



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Yatzee Carswell	Acute onset of vomiting for one day. Following that, it has turned into anorexia and diarrhea with blood. Also seemed to be PU/PD. This all started 7 days ago and she is still not really eating and is having diarrhea. Was fed a pork chop this morning at around 7am day of scan. Scan performed around 2pm. Abnormal PE/Chem/CBC/UA Results: Please see attached blood and rads.
<b>SPECIES</b>	
Canine	Unremarkable CBC
<b>BREED</b>	
Labrador Retriever	Chem panel: SDMA 18, Calcium 2.1, Sodium/Potassium ratio 28, Albumin 22, Globulin 2.0, Cholesterol 2.8, Spec cpl 97
	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
	<i>Urinary System</i>
<b>SEX</b>	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 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>	No evidence of pathology in the area of the aortic trifurcation.
9 Years	
<b>WEIGHT</b>	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 5.5 cm in length. The right kidney measured 6.5 cm in length.
26.9kg	
<b>INTERPRETED BY</b>	<i>Adrenal Glands</i>
R. McKenzie Daniel, DVM, DABVP	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.6 cm length x 0.57 cm width at the caudal pole.
<b>IMAGING PERFORMED BY</b>	The right adrenal gland was indistinctly visualized owing to patient's size yet without overt pathology. Subjectively measuring 2.7 cm length x 0.89 cm width at the caudal pole.
Crystal Hill	<i>Spleen</i>
<b>HOSPITAL NAME</b>	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. A solitary non-expansive isoechoic to nonhomogeneous nodule was noted in the lateral spleen measuring 1.5 cm diameter. The nodule was non-expansive and did not distort the splenic capsule.
Hawkins Animal Hospital	<i>Liver</i>
<b>REFERRING VET</b>	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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
Hawkins	<i>Gastrointestinal</i>
<b>INVOICE</b>	The stomach exhibited intact yet subjective prominent wall layering with mild regional asymmetrical luminal surface contour. The stomach contained a mild amount of retained non-shadowing ingesta. The gastric body wall measured 0.6 cm width.
47407	
<b>DATE</b>	
9-17-21	



<b>PATIENT</b>	The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. The jejunum wall measured 0.37 cm width.
Yatzee Carswell	
<b>SPECIES</b>	The colon exhibited sonographically unremarkable walls with mild generalized distension containing non-formed feces.
Canine	
	<b><i>Pancreas</i></b>
<b>BREED</b>	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.
Labrador Retriever	
	<b><i>Free Abdomen</i></b>
<b>SEX</b>	Focal, mildly prominent to enlarged intermittent mid abdominal mesenteric lymph nodes were present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 4.9 x 1.4 cm.
FS	
<b>AGE</b>	No overt peritoneal effusion was present.
9 Years	
	<b>ULTRASONOGRAPHIC FINDINGS</b>
<b>WEIGHT</b>	<ul style="list-style-type: none"> <li>Gastroenteropathy with mild retained gastric ingesta - dietary indiscretion/food intolerance, occult parasitism, IBD/PLE given the panhypoproteinemia, infectious gastroenteritis or other gastroenteropathy possible. Possible for occult gastrointestinal neoplasia considered an unlikely differential diagnosis.</li> </ul>
26.9kg	
<b>INTERPRETED BY</b>	<ul style="list-style-type: none"> <li>Associated intermittent subjectively benign mesenteric lymph nodes - lymphoid hyperplasia or minor reactive lymphadenitis suspected.</li> <li>Nonspecific splenic nodule - focal hyperplasia, hematopoiesis, small hematoma, previous infarction suspected, neoplasia considered a less likely differential diagnosis.</li> </ul>
R. McKenzie Daniel, DVM, DABVP	
<b>IMAGING PERFORMED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Crystal Hill	Fresh fecal analysis to assess for a parasitic ova/giardia and a GI panel to include PLI/TLI/Cobalamin/Folate suggested. Resting cortisol level may also be considered to rule out occult Addison's disease. Pending additional diagnostics, intestinal endoscopic biopsies may be considered for a definitive diagnosis.
<b>HOSPITAL NAME</b>	Empirically, given the panhypoproteinemia, some or all of the following protocol may be considered.
Hawkins Animal Hospital	
<b>REFERRING VET</b>	<b>PLE Therapy</b>
Hawkins	Part or all of this protocol may be considered based on your clinical impression of the patient: <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>INVOICE</b>	<b>Plasma</b> 10 mL / kilogram IV over 4 hours Or <b>Human albumin</b> 2 ml/kg/h over 10 hours. Total daily volume 20.l/kg/day <b>And Colloids/Hetastarch</b> 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)
47407	
<b>DATE</b>	
9-17-21	



**PATIENT**

Yatzee Carswell

**SPECIES**

Canine

**BREED**

Labrador Retriever

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

Broad spectrum deworming i.e., panacur 50mg/kg po sid for 5 consecutive days with potential repeat protocol in 3 weeks suggested even if fecal testing is negative.

**SEX**

FS

**AGE**

9 Years

**WEIGHT**

26.9kg

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Hawkins Animal  
Hospital

**REFERRING VET**

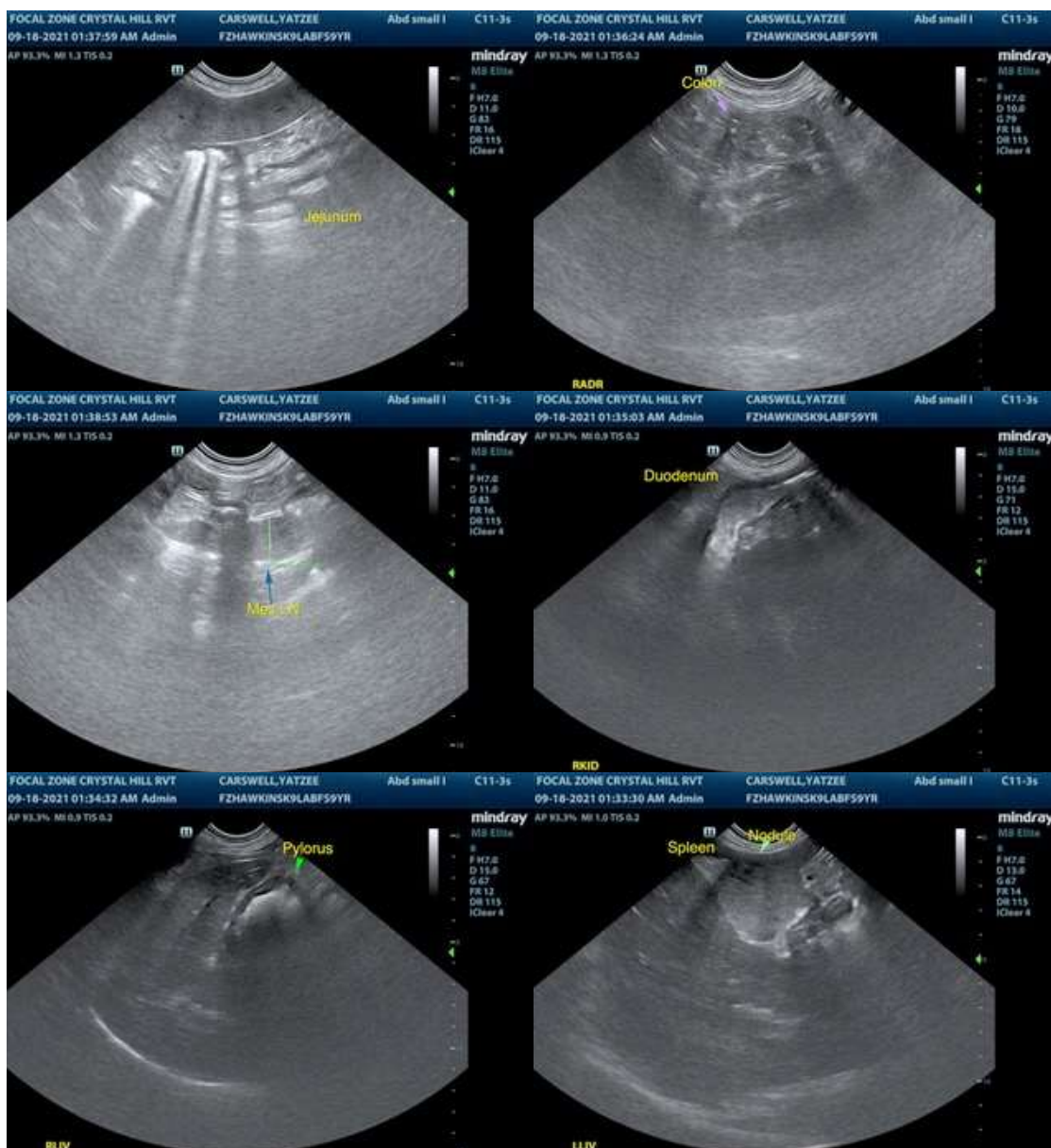
Hawkins

**INVOICE**

47407

**DATE**

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**PATIENT**

Yatzee Carswell

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

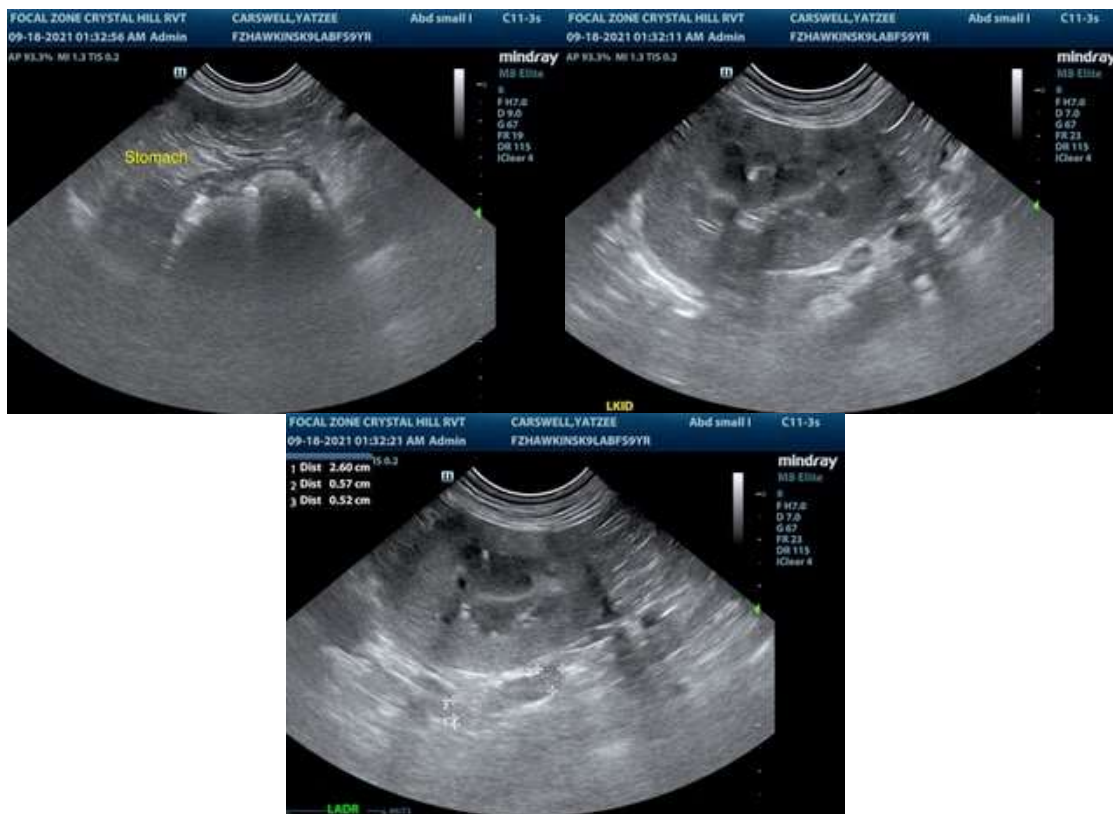
FS

**AGE**

9 Years

**WEIGHT**

26.9kg



**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Hawkins Animal  
Hospital

**REFERRING VET**

Hawkins

**INVOICE**

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**DATE**

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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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