



## PATIENT

Antonina Esposito

## SPECIES

Canine

## BREED

Maltese

## SEX

FS

## AGE

10yr

## WEIGHT

3.3kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Anthony Krawitz DVM

## HOSPITAL NAME

Calusa Veterinary  
Center

## REFERRING VET

Dr Karina Ordenez

## INVOICE 24519

DATE  
04/20/2026

## PRESENTING CLINICAL SIGNS

Presented today after having bad diarrhea for a week without vomiting, also lethargic, panting and has a little labore breathing, according to the owner. Last seen at our office back in 2021. On examination the abdomen was somewhat tense, and seems mildly distended as well. Had marked watery diarrhea several times in the office so far.

Abnormal PE/Chem/CBC/UA Results: Alb 1.1, TP 3.2, base line cortisol 6.8, Total calcium 2.8 and ionized calcium 0.74 (1.12-1.4). CPL 312 (Suspected pancreatitis), PCV 43%.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.4 cm in length. The right kidney measured 3.9 cm in length.

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.49 cm width in the caudal pole. The right adrenal gland measured 0.50 cm width in 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 presented mildly enlarged in size. 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. Normal vascular volume. A solitary, small thinly walled intraparenchymal cyst was present. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. No evidence of wall edema. The cystic and common bile ducts were normal.

### Gastrointestinal



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The stomach presented mild to moderate thickened wall. Intact wall layering was maintained and distinct. The stomach contained a mild amount of anechoic fluid.

Generalized increased intestinal mucosa echogenicity with diffuse mucosa speckling to echogenic mucosal striations were present. Intestinal wall layering was maintained with mild altered 1:3 muscularis / mucosa ratio. Segmental intestinal fogging was present to the level of the colon. 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.

The colon was generalized distended, containing non-formed fecal matter consistent with patient history.

### **Pancreas**

The visualized pancreas was asymmetrically and mildly swollen, exhibiting non-homogenous to edematous parenchyma.

### **Free Abdomen**

Intermittent, mildly swollen non-homogenous mesenteric lymph nodes were present, an example measured 1.1 cm x 0.94 cm.

Generalized primarily homogenous hyperechoic omentum with concurrent peritoneal effusion.

## ULTRASONOGRAPHIC FINDINGS

### Primary

- PLE / hypomotile gastritis pattern
- Mildly swollen edematous pancreas
- Generalized omental hyperechogenicity and peritoneal effusion
- Mildly enlarged non-congested liver
- Non-edematous gallbladder with mild bile debris (non-mucocele)

### Secondary

- Age related renal changes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the PLE intestinal pattern consistent with patient history may include lymphangiectasia, inflammatory or infiltrative disease. Intestinal biopsy is required for definitive diagnosis yet contraindicated given current ALB. Correlation with effusion analysis is recommended.

Concurrent pancreatitis vs pancreatic edema secondary to hypoalbuminemia possible. Empirical therapy for protein losing enteropathy and possible concurrent pancreatitis is recommended. Some or all of the following protocol may be considered with clinical monitoring and as needed sonographic reassessment if non-responsive or progressive gastrointestinal signs.

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



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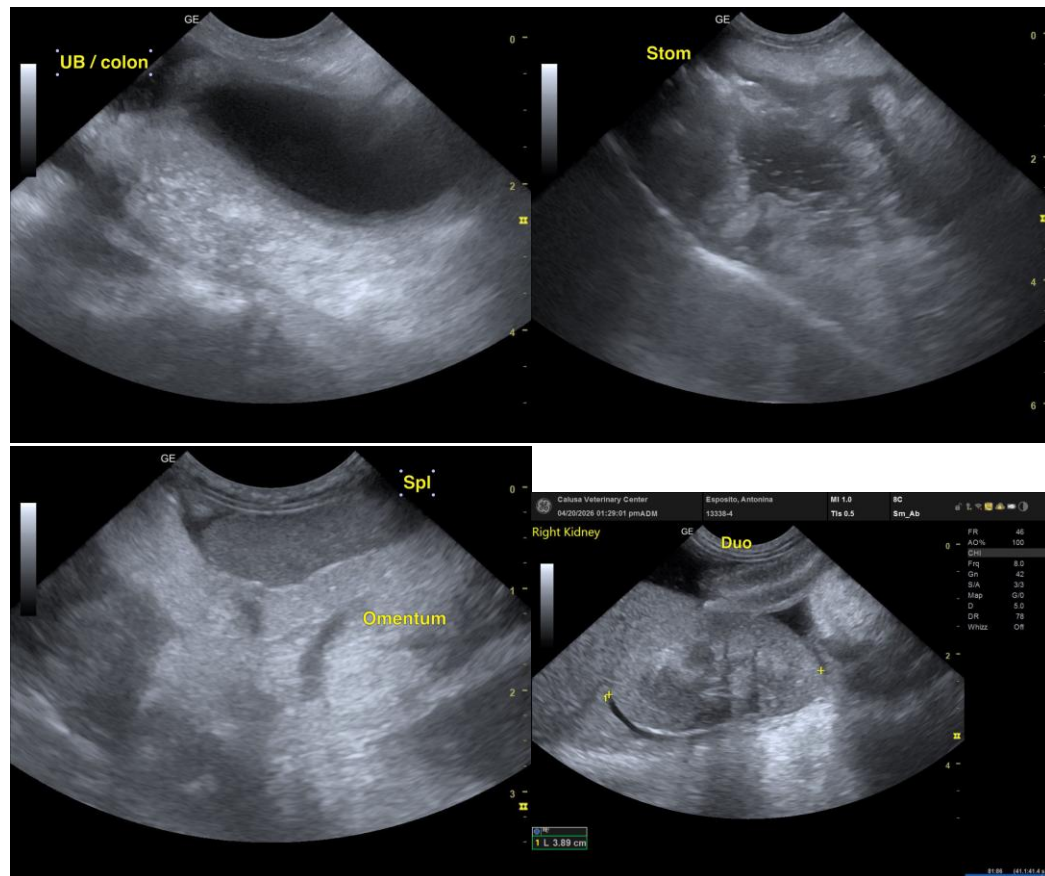
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**Plasma** 10 mL / kilogram IV over 4 hours  
Or **Human albumin** 2 ml/kg/h over 10 hours. Total daily volume 20.l/kg/day  
**And Colloids/Hetastarch**  
10 to 20 mL per kilogram per day and dogs  
10 to 15 mL per kilogram per day cats  
(Can bolus 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/m<sup>2</sup> 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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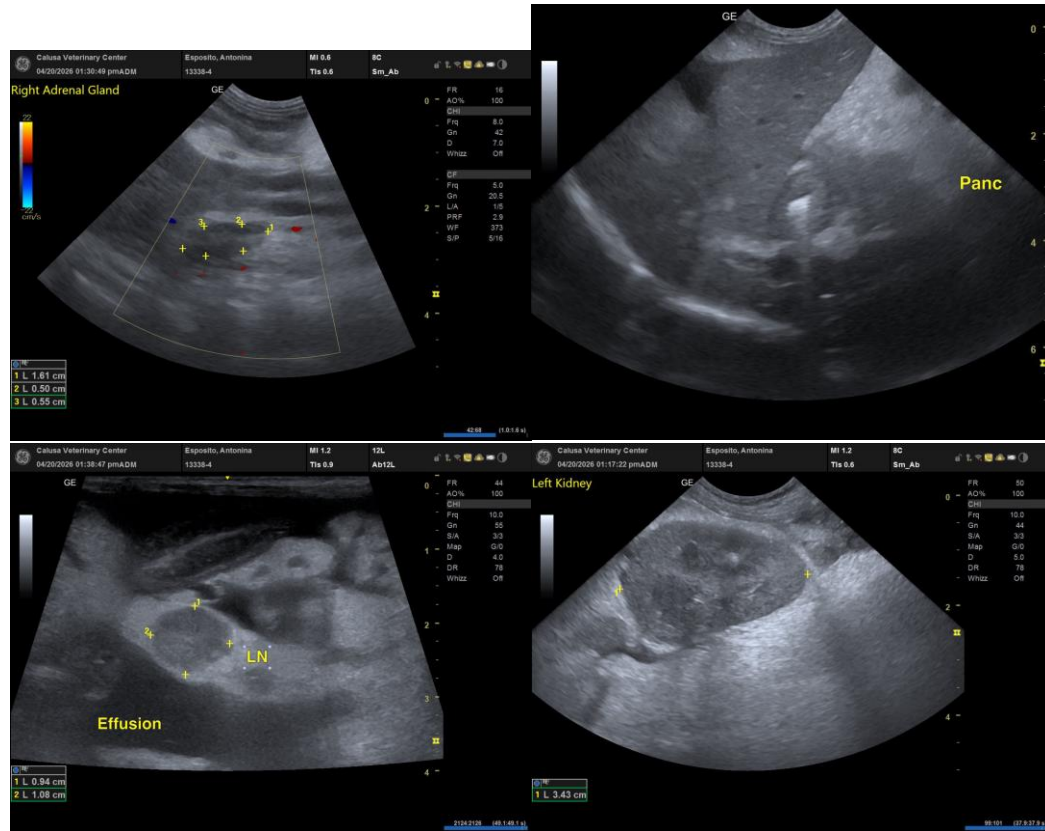
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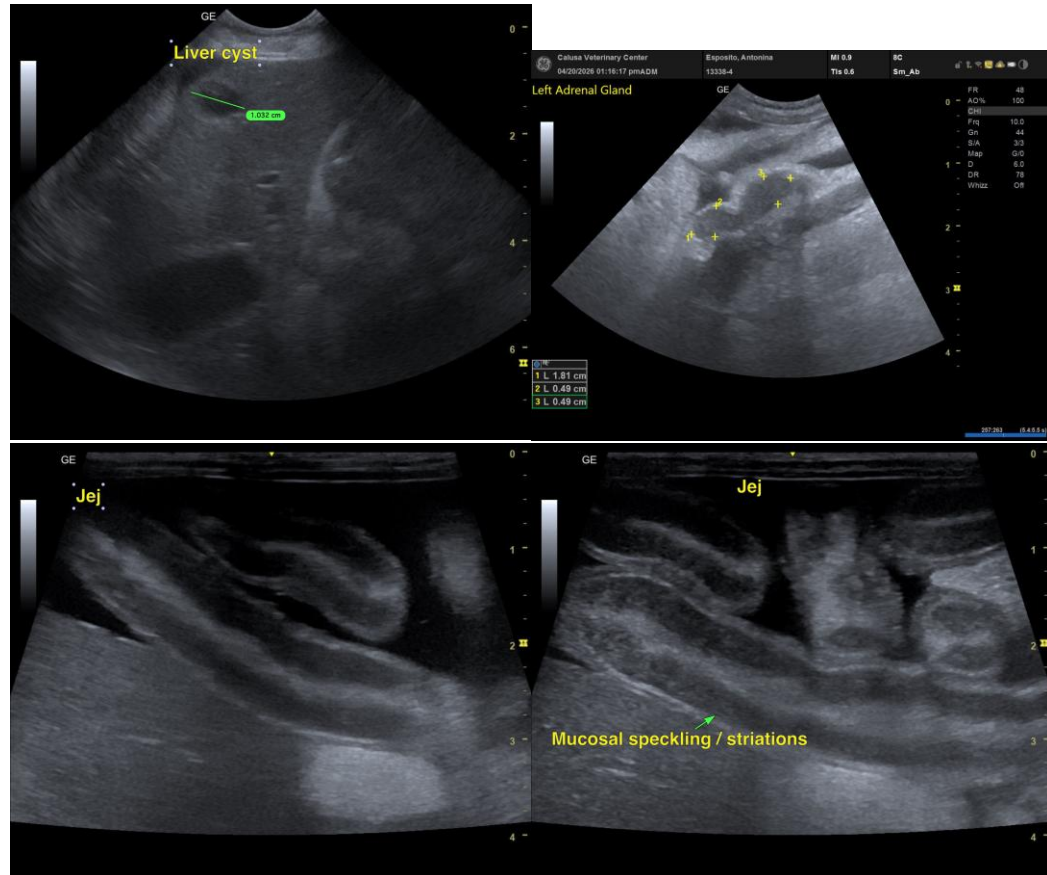
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)