



PATIENT PRESENTING CLINICAL SIGNS

Missy Evans

SPECIES

Canine

BREED

Bichon X Poodle

SEX

FS

AGE

12 years

WEIGHT

14.8 lbs.

Prev diagnosed with intestinal lymphangectasia in Sept 2021. Had pan hypoproteinemia on bloodwork and US findings of loss of layering in ileum. NO biopsies were done. Grade 1/6 heart murmur heard in June 2021. Hypoproteinemia controlled with daily Prednisone, Tylosin, Low fat diet and Vit B12 injections. Presented May 2023 with acute onset lethargy, increased effort and rate of breathing for about 18 hours. PE showed HR 160-180 with greatly increased resp rate and effort. Dog vomited food on way to clinic. Abdomen seemed distended and noted muscle loss over topline of dog. Clinical signs suggestive of CHF with now a Grade 3/6 heart murmur but rads did not show obv pulmonary edema or enlarged cardiac silhouette. Liver enlarged? Stomach distended and gassy intestines. Was given Lasix and Cerenia and by the next morning, marked improvement. When she got home that night she vomited multiple elastic bands. Owner was not aware that dog may have gotten into anything. HR following day improved at 120bpm but still some increased resp effort. Bloodwork showed Albumin low again and low electrolytes(from the lasix?). Prednisolone 7.5mg SID, Tylosin 150mg SID, Lasix last given May 8, 2023.

Abnormal PE/Chem/CBC/UA Results: Please see attached lab reports. Low albumin, electrolytes, globulin, Ca and cholesterol. Surprisingly normal ALT and ALKPPOS. BP day of ultrasound: HR 90, BP 120, 122, 128 HR 110, BP 128, 128, 122

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. 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 was noted.

The area of the aortic trifurcation was free of pathology.

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 4.5 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The left adrenal gland was mildly subnormal in size likely secondary to Prednisone therapy measuring 1.4 cm length x 0.34 cm width at the caudal pole. The right adrenal gland was indistinctly visualized subjectively measuring 0.57 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

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Ingersoll Veterinary
Services

REFERRING VET

Dr. Prystayko

INVOICE

16785

DATE

5/10/23



PATIENT

Missy Evans

thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

SPECIES

Canine

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 congestive criteria. Normal hepatic vascular volume was noted. The gallbladder was non-distended in size containing anechoic content with minor nonorganized echogenic gallbladder sludge. No evidence of inflammatory criteria was noted. The cystic and common bile ducts were normal.

BREED

Bichon X Poodle

Gastrointestinal

SEX

FS

The stomach presented mild wall thickening secondary to mild echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach contained a mild amount of retained anechoic pyloric fluid.

AGE

12 years

The small intestine presented intact wall layering with subjective propensity for generalized mildly prominent duodenojejunal mucosa layer with segmental mild hyperechoic intestinal mucosal speckling. No evidence of intestinal mechanical / metabolic ileus to the level of the colon.

WEIGHT

14.8 lbs.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

Free Abdomen

No evidence of peritoneal effusion was present. Mild peri intestinal hyperechoic omentum was noted.

IMAGING PERFORMED BY

Crystal Hill

ULTRASONOGRAPHIC FINDINGS

HOSPITAL NAME

Ingersoll Veterinary
Services

- Mild gastritis pattern with mild retained fluid - no evidence of mechanical pyloric outflow obstruction or gastric foreign material
- Intact subjectively prominent intestinal walls with mild hyperechoic mucosal speckling - consistent with PLE criteria
- Mild heterogeneous pancreas - patient / age-related variant, minor remodeling associated with age or previous inflammation, possible low-grade / chronic pancreatitis
- Mild chronic renal changes - expected for age
- Sonographically unremarkable liver with minor gallbladder debris (non-mucocele)

REFERRING VET

Dr. Prystayko

INVOICE

16785

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

5/10/23

Largely mild geriatric abdomen with an expected intestinal presentation, given the patient's history, was noted. No evidence of intraabdominal neoplastic criteria or gastrointestinal obstructive pattern / foreign body was visualized.



PATIENT

Missy Evans

SPECIES

Canine

BREED

Bichon X Poodle

SEX

FS

AGE

12 years

WEIGHT

14.8 lbs.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Ingersoll Veterinary
Services

REFERRING VET

Dr. Prystayko

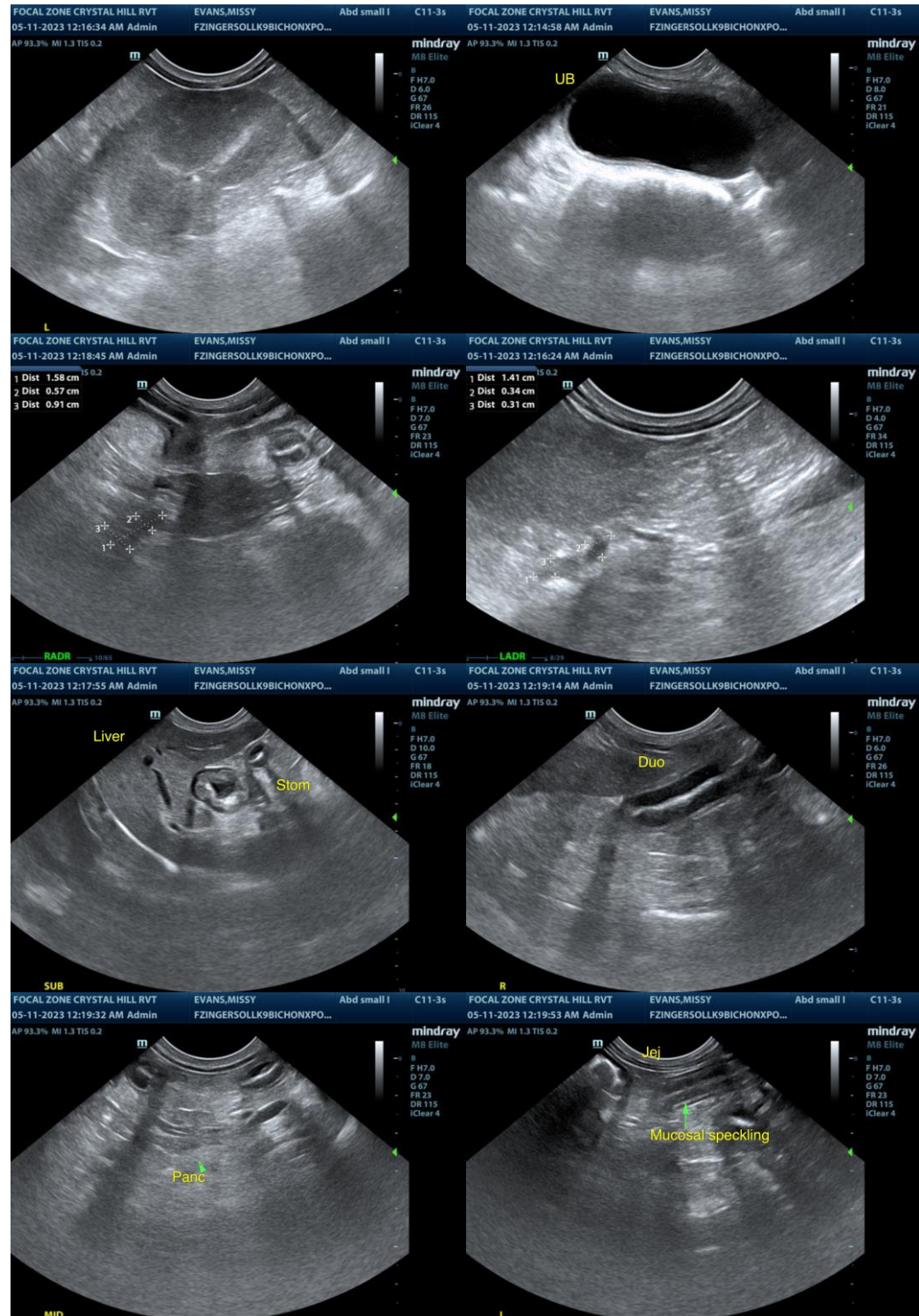
INVOICE

16785

DATE

5/10/23

A GI panel to include PLI/TLI/Cobalamin/Folate for further assessment of the intestinal tract, as well as assessment of potential low-grade pancreatic inflammation as a contributing factor given the loss of muscle mass, is warranted. Correlation with an echocardiogram is recommended. Continued therapy for PLE with as-needed gastrointestinal support is recommended.





PATIENT

Missy Evans

SPECIES

Canine

BREED

Bichon X Poodle

SEX

FS

AGE

12 years

WEIGHT

14.8 lbs.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Ingersoll Veterinary
Services

REFERRING VET

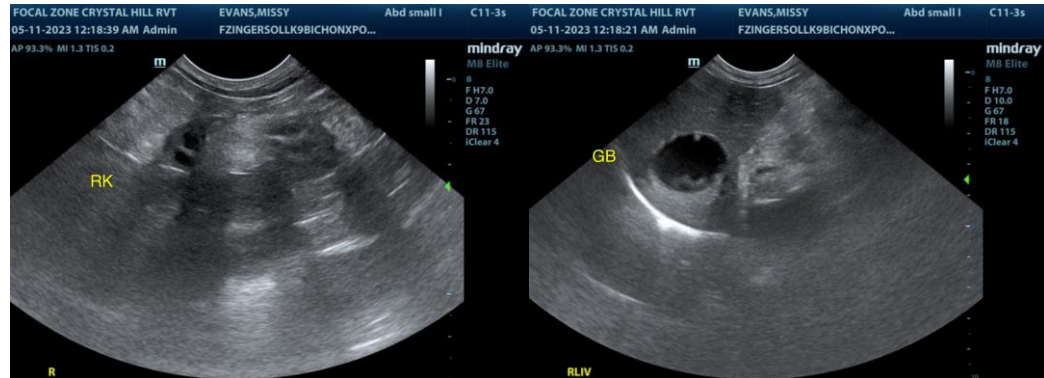
Dr. Prystayko

INVOICE

16785

DATE

5/10/23



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