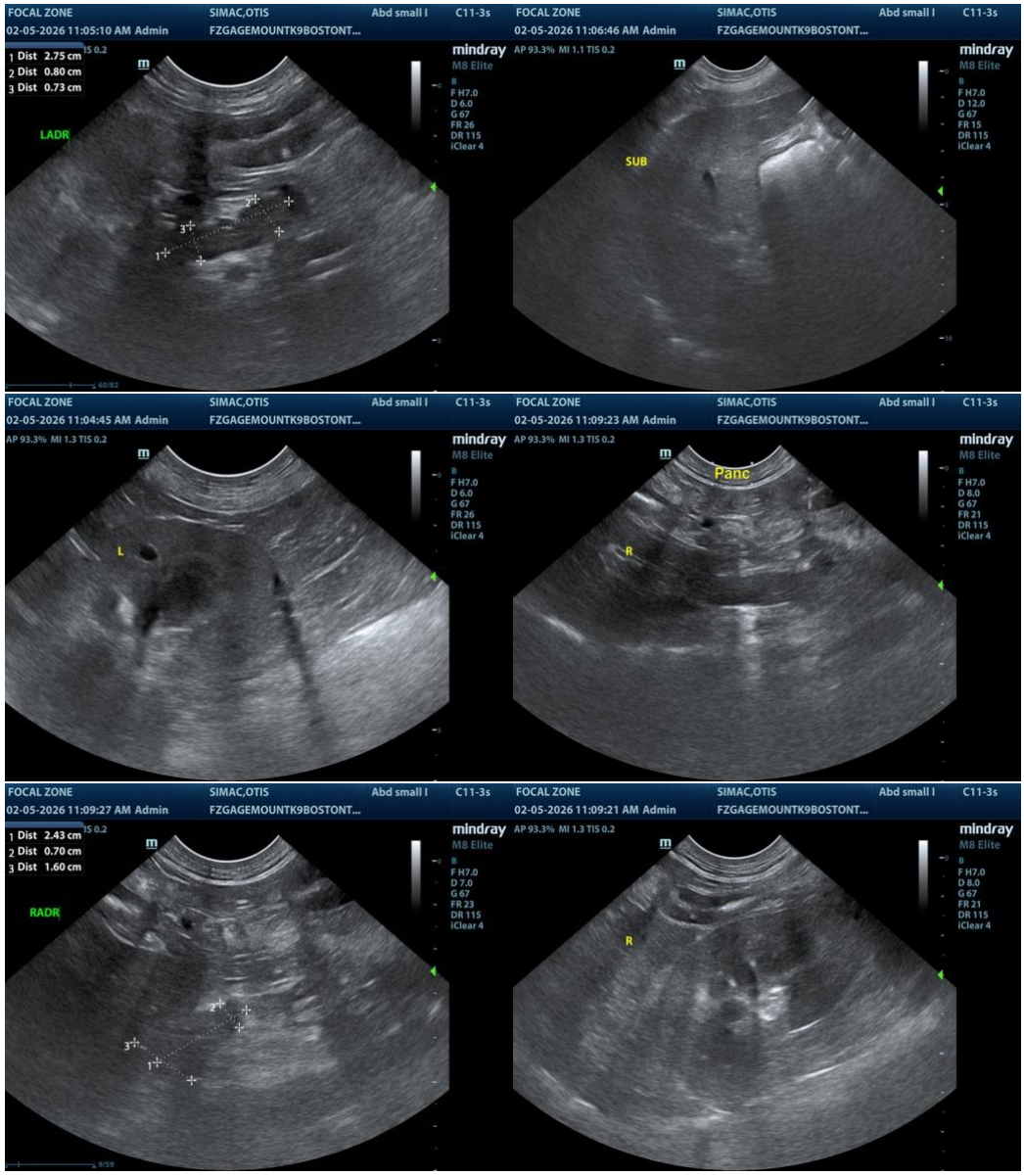

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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