



PATIENT

Louie Bailey

SPECIES

K9

BREED

Goldendoodle

SEX

MN

AGE

10Y

WEIGHT

36lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Brandon

HOSPITAL NAME

Dillsburg Veterinary
Center

REFERRING VET

Dr. Pryor

INVOICE

74722

DATE

4-22-26

PRESENTING CLINICAL SIGNS

Louie has had chronic diarrhea lasting 6 weeks. history of skin allergies and a grade II heart murmur. He has had a decreased appetite past 2 weeks and is just not himself. Current diet is Weruva beef. He is on Simparica Trio, Metronidazole, Amoxi and Endosorb.

Abnormal PE/Chem/CBC/UA Results: P has a low albumin at 1.9, TP 4.2, ALT 8, PSL 157, 23.9 wbc count, 20,300 neutrophil count, monocyte 1,434 high. Blood glucose 65. T4 and Free T4 wnl, IPS NEOP and neg giardia. Accuplex 4 neg x 4. Maldigestion profile to Texas A&M pulled and being held pending AUS results.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm 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 changes were noted.

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

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination was 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 5.1 cm in length. The right kidney measured 5.4 cm in length.

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 0.48 cm width in the caudal pole. The right adrenal gland measured 0.53 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 was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. 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.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio and contained mild retained anechoic fluid without evidence of obstruction to the pyloric outflow. The lumen of the stomach was empty without evidence of retained ingesta or foreign material.

Intact to prominent intestinal wall owing to propensity for prominent intestinal mucosal layer. Segmental variable small intestine mucosal fogging and mild segmental jejunal corrugation. Nonobstructive segmental jejunal ileus to the level of the ileum and 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 soft fecal matter and gas in the lumen.

SEX

Pancreas

MN

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.

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Free Abdomen

Mild peri-intestinal hyperechoic omentum and minor pockets of peritoneal effusion were present.

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Intermittent mildly enlarged mesenteric lymph nodes were seen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild nonobstructive hypomotile stomach.
- Enteropathy – suggestive of PLE.
- Soft fecal matter/gas in colon.
- Peri-intestinal hyperechoic omentum, mild mesenteric lymphadenopathy, and minor effusion.
- Normal volume liver.

Secondary Findings

- Age related renal changes.
- Normal bilateral adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IBD or other inflammatory enteropathy, lymphangiectasia, or infiltrative intestinal disease, i.e., neoplasia, are all potentials. Correlation with GI panel is recommended. Empirical therapy for protein losing enteropathy with clinical and as needed sonographic monitoring would be appropriate.

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 cavitory effusions, monitor

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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 Proviabile 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.

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.

Intestinal biopsies for histopathology required for definitive diagnosis and may be considered if a adequate albumin level greater than 2.0.

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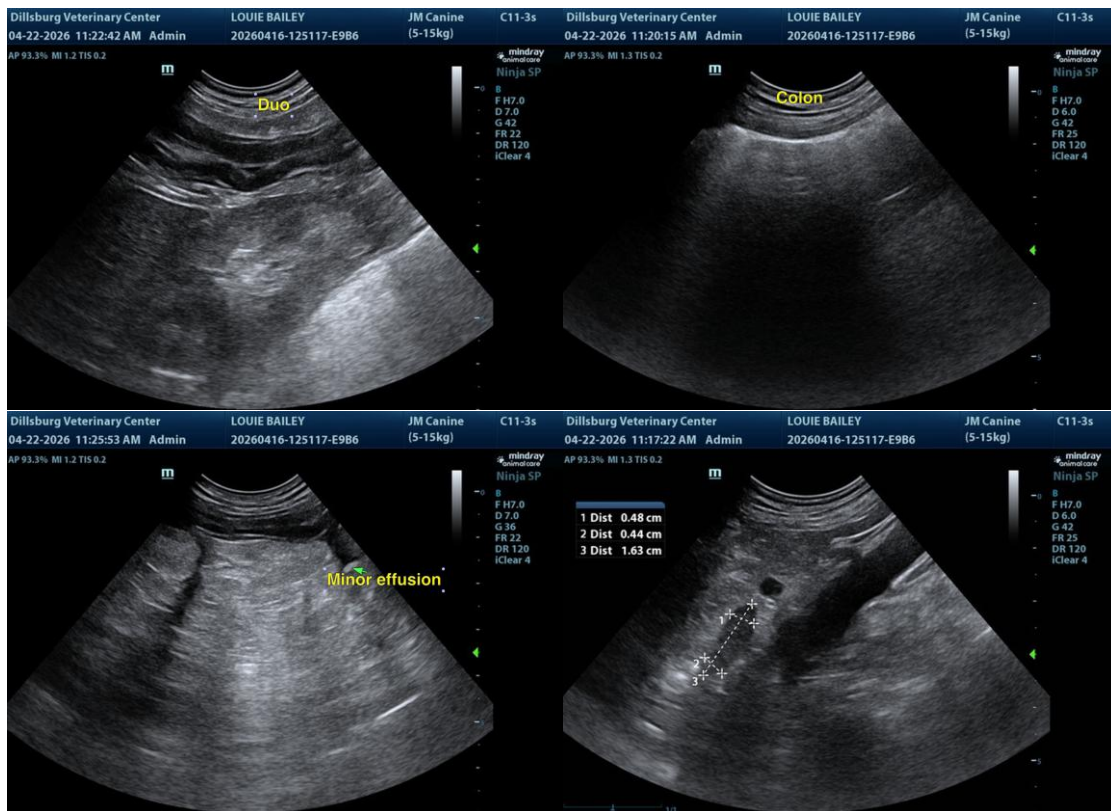
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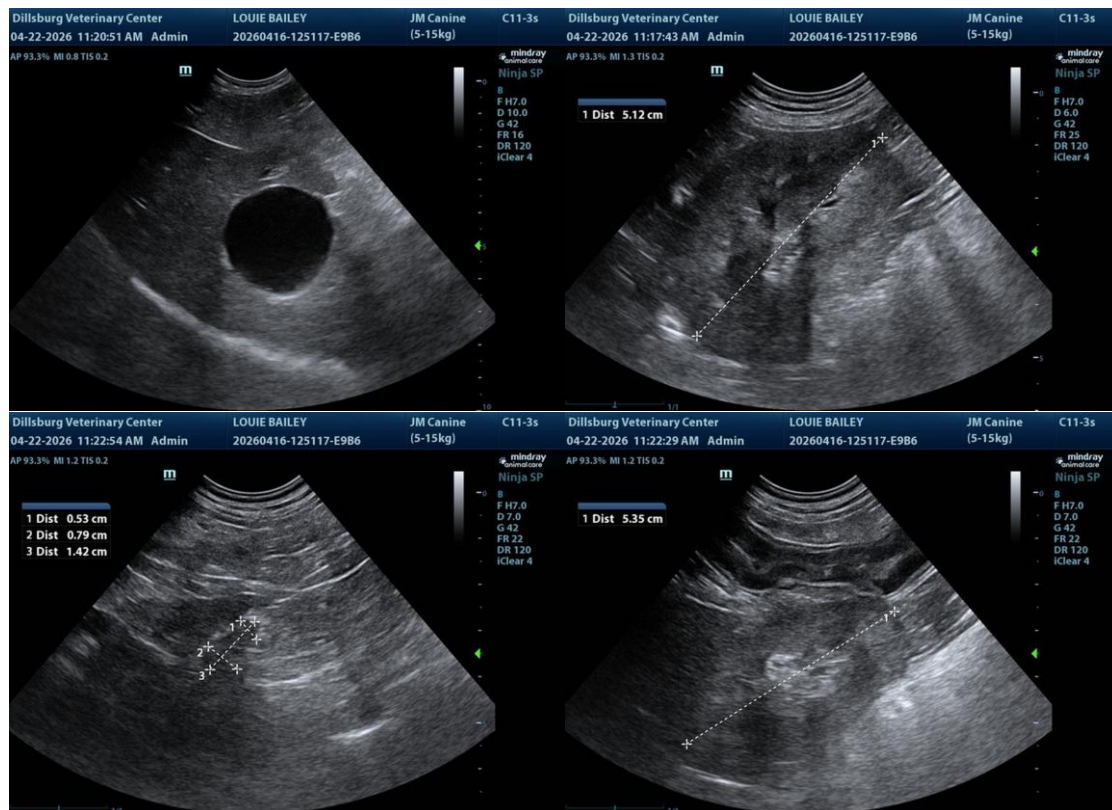
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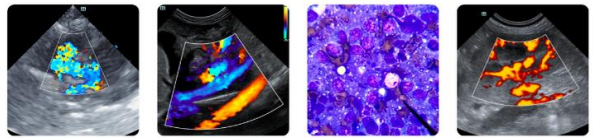
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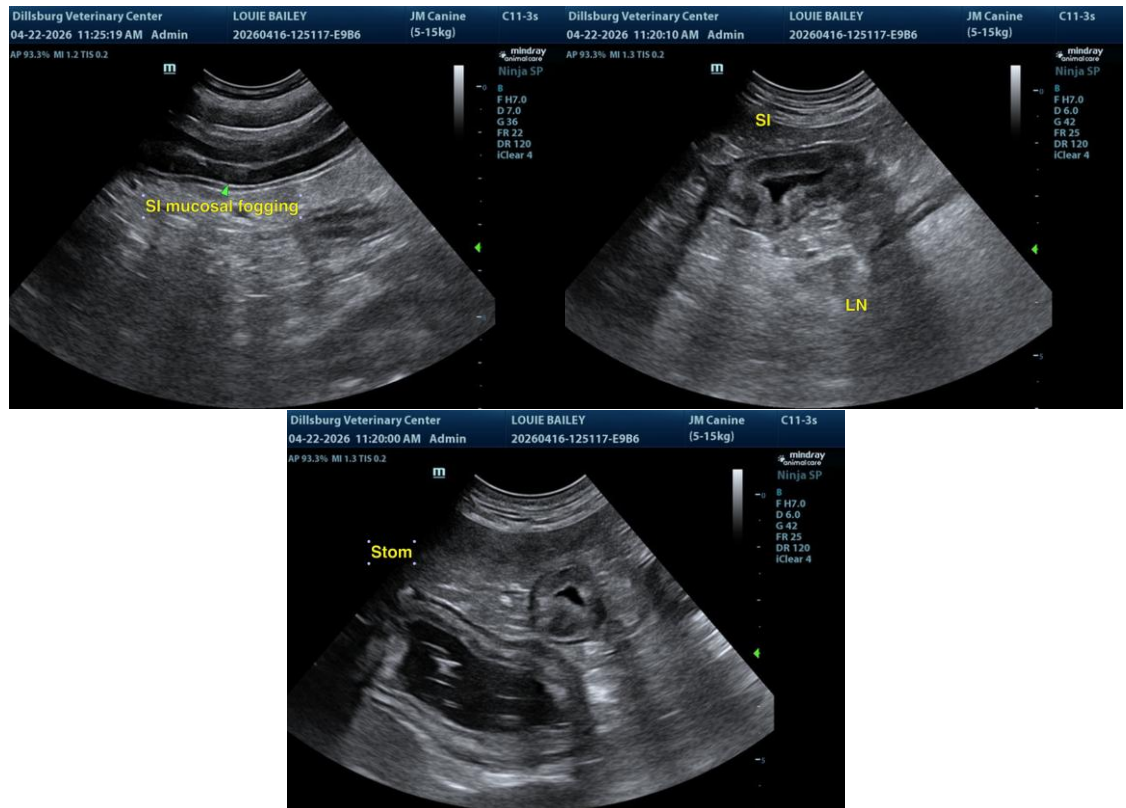
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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