



PATIENT

Palmer Gigi

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

12/17/14

WEIGHT

11.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Brandi Kurzowski

HOSPITAL NAME

Corfu Veterinary
Center

REFERRING VET

Dr. Brooke Beatty

INVOICE

16184

DATE

05/14/26

PRESENTING CLINICAL SIGNS

P presented today for lethargy, inappetence, weight loss- decreased appetite for last 1-2 weeks. P has had intermittent vomiting for 1-2 months. P has lost almost 4 lb since 11/2025. Recommended ultrasound to investigate a source of infection/inflammation and to evaluate the gastrointestinal tract and liver for causes of protein and cholesterol loss. P treated as outpatient today with maropitant, enrofloxacin, and cefovecin.

Abnormal PE/Chem/CBC/UA Results: 5/14/26 CBC- Retic-Hgb 29.7pg, WBC 39.13 k/uL, Neu 32.46 k/uL, Mono 2.7 k/uL, PLT 854 k/uL- all values confirmed via blood smear Chem/lytes- Ca 7.8 mg/dL, TP 5.1 g/dL, ALB 1.8 g/dL, Chol 97mg/dL

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. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted. Indistinctly visualized accumulated mineral to small solitary calculus was present measuring approximately .074 cm.

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. Mild areas of medullary mineral to small renoliths were present. The left kidney measured 3.8 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

The left adrenal gland was mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.65 cm width in the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.53 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 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 mild nonorganized gravity dependent biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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Gastrointestinal

The stomach presented mild thickened wall. Intact wall layering was maintained and distinct. The gastric body wall including mildly prominent rugal folds measured 0.5 to 0.6 cm width. The stomach contained a mild amount of retained anechoic fluid and lumen gas.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio to the level of the colon. A mild segmental nonobstructive ileus pattern is present without obstruction or foreign material. Segmental to focally hyperechoic intestinal mucosal speckling. The ileocolic junction was free of overt pathology. Example of small intestine wall measured 0.39 cm wall width.

Normal visible colon wall layers were present with soft to nonformed fecal matter and without distention.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable normal volume liver.
- Mild gallbladder debris (non-mucocele).
- Gastroenteropathy exhibiting nonobstructive gastric and mild segmental intestinal ileus with focal to segmental intestinal mucosal speckling.
- Normal area of the pancreas.
- Bilateral chronic renal changes with medullary minerals/small renoliths.
- Mild accumulated urinary bladder mineral versus small calculus.
- Soft/nonformed fecal matter in colon.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Inflammatory bowel disease, protein losing enteropathy, infectious enteropathy, low-grade pancreatitis, which may present sonographically normal, less likely occult Addison's disease or neoplasia are all potentials. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Although considered less likely, screening cortisol level to rule out occult Addison's disease is suggested. No evidence of hepatic pathology or vascular anomaly as a contributing factor to the clinical signs, hypoalbuminemia and urinary tract mineral. Gastrointestinal biopsy is likely required for a definitive diagnosis and may be considered if albumin level is greater than 2.0. Some or all following protocol may be considered empirically pending additional diagnostics:

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)



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& 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

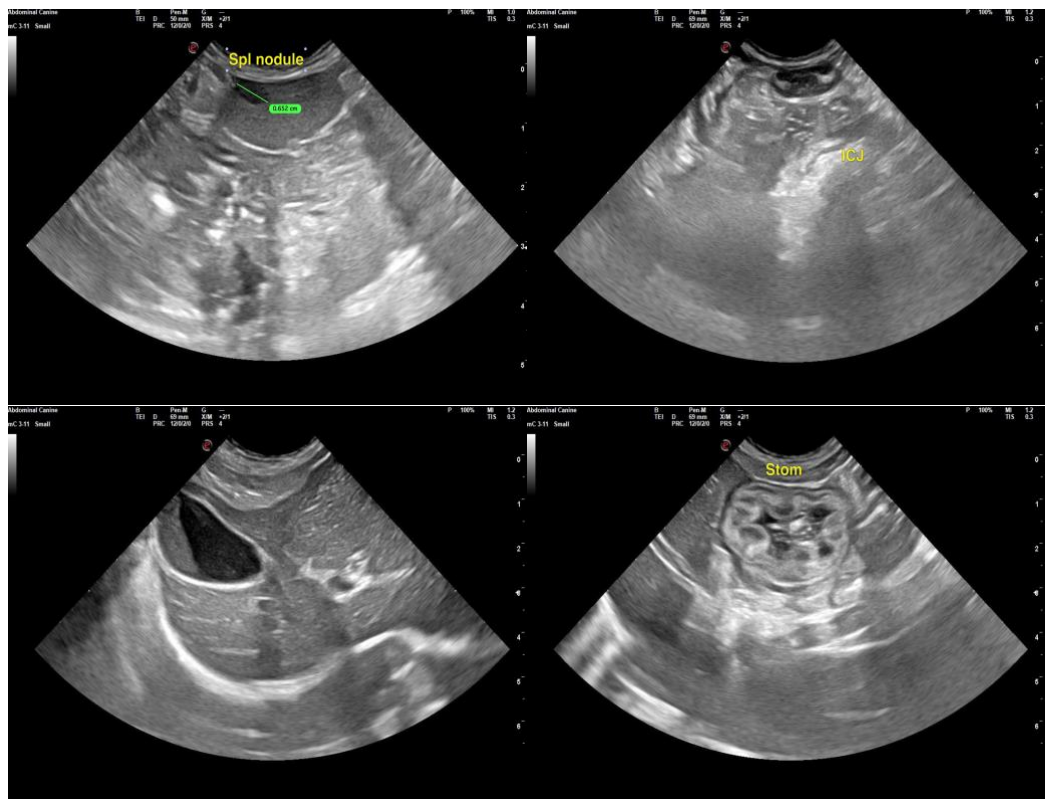
Diet: Highly digestible high quality protein, low fiber, low fat diet (< 15% of dry matter). Hydrolyzed protein or novel protein. Purina HA or Royal Canine HP or similar.

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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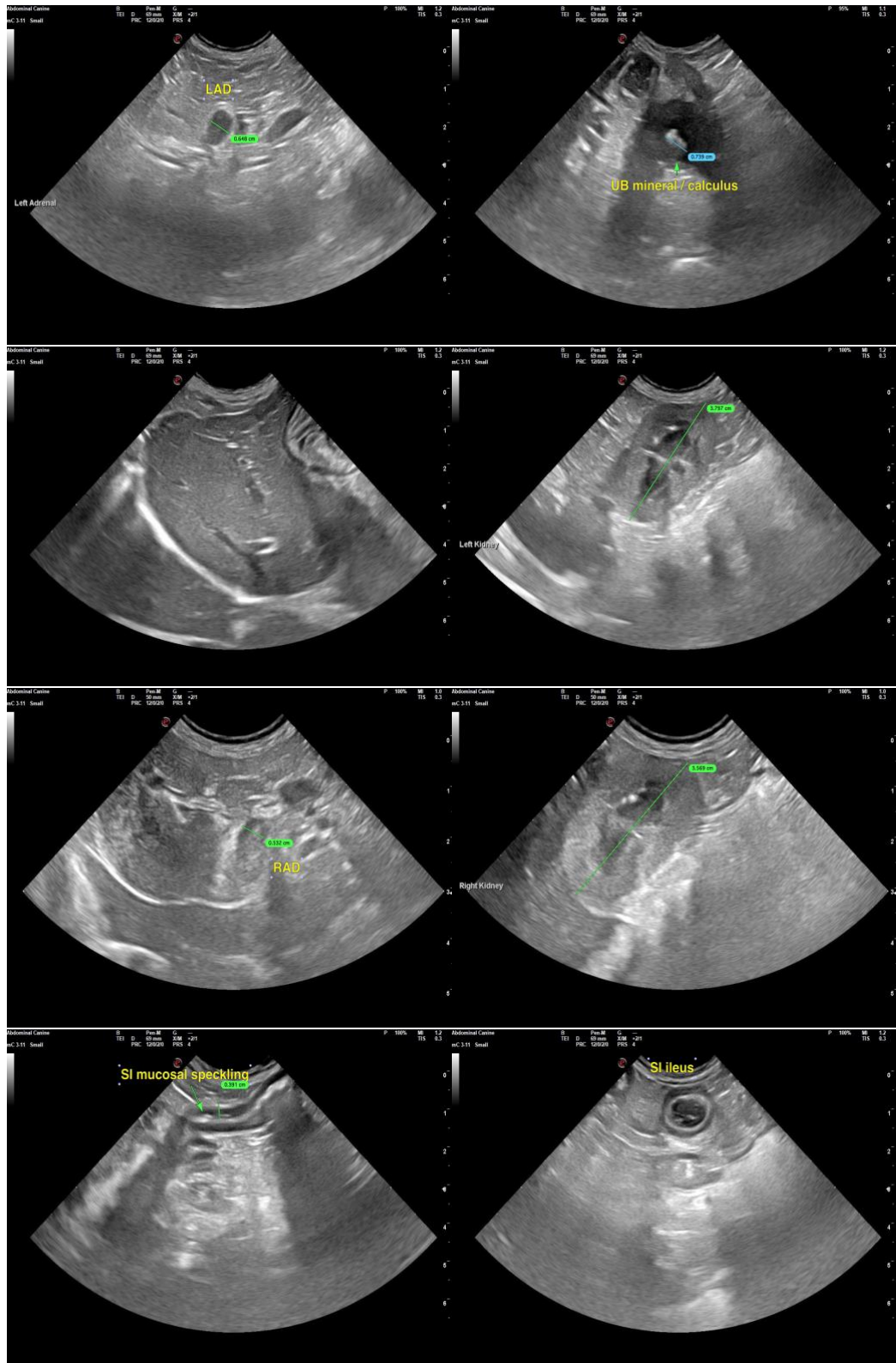
Dr. Brooke Beatty

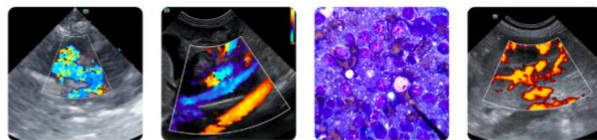
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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