



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Tiffany Blackmore	History: Splenectomy sometime in 2021 with another mass noted in the abdomen (no biopsy done). Potentially splenomegaly due to torsion and associated bleeding. The "mass" may have been an enlarged LN. May 2022 Increased flatulence July 2022 Diarrhea for several days. Some vomiting, still eating, frank hematochezia, cerenia and metronidazole
<b>SPECIES</b>	
Canine	Abnormal PE/Chem/CBC/UA Results: Pulses weak to fair Thrombocytosis, marked leukocytosis with monocytosis, marked hypoalbuminemia (dangerously low) with hypoglobulinemia
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
PitBull Mix	<b>Urinary System</b>
<b>SEX</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 were noted.
FS	
<b>AGE</b>	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 6.0 cm in length. The right kidney measured 6.2 cm in length.
7	
<b>WEIGHT</b>	The area of the aortic trifurcation was free of pathology.
26.7kg	<b>Adrenal Glands</b>
<b>INTERPRETED BY</b>	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm width at the caudal pole and 0.37 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.67 cm width at the caudal pole.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>Spleen</b>
<b>IMAGING PERFORMED BY</b>	The spleen was not visualized owing to previous splenectomy. No overt pathology in the area of the previous spleen.
Dr. Westcott	<b>Liver</b>
<b>HOSPITAL NAME</b>	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.
Dr. Westcott	<b>Gastrointestinal</b>
<b>REFERRING VET</b>	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
Dr. Westcott	<b>INVOICE</b>
	The stomach presented mild to variable thickened walls with decreased gastric mural echogenicity and indistinct wall layer detail. The lumen of the stomach contained mild nonshadowing ingesta/chyme with no signs of ileus, obstruction or foreign material. The gastric wall measured up to 1.6 cm in width.
11300ag	<b>DATE</b>
	The small intestine presented intact yet generally thickened walls owing to propensity for thickened mucosa. The mucosa exhibited generalized hyperechoic mucosal speckling to striations. No overt evidence of loss of intestinal wall layering. The lumen of the small intestine was empty with no signs of
08/08/2022	



<b>PATIENT</b>	ileus, obstruction or foreign material. The duodenum wall measured 0.73 cm in width. The jejunum wall measured 0.59 cm in width.
Tiffany Blackmore	
<b>SPECIES</b>	The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Semi formed to soft fecal matter was present in the colon lumen with lumen dilation.
Canine	<b>Pancreas</b>
<b>BREED</b>	The pancreas was normal in size and contour. Subtle nonhomogeneous parenchyma compared to adjacent hyperechoic peripancreatic omentum. No signs of active inflammation or neoplastic disease was evident.
PitBull Mix	<b>Free Abdomen</b>
<b>SEX</b>	Moderate volume anechoic peritoneal free fluid and generalized hyperechoic mesentery was present. No overt omental masses were noted.
FS	Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window. No evidence of right heart cardiomyopathy.
<b>AGE</b>	
7	<b>ULTRASONOGRAPHIC FINDINGS</b>
<b>WEIGHT</b>	<ul style="list-style-type: none"> <li>Thickened stomach wall with decreased mural echogenicity and indistinct wall layer detail</li> <li>PLE small intestinal pattern with concurrent colitis</li> <li>Moderate volume peritoneal free fluid and generalized hyperechoic mesentery</li> </ul>
26.7kg	
<b>INTERPRETED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The small intestinal presentation in conjunction with panhypoproteinemia and GI signs are consistent with PLE. Concurrent gastritis or gastric wall edema secondary to hypoalbuminemia is suspected. Considerations for the small intestine may include IBD, lymphangiectasia while the possibility of infiltrative neoplasia cannot be excluded. Correlation with effusion analysis cytology +/- C/S is recommended. Definitive diagnosis would require intestinal biopsy yet is contraindicated if ALB level is <2.0. A guarded prognosis is indicated.
<b>IMAGING PERFORMED BY</b>	Part or all of this protocol may be considered based on your clinical impression of the patient:
Dr. Westcott	<b>OBJECTIVE: keep albumin levels &gt; 2 g/dl, avoid thromboembolism and cavitory effusions, monitor concurrent PLN (Wheaton Terrier PLE/PLN) and liver disease:</b>
<b>HOSPITAL NAME</b>	<b>Plasma</b> 10 mL / kilogram IV over 4 hours
Dr. Westcott	Or <b>Human albumin</b> 2 ml/kg/h over 10 hours. Total daily volume 20.l/kg/day
<b>REFERRING VET</b>	<b>And Colloids/Hetastarch</b>
Dr. Westcott	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.
	<b>Metronidazole</b> (10-20 mg/kg po bid)
	<b>Famotidine</b> 1 mg/kg Iv Im po dc Sid /bid
<b>INVOICE</b>	<b>Sucralfate</b> 0.5-1 g po tid dogs, 0.5 g bid cats in slurry <b>Or Misoprostol</b> 1-5 ug/kg po tid
11300ag	<b>Diet:</b> 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.
<b>DATE</b>	<b>Prednisone</b> or prednisolone 2 mg/kg bid x 3-5 days then 2 mg/kg sid. <b>Chlorambucil</b> 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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**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.**

**SPECIES**

Canine

**BREED**

PitBull Mix

**SEX**

FS

**AGE**

7

**WEIGHT**

26.7kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Westcott

**HOSPITAL NAME**

Dr. Westcott

**REFERRING VET**

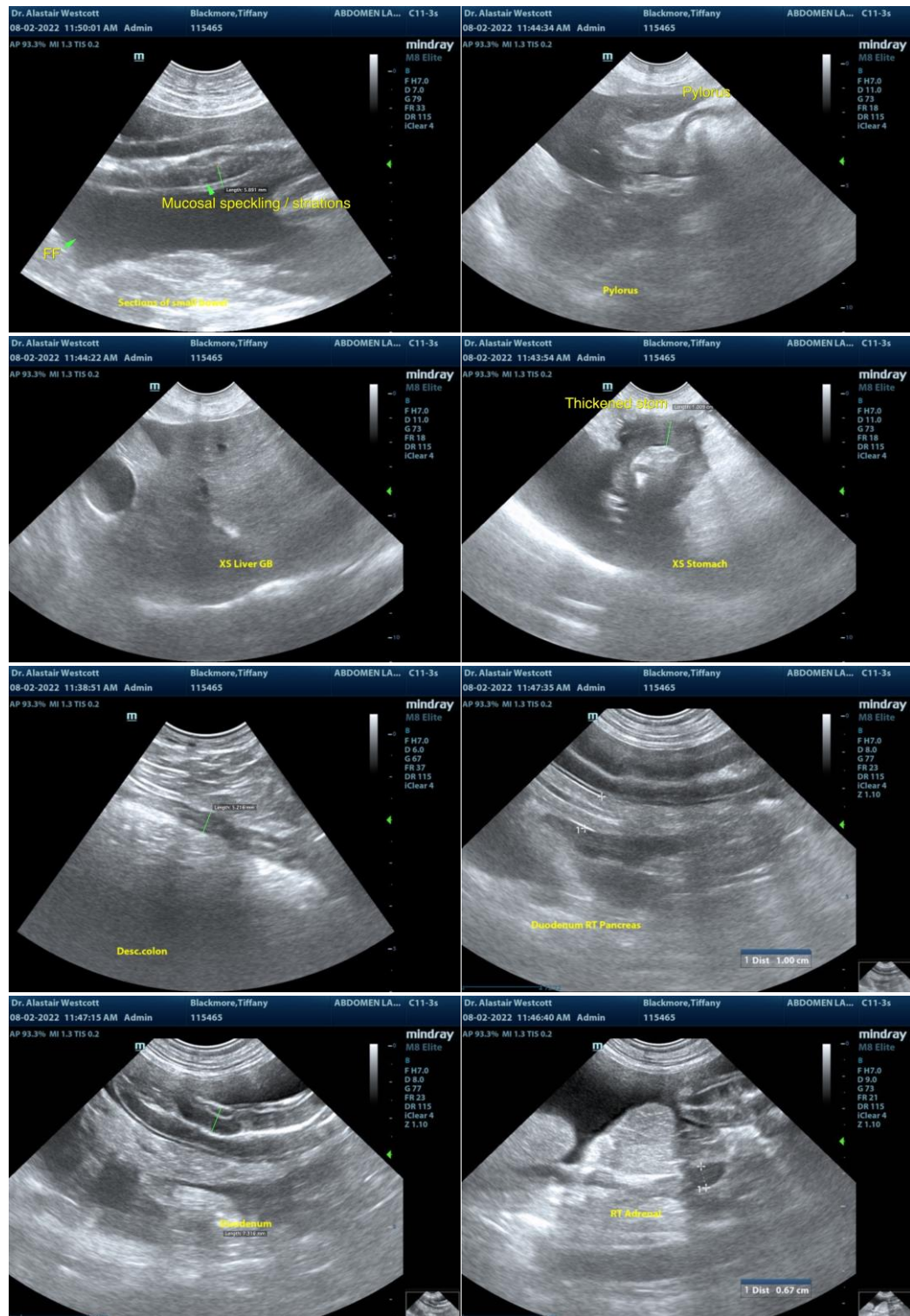
Dr. Westcott

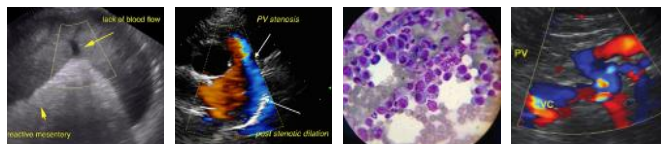
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**SPECIES**

Canine

**BREED**

PitBull Mix

**SEX**

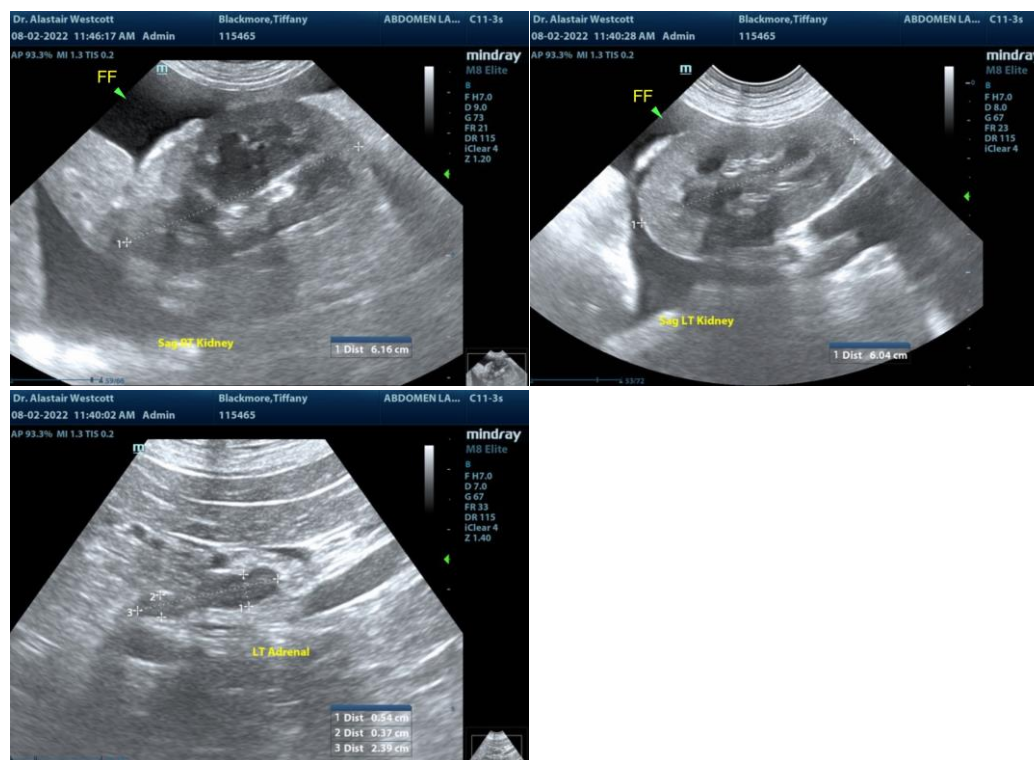
FS

**AGE**

7

**WEIGHT**

26.7kg



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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**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Westcott

**HOSPITAL NAME**

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**REFERRING VET**

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