



PATIENT

Bear Gross

PRESENTING CLINICAL SIGNS

History: Bear Gross 7.5 YO FS Bernese Mt dog 99# main issue - progressive hypoproteinemia Senior panel done in July 2021 showed sl decreased albumin (2.5), TP low (5.2) and sl high ALT (147), UA was normal with USG 1.033 and neg protein. Repeated BW 10/2021, showed lower albumin (2.4) and TP (4.9), ALT normal (85). Repeated BW again 1/21/22, albumin now 2.3, TP 4.9, ALT 163. Pt has not shown any GI symptoms over past 7 months. Pt was started on Royal Canin rabbit/ potato diet last week, and ABS US was recommended

SPECIES

Canine

BREED

Bernese Mtn Dog

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

Initial urinary bladder exam revealed distended urinary bladder, overtly normal bladder following voiding. The urethra was normal in structure and tone to a depth of 4.0 cm. Aortic trifurcation was normal.

AGE

7.5 Years

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 6.0 cm in length. The right kidney measured 6.8 cm in length.

WEIGHT

99 Lbs.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.68 cm width at the caudal pole and 0.6 cm width at the cranial pole.

INTERPRETED BY

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

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.74 cm width at the caudal pole.

Spleen

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT
LVT

The spleen exhibited potential for mild subnormal size possibly owing to volume contraction. 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

HOSPITAL NAME

Incline VH

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. 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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Dr. Kris Moger

Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate retained non-shadowing ingesta/chyme without signs of obstruction or foreign material.

DATE

2/7/22

The small intestine presented intact wall layering and primarily maintained 1:3 muscularis/mucosa ratio. A segment of unspecified small intestine suspected to be in the area of the distal jejunum and ileum



PATIENT

Bear Gross exhibited intact yet subjective. mild prominent wall layering. Evidence of regional periintestinal hyperechoic mesentery was noted around this area of the small intestine with small pockets of scant primarily periintestinal free fluid. No evidence of concurrent or significant lymphadenopathy.

SPECIES

Canine The colon exhibited intact yet subjective mild prominent wall layering with formed to semi-formed feces.

Pancreas

BREED

Bernese Mtn Dog 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.

SEX

Heart

Spayed Female A rapid view of the heart revealed no evident pathology.

ULTRASONOGRAPHIC FINDINGS

AGE

7.5 Years

- Segmental enteropathy, exhibiting intact yet mild inflammatory mural changes- suspect distal jejunum or possible ileum.
- Associated regional reactive to possible mild inflamed mesentery and scant primarily periintestinal free fluid
- Sonographically unremarkable liver- probable low-grade hepatopathy, subjectively benign
- Sonographically unremarkable bilateral kidneys and adrenal glands

WEIGHT

99 Lbs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

Given previous urinalysis without evidence of proteinuria and normal hepatic sonographic presentation, potential for intestinal protein loss may be considered a primary differential diagnosis in this patient even without history of gastrointestinal signs. However, given the lack of gastrointestinal signs, this assessment is not definitive. Reassessment of urinalysis for evidence of proteinuria may be considered given the timeframe from previous reported urinalysis. Assessment of serum cobalamin and folate levels warranted. If persistent/progressive hypoalbuminemia, intestinal biopsies may be considered while albumin levels are >2.0. Resting cortisol to rule out less likely potential for occult Addison's disease may be considered. Empirically, some or all of the following protocol may be considered based on the clinical impression of the patient.

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PLE Therapy

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

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OBJECTIVE: keep albumin levels > 2 g/dl, avoid thromboembolism and cavitory effusions, monitor concurrent PLN (Wheaton Terrier PLE/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

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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)

DATE

& maintain on LRS maintenance otherwise.

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Bear Gross **Metronidazole** (10-20 mg/kg po bid)
Famotidine 1 mg/kg Iv Im po dc Sid /bid

SPECIES

Canine

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.

BREED

Bernese Mtn Dog

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.

SEX

Spayed Female

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.

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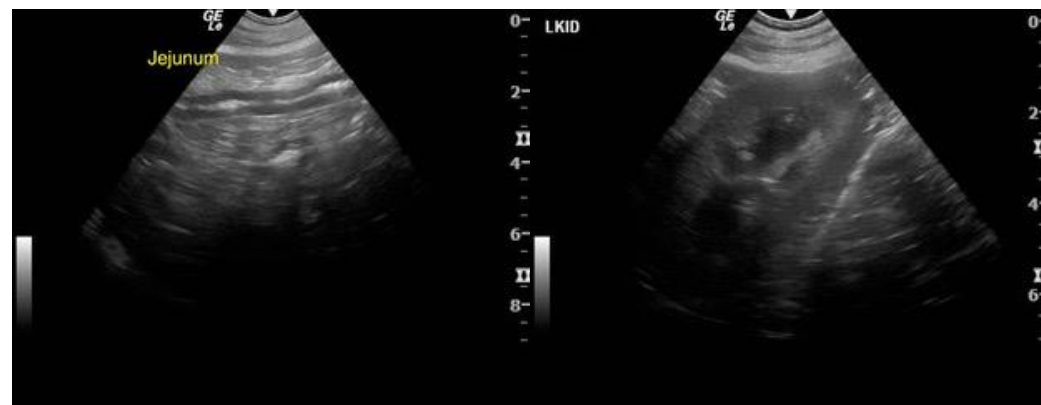
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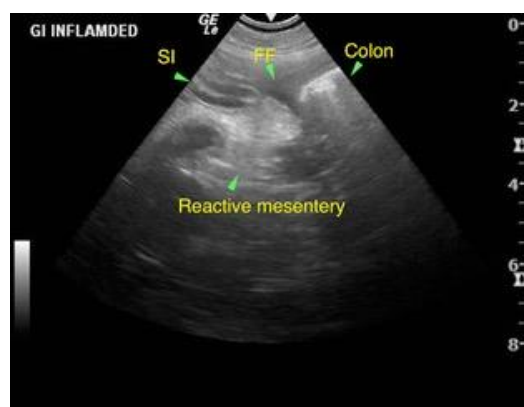
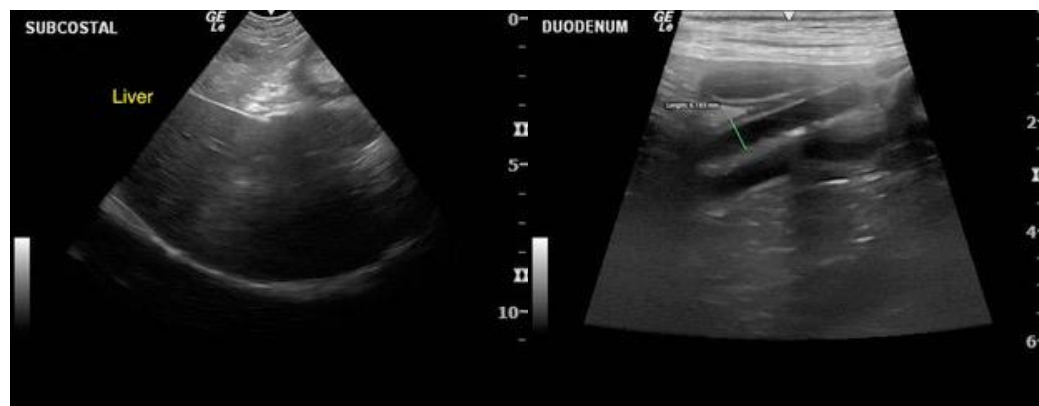
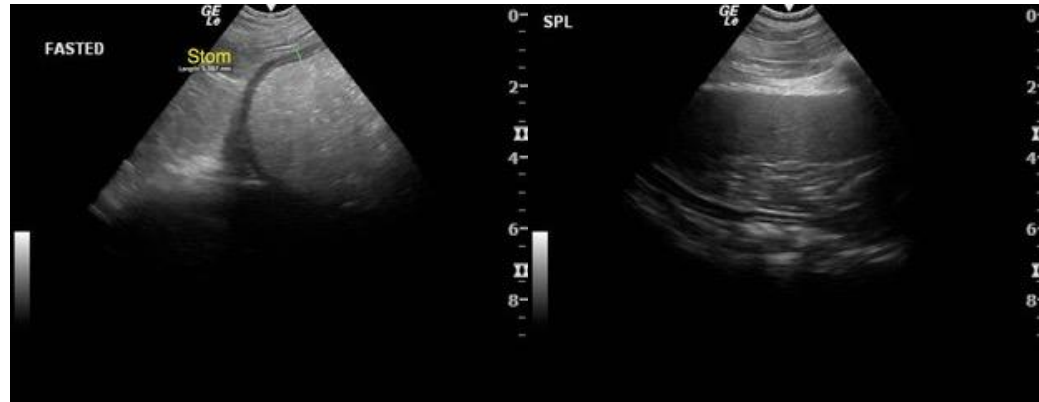
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

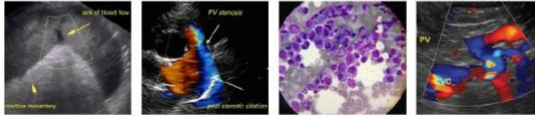
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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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