



PATIENT

Ryder Flores

SPECIES

Canine

BREED

Labrador

SEX

MN

AGE

2yr

WEIGHT

41

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Paul

HOSPITAL NAME

Ridgefield Park
Animal Hospital

REFERRING VET

Dr. Kim

INVOICE

13569ag

DATE

04/24/2023

PRESENTING CLINICAL SIGNS

Patient presented to Hospital for weight loss, Patient is active, Eating and drinking normal, NO C,S,V. Inconsistent soft stool. Frequent bowel movements 4-5 times a day, most times 5-10 mins after eating.

***The submitted study contained 40 still images and 12 videos for review.

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 changes were 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 5.4 cm in length. The right kidney measured 5.9 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology measuring 1.2 cm in diameter.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 cm width at the caudal pole and 2.1 cm length. The right adrenal gland was not definitively visualized.

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. 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 mild to moderate wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present. The ventral gastric body wall measured 0.45 cm in width.

The duodenum presented borderline prominent wall layering with corrugation. The jejunum and ileum to the level of the colon exhibited intact wall layering with maintained wall layer ratio. Mild segmental



PATIENT	hyperechoic jejunal mucosal speckling was present. The duodenum wall measured 0.60 cm width. The jejunum wall measured 0.38 cm width.
Ryder Flores	Normal visible colon wall layers were present with apparent soft feces in lumen.
SPECIES	Pancreas
Canine	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.
BREED	Free Abdomen
Labrador	No overt or visualized lymphadenopathy or peritoneal effusion was present.
SEX	Minor peri-intestinal hyperechoic omentum was present.
MN	ULTRASONOGRAPHIC FINDINGS
AGE	<ul style="list-style-type: none"> • Mild to moderate gastritis. • Enteropathy exhibiting evidence of mild duodenitis and segmental non-specific jejunal mucosal speckling. • Soft feces in colon. • Scant to minor volume peritoneal effusion.
2yr	
WEIGHT	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
41	Inflammatory enteropathy/IBD, emerging PLE, dysbiosis, occult parasitism, dietary indiscretion, occult Addison's disease or less likely infiltrative GI neoplasia are all potentials. A full CBC/chemistry panel and UA is recommended if not already done. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.
INTERPRETED BY	Pending assessment of ALB levels, GI biopsies are required for a definitive diagnosis and may be considered if ALB levels >2.0. A resting cortisol level is suggested to rule out occult Addison's disease.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Empirically some or all of the following may be considered if clinically indicated. Prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative is recommended.
IMAGING PERFORMED BY	Part or all of this protocol may be considered based on your clinical impression of the patient:
Dr. Paul	OBJECTIVE: keep albumin levels > 2 g/dl, avoid thromboembolism and cavitory effusions, monitor concurrent PLN (Wheaton Terrier PLE/PLN) and liver disease:
HOSPITAL NAME	Plasma 10 mL / kilogram IV over 4 hours
Ridgefield Park Animal Hospital	Or Human albumin 2 ml/kg/h over 10 hours. Total daily volume 20.l/kg/day
REFERRING VET	And Colloids/Hetastarch
Dr. Kim	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.
INVOICE	Metronidazole (10-20 mg/kg po bid)
13569ag	Famotidine 1 mg/kg lv 1m 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
DATE	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.
04/24/2023	



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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.

SPECIES

Canine

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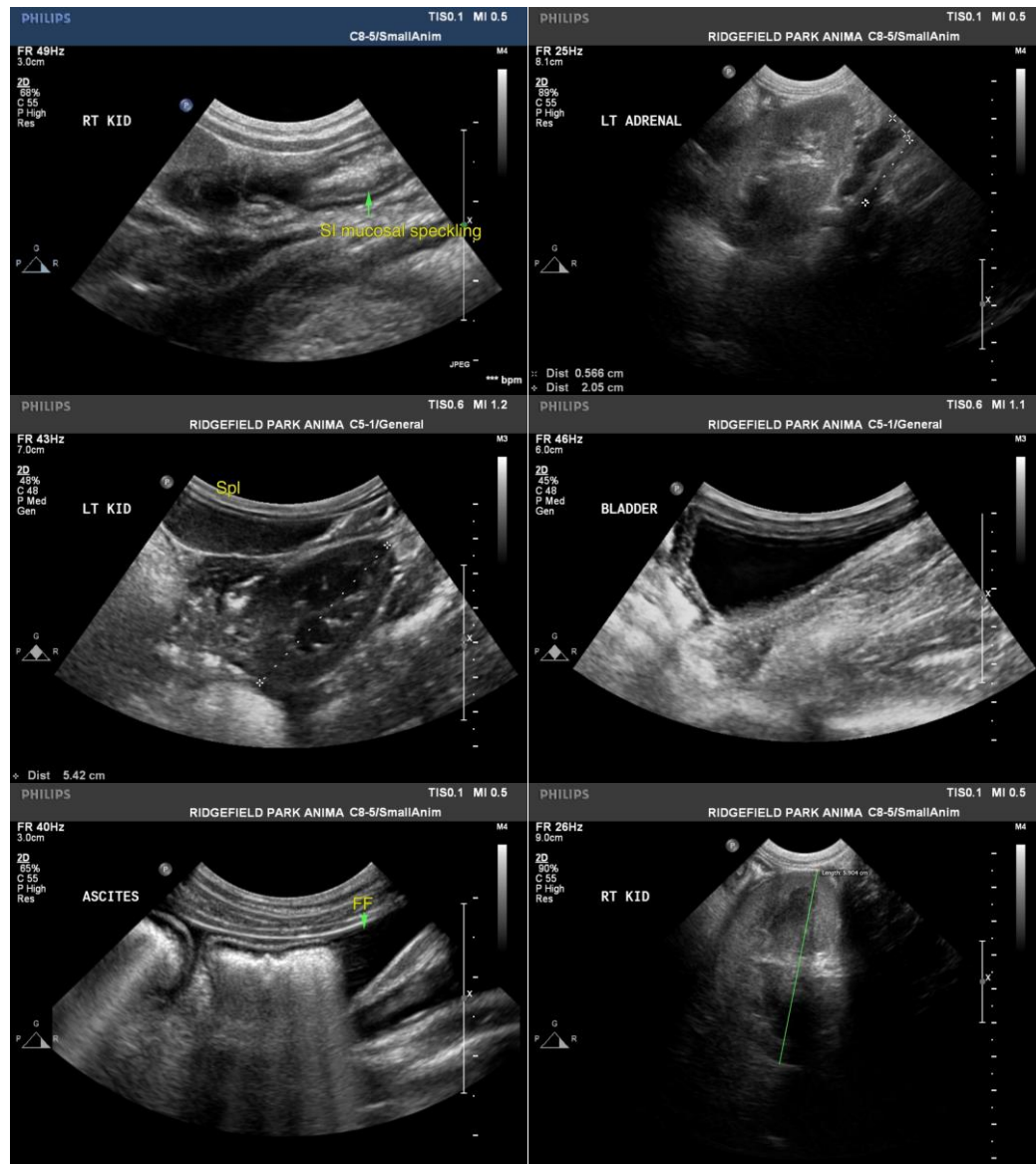
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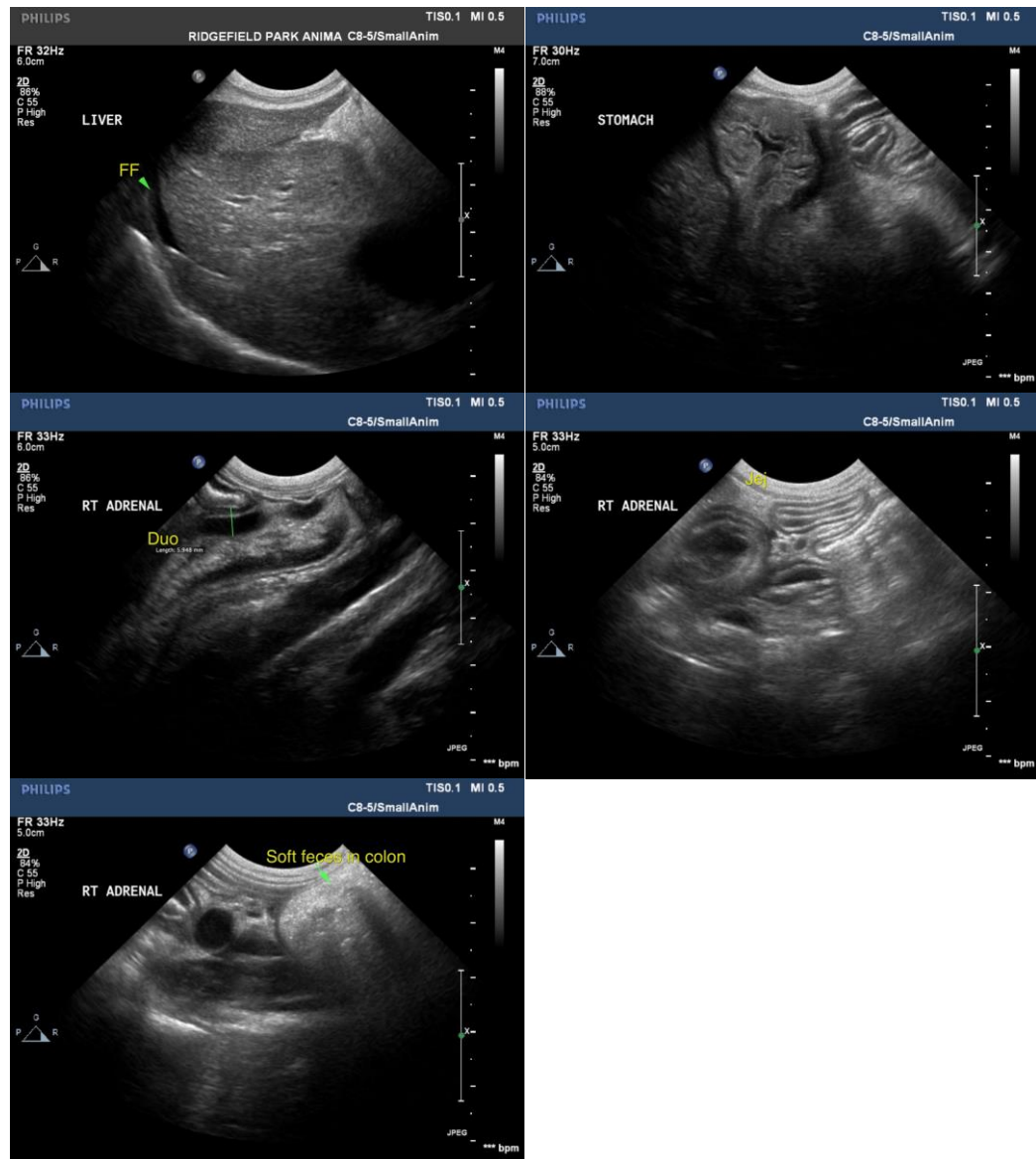
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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