



PATIENT

Maverick 2 Ilgen

SPECIES

Canine

BREED

Jack Russel Terrier

SEX

Neutered Male

AGE

7 Years

WEIGHT

15.6

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Dr. Ashley Gambon

HOSPITAL NAME

Lanier Animal Hospital

REFERRING VET

Dr. Ashley Gambon

INVOICE

16132

DATE

05/12/26

PRESENTING CLINICAL SIGNS

1 month history of progressive hyporexia. 6.8 lbs weight loss since 1/12/26. Newly diagnosed grade 3/6 left sided systolic murmur. intermittent episodes of diarrhea, no vomiting. Fever of 103.3

CBC: non regenerative anemia HCT 22.4%, leukocytosis 23.93 characterized by a neutrophilia 18.05 and monocytosis 2.99 Chemistry: hypoglycemia 55, mild hypocalcemia 7.8, hypoalbuminemia 1.4, hyperglobulinemia 5.2, elevated ALT 147, elevated ALKP 814 TT4 less than 0.5 (suspect euthyroid sick syndrome) UA: USG 1.025, pH 5, 30 mg/dL protein, negative glucose, negative ketones, 1 mg/dl UBG, 3 mg/dl bil, 50 ery/ul Urine sediment: nsf

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent to hyperechoic 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.

No obvious pathology in the area of the residual prostate.

No overt medial iliac or sublumbar lymphadenopathy or masses.

Normal size and margination was 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 5.1 cm in length. The right kidney measured 5.9 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.60 cm width at the caudal pole.

Spleen

The spleen revealed possible borderline enlargement and 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. No evident mass or nodules.

Liver & Gallbladder

The liver revealed generalized hepatomegaly exhibiting symmetrical rounded capsule contour and normal to mildly nonhomogenous hepatic parenchyma. Overtly normal vascular volume without definitive congestive criteria.



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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 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 intact wall layering exhibiting borderline thickened small intestinal wall and propensity for prominent to mildly thickened intestinal mucosa layer. The duodenum wall measured 0.58 cm wall width. The jejunum wall measured 0.46 cm wall width. Maintained homogenous hypoechoic mucosa echogenicity.

The colon walls presented intact yet subjective mildly thickened wall layering. Empty colonic lumen prohibiting full evaluation of the colonic wall. No evidence of pathology in the area of the ileocolic junction.

Pancreas

The pancreas presented prominent to swollen in appearance with capsule asymmetry and nonhomogenous mildly hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

No obvious visualized significant or swollen mesenteric lymphadenopathy was present. Generalized mild omental hyperechogenicity with mild to moderate volume of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Enlarged noncongested liver.
- Subjective borderline splenomegaly.
- Prominent to swollen nonhomogenous pancreas.
- Borderline thickened intact small intestine wall exhibiting subjective prominent mucosa.
- Subjective colitis pattern.
- Peritoneal effusion and omental hyperechogenicity.

Secondary Findings

- Normal bilateral kidneys with mild particulate to hyperechoic urine sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25-gauge needle and with adequate hematocrit and platelet count, hepatosplenic FNA cytology is warranted to assess for occult disease such as neoplasia as a contributing factor. No obvious evidence of hepatic congestion.

Correlation with three view chest radiographs is suggested if not done. A contributing factor to the effusion may include decreased hydrostatic pressure secondary to hypoalbuminemia which in conjunction with gastrointestinal signs may suggest intestinal protein loss without significant hepatic pathology and assuming no evidence of proteinuria. Correlation with effusion analysis cytology +/- culture/sensitivity if evidence of inflammatory component and a GI panel to include PLI, TLI, cobalamin and folate is suggested.



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Pending additional diagnostics, some or all of the following protocol may be considered empirically.

OBJECTIVE: keep albumin levels > 2 g/dl, avoid thromboembolism and cavitory effusions, monitor 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.

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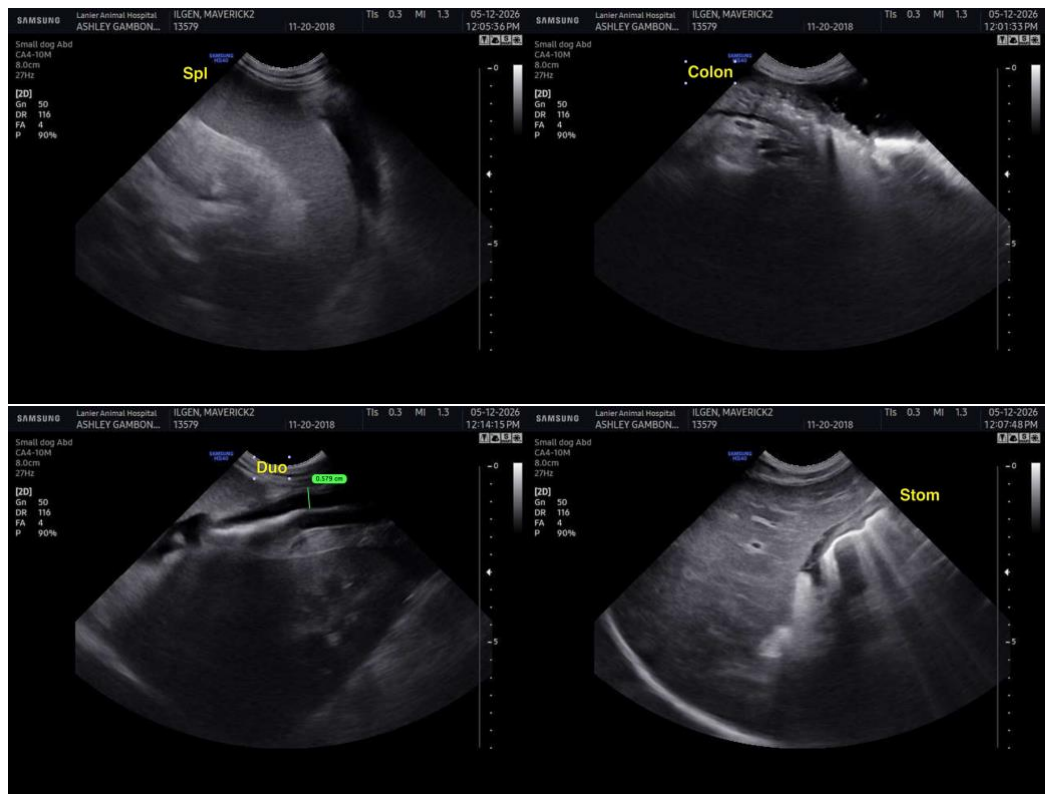
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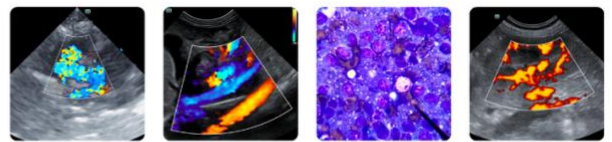
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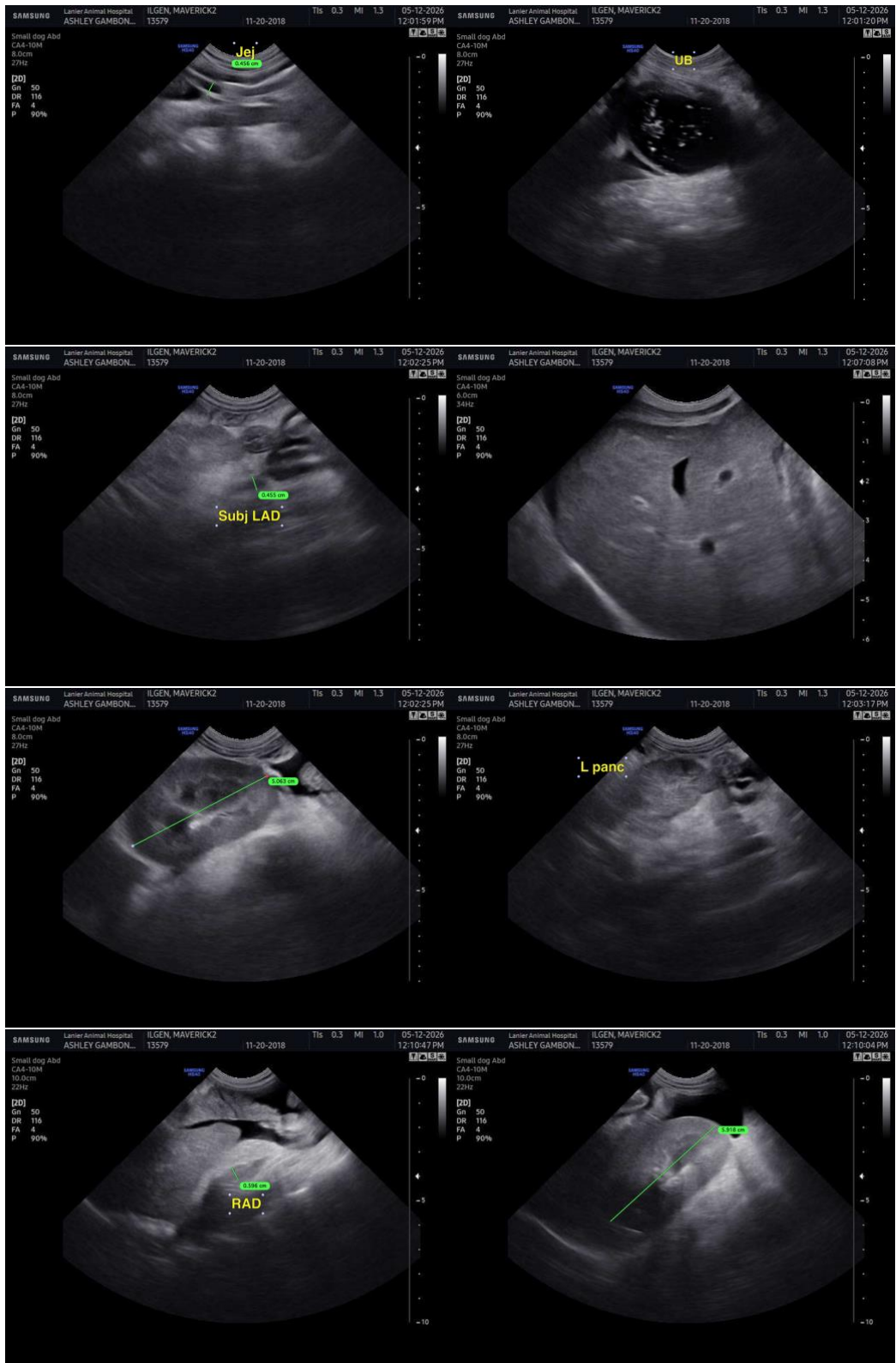
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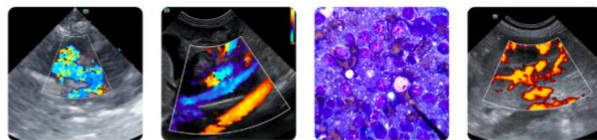
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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