



PATIENT

Chloe Courtney

SPECIES

Canine

BREED

American Bully

SEX

Female

AGE

6 years

WEIGHT

42

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Han

HOSPITAL NAME

Tenafly Vet Center

REFERRING VET

Dr. Han

INVOICE

16653

DATE

4/19/23

PRESENTING CLINICAL SIGNS

INAPPETENCE / WEIGHT LOSS / VOMITING / DIARRHEA . BLOOD WORK IS PENDING . A MASS IN CENTRAL ABDOMEN IS DETECTED. CYTOLOGY IS PENDING

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. Primarily anechoic urine was present in the lumen. Mild to moderate, non-dependent, particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted. The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

No overt pathology was noted in the are of the uterus or bilateral ovaries.

There was no overt medial Iliac or sublumbar lymphadenopathy/masses 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. The left kidney measured 7.3 cm in length. The right kidney measured 7.0 cm in length.

Adrenal Glands

The bilateral adrenal glands were indistinctly visualized yet overtly normal in size, position, and shape. The left adrenal gland subjectively measured 0.44 cm width at the caudal pole. The right adrenal gland subjectively measured 0.60 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 exhibited potential mild enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. No overt evidence of hepatic congestive criteria was noted.

The gallbladder was non-distended with mildly prominent to hyperechoic gallbladder walls. Moderate nonorganized, mobile, variably hyperechoic, gallbladder debris was present. 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 was empty with no signs of ileus, obstruction, or foreign material.

The small intestine presented generalized intact wall layering with mild altered muscularis/mucosa ratio owing to propensity for generalized mild prominent muscularis layer, as well as subjective mild prominent to hyperechoic submucosa layer.

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

Pancreas

The right limb of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

Moderate volume primarily anechoic peritoneal free fluid was present. Variably sized yet marked nonhomogeneous midabdominal mesenteric lymphadenopathy was present with an example measuring 8.0 cm x 3.0 cm. Generalized mild uniform hyperechoic omentum was noted.

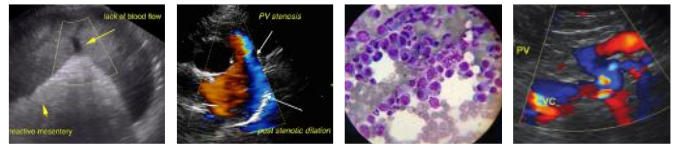
ULTRASONOGRAPHIC FINDINGS

- Enteropathy - soft feces in colon, nonspecific inflammatory enteropathy / IBD, protein-losing enteropathy, occult parasitism, occult infiltrative intestinal neoplasia, or other enteropathy possible
- Variably sized yet marked nonhomogeneous midabdominal mesenteric lymphadenopathy - marked lymphoid hyperplasia, reactive lymphadenitis, neoplastic lymphadenopathy possible
- Possible concurrent mild pancreatitis
- Subjective mild hepatomegaly with normal hepatic vascular volume
- Moderate gallbladder debris - not consistent with mucocele criteria, possible cholecystitis
- Normal bilateral kidneys with mild urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full CBC/Chemistry panel and Urinalysis with concurrent correlation with pending cytology as well as effusion analysis, cytology, +/- C/S, is recommended. Three-view chest radiographs to assess for or rule out occult thoracic or cardiac pathology as a contributing factor to the patient's clinical signs and effusion is suggested.

If protein-losing enteropathy is clinically suspected, some or all of the following protocol may be considered. Intestinal and/or lymphatic biopsies may be required for a definitive diagnosis.



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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

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.

Metronidazole (10-20 mg/kg po bid)

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.

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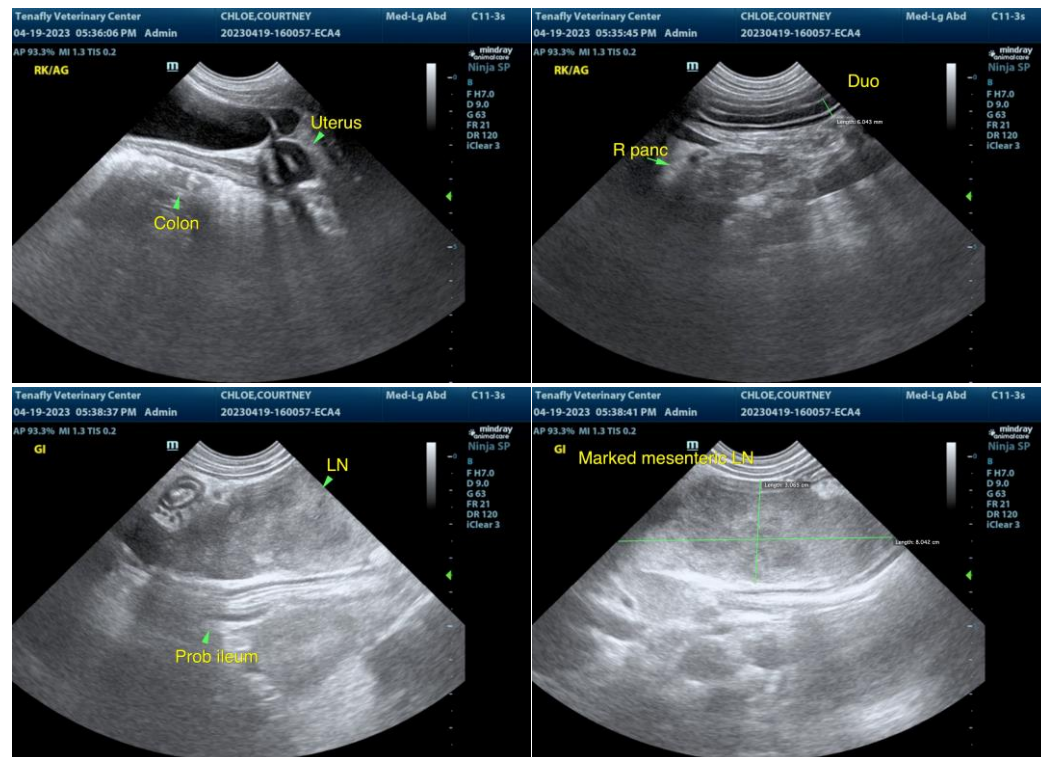
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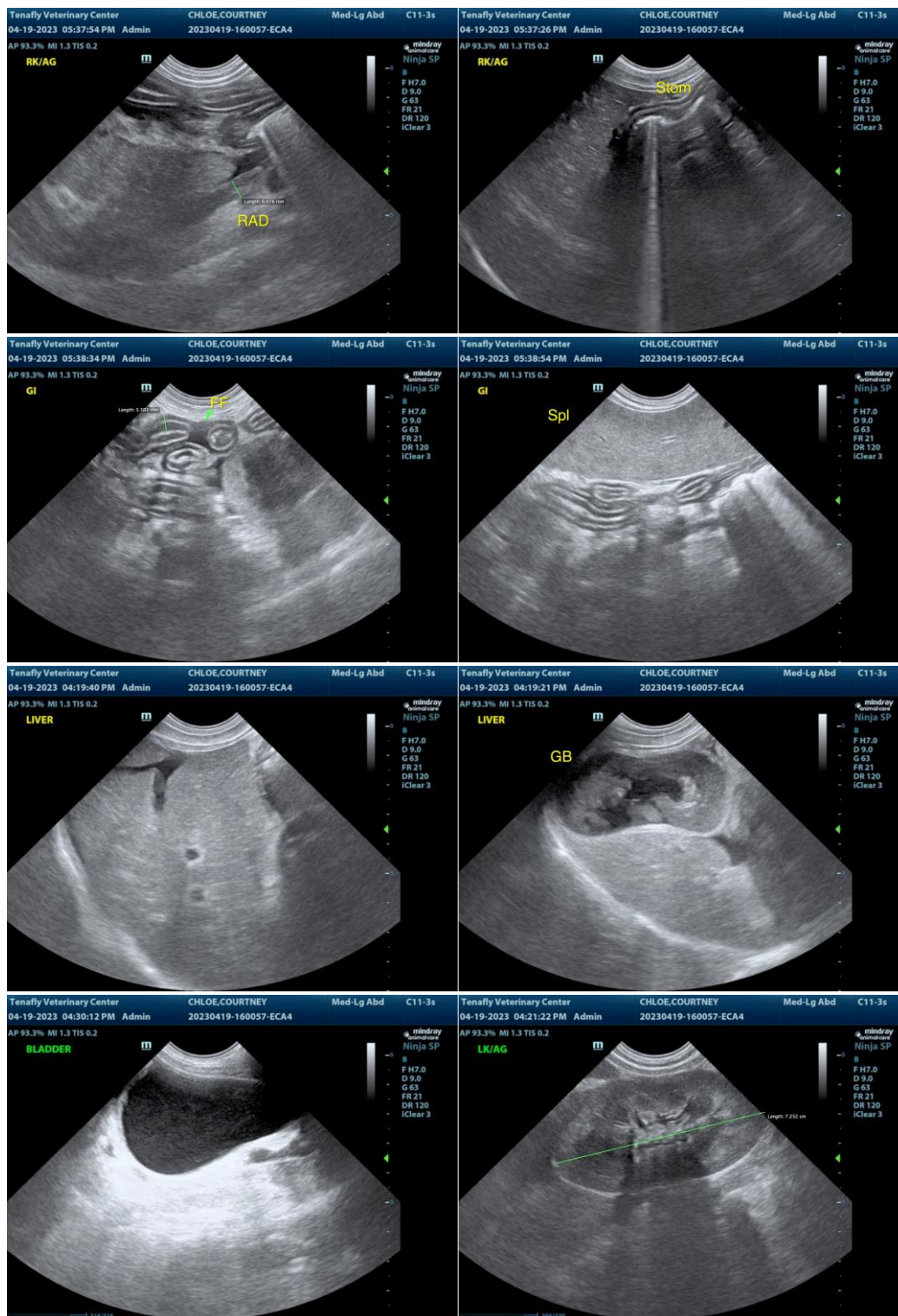
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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