



PATIENT PRESENTING CLINICAL SIGNS

Lola Gomes low protein levels, intermittent vomiting and diarrhea, was treated as IBD for years, now levels worse, UPCR normal, currently on ursodiol, vetmedin, furosemide, kangaroo diet, cerenia as needed
Abnormal PE/Chem/CBC/UA Results: please see attached BW

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Maltese X

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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.

SEX

Spayed Female

Normal size and margination were 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. No evidence of pelvic dilation was present. The left kidney measured 3.2 cm. The right kidney measured 3.7 cm.

AGE

10 Years

Adrenal Glands

WEIGHT

2.5 kg

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.3 cm length x 0.35 cm at the caudal pole. The right adrenal gland measured 1.7 cm length x 0.76 cm at the caudal pole.

Spleen

INTERPRETED BY

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

The spleen was subnormal in size, likely owing to volume contraction. It exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

IMAGING PERFORMED BY

Kelly Reschny

Liver

HOSPITAL NAME

Hartzel AH

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

REFERRING VET

Dr. Bukovska

Gastrointestinal

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The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present. Gastric body wall measured 0.30 cm.

DATE

9/22/21

Generalized increased intestinal mucosa echogenicity with diffuse mucosa speckling to echogenic mucosal striations were present. Intestinal wall layering was maintained with mild altered 1:3 muscularis / mucosa ratio. There was no evidence of an obstructive pattern or foreign material. The appearance of the small intestine is most consistent with protein losing enteropathy or lymphangiectasia. There was no evidence of infiltrative or neoplastic intestinal disease which is considered unlikely but cannot be ruled out without full thickness or endoscopic biopsies. Generalized uniform reactive mesentery was present.



PATIENT Mild acellular peritoneal free fluid was noted. Duodenum wall measured 0.35 cm. Jejunum wall measured 0.42 cm.

Lola Gomes

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

SPECIES *Pancreas*

Canine

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.

BREED

Maltese X

PRIMARY FINDINGS

SEX

Spayed Female

- Enteropathy with generalized jejunal mucosal fogging – consistent with protein losing enteropathy given the hypoalbuminemia, chronic IBD, lymphangiectasia, other infiltrative enteropathy possible.
- Mild acellular peritoneal free fluid and generalized reactive mesentery

SECONDARY FINDINGS

AGE

10 Years

- Mild gallbladder debris (non-mucocele)
- Bilateral chronic renal changes

WEIGHT

2.5 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Intestinal biopsies would be ideal for definitive diagnosis, yet contraindicated with albumin levels < or = 2.0. Empirical PLE therapy is suggested. Some or all of the following protocol may be considered.

INTERPRETED BY

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

PLE Therapy

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

OBJECTIVE: keep albumin levels > 2 g/dl, avoid thromboembolism and cavitory effusions, monitor concurrent PLN (Wheaton Terrier PLE/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.

Metronidazole (10-20 mg/kg po bid)

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.

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.

IMAGING PERFORMED BY

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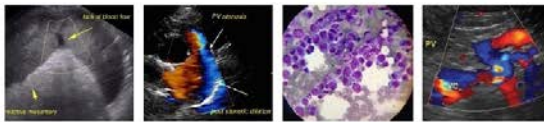
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PATIENT

Lola Gomes

SPECIES

Canine

BREED

Maltese X

SEX

Spayed Female

AGE

10 Years

WEIGHT

2.5 kg

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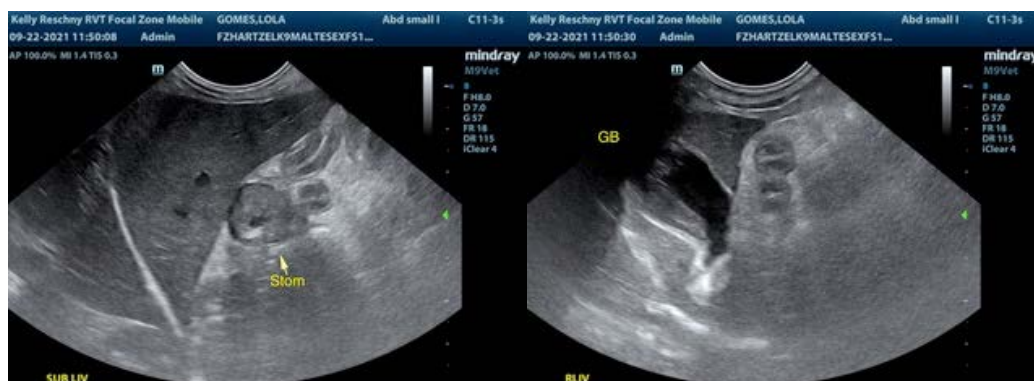
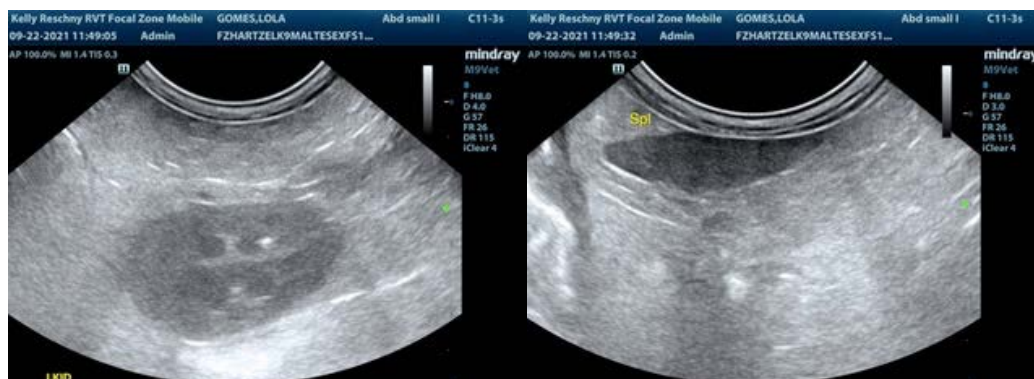
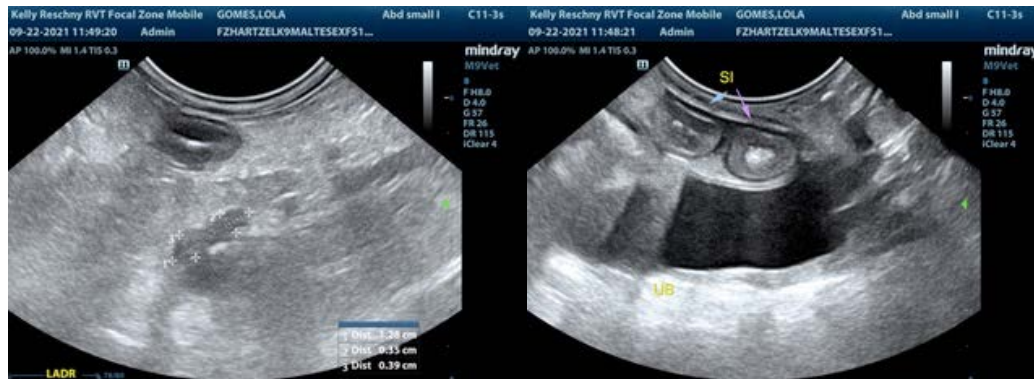
Dr. Bukovska

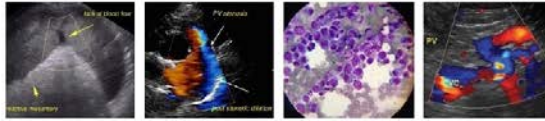
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PATIENT

Lola Gomes

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.

SPECIES

Canine

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.

BREED

Maltese X

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info@SonoPath.com

SEX

Spayed Female

AGE

10 Years

WEIGHT

2.5 kg

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