



## PATIENT

Bentley Jaquez

## SPECIES

Canine

## BREED

French Bulldog

## SEX

MI

## AGE

2

## WEIGHT

16.6lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Mario/Alexis

## HOSPITAL NAME

Dr Daniel Marquez

## REFERRING VET

TLC Animal Hospital

## INVOICE

24766

## DATE

05/08/2026

## PRESENTING CLINICAL SIGNS

Suspect Lymphangiectasia

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was 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 4.2 cm in length. The right kidney measured 4.1 cm in length.

The area of the aortic trifurcation was free of pathology.

The prostate and proximal urethra were not definitively visualized.

### Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

### 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.

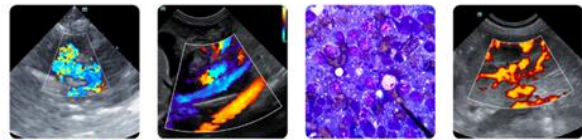
### Liver/Gallbladder

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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and minor non-organized debris. 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 with subjective prominent mucosal layer and subtle discreet hyperechoic jejunal mucosal striations. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The jejunum wall measured 0.50 cm in width.



## PATIENT

Normal visible colon wall layers were present with apparent semi formed feces in lumen.

Bentley Jaquez

## Pancreas

## SPECIES

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.

Canine

## Free Abdomen

## BREED

No overt visualized omental lymphadenopathy was present.

French Bulldog

Minor pockets of peritoneal effusion were present.

## ULTRASONOGRAPHIC FINDINGS

### SEX

#### Primary

MI

- Mildly thickened intact small intestine wall exhibiting subtle jejunal hyperechoic mucosal striations
- Minor peritoneal effusion
- Semi formed fecal matter in colon
- Normal volume liver

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

16.6lb

The small intestine may suggest PLE criteria including potential lymphangiectasia if concurrent gastrointestinal signs and decreased serum protein level. Correlation with lab work and UA is recommended. GI panel to include PLI/TLI/cobalamin and folate and screening cortisol level warranted assuming gastrointestinal signs and decreased serum protein level.

## INTERPRETED BY

Part or all of this protocol may be considered based on your clinical impression of the patient:

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DVM, DABVP  
(Canine and Feline)

**OBJECTIVE: keep albumin levels > 2 g/dl, avoid thromboembolism and cavitory effusions, monitor concurrent PLN and liver disease:**

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**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

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### And Colloids/Hetastarch

10 to 20 mL per kilogram per day and dogs

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10 to 15 mL per kilogram per day cats

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(Can bolus first 1/3 of dose over 15 minutes)

& maintain on LRS maintenance otherwise.

**High colony count probiotic** Provable or Visbiome

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**Famotidine** 1 mg/kg Iv Im po dc Sid /bid

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**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/m<sup>2</sup> Q 24-48 hours.

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**Cobalamin** (B12) 250-1500 ug/dog weekly x 6 weeks.

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**Calcium** supplementation if necessary.



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Aspirin 0.5-1 mg/kg/day or Clopidogrel (Plavix) 1-5 mg/kg/day.

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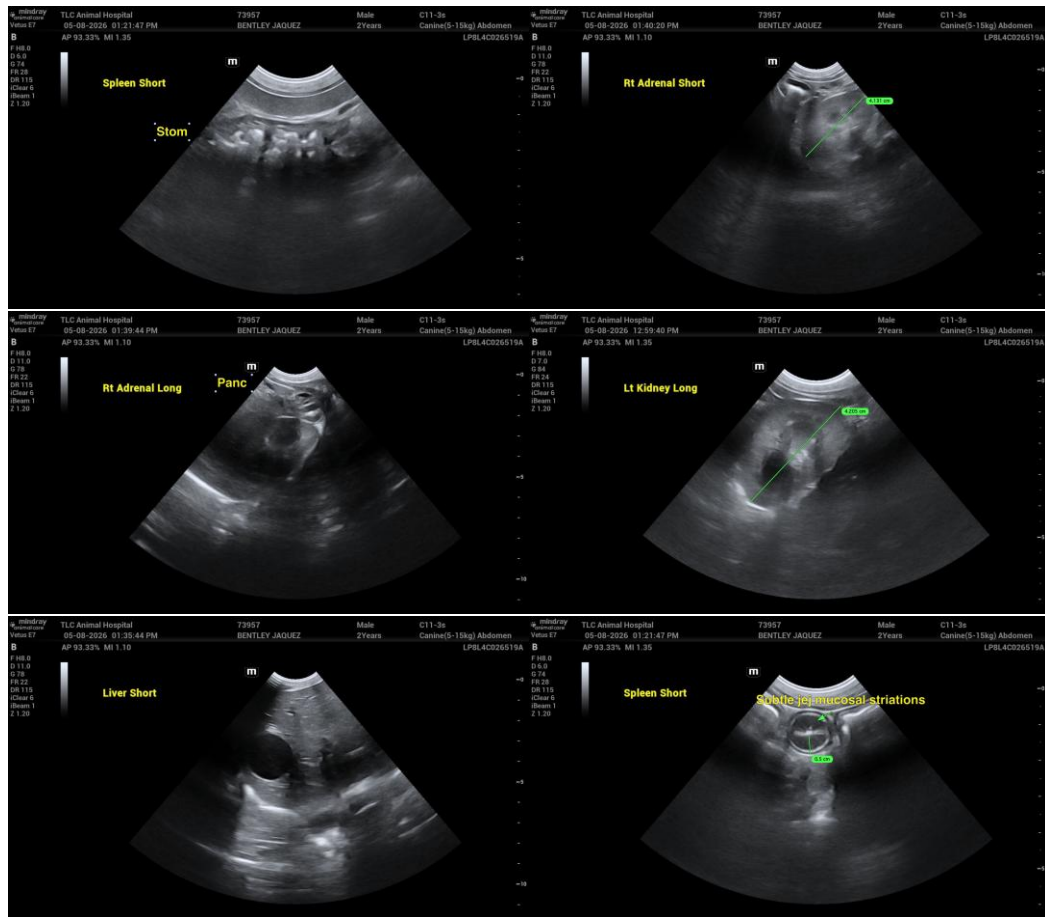
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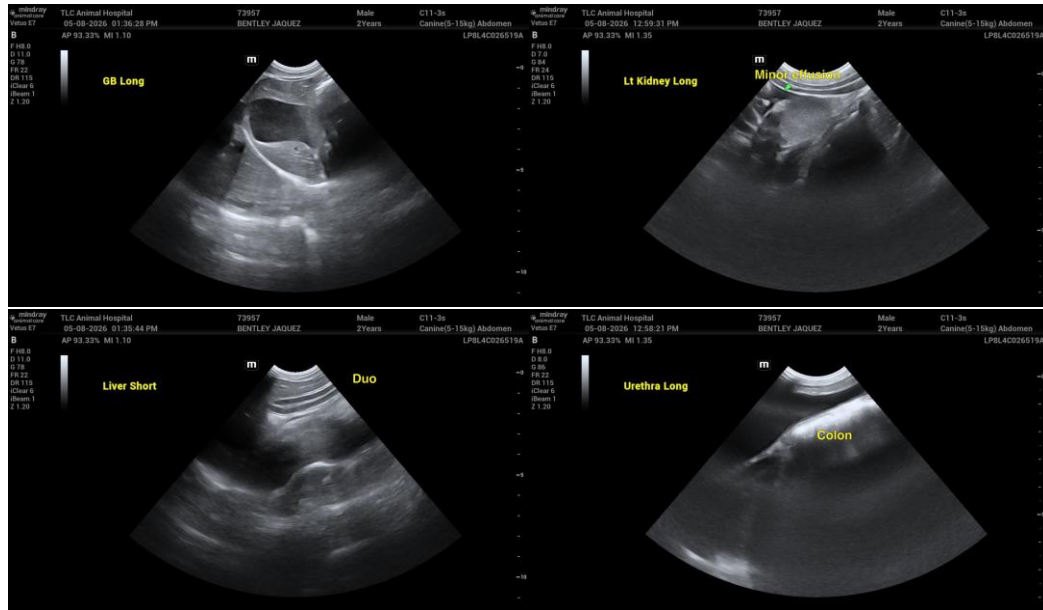
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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