



**PATIENT PRESENTING CLINICAL SIGNS**

Vera Pacillo Diarrhea on and off for the last few months. Alb 1.8. On Prednisone 20 mg 1.5 tab every 12 hours; Plavix 75 mg once daily.

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine **Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

**BREED**

Labrador Retriever

**SEX**

FS

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. Minor pyelectasia was present. The left kidney measured 6.1 cm in length. The right kidney measured 6.4 cm in length.

**AGE**

9yr

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

**WEIGHT**

68lb

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.67 cm width at the caudal pole and 0.52 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 0.66 cm width at the caudal pole and 0.55 cm width at the cranial pole.

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**Liver**

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 with mild non-dependent non-organized debris. The cystic and common bile ducts were normal.

**HOSPITAL NAME**

Norfolk County Veterinary Service

**Gastrointestinal**

**REFERRING VET**

Dr. Ilovich

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild variably echogenic non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material. The ventral gastric body wall measured 0.48 cm in width.

**INVOICE**

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The small intestine presented intact wall layering with a primarily 1:3 muscularis/mucosa ratio. Segmental propensity for prominent duodenojejunal mucosal layer including mucosal fogging. Duodenojejunal ileus was noted. The lumen of the small intestine was empty with no signs of obstruction or foreign material.

**DATE**

09/30/2022

Normal visible colon wall layers were present with apparent liquid feces consistent with diarrhea in lumen.



**PATIENT**

**Pancreas**

Vera Pacillo

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.

**SPECIES**

Canine

**Free Abdomen**

**BREED**

Labrador Retriever

Focal, mildly prominent to enlarged mesenteric and medial iliac node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph nodes were not consistent with inflammatory or neoplastic criteria.

**SEX**

FS

Small pockets of scant peri-intestinal free fluid as well as free fluid in the caudal abdomen around the urinary bladder.

**AGE**

9yr

**ULTRASONOGRAPHIC FINDINGS**

- Mild gastric ingesta/chyme
- Segmental small bowel hyperechoic mucosa/mucosal fogging
- Age related kidneys with minor pyelectasia
- Gallbladder debris (non-mucocele)
- Scant peri-intestinal to peritoneal free fluid

**WEIGHT**

68lb

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming no evidence of proteinuria and given hypoalbuminemia in conjunction with the patient's history, PLE is possible. Intestinal biopsies would be required for definitive diagnosis yet are contraindicated at this time with ALB levels <2.0. Some or all of the following protocol in conjunction with current therapy may be considered.

**INTERPRETED BY**

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

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

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Pamela Harrigan, RDCS

**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/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.

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Veterinary Service

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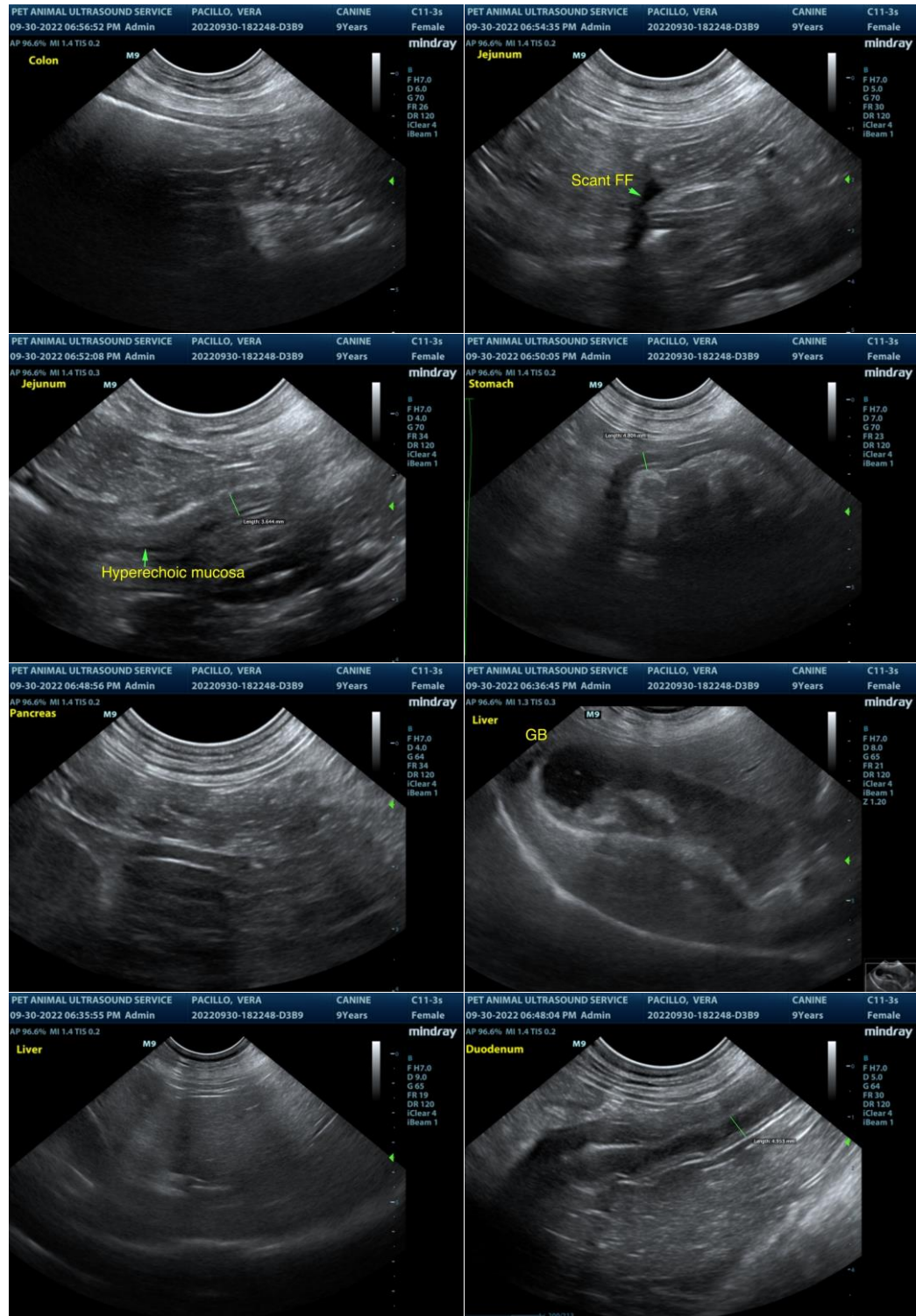
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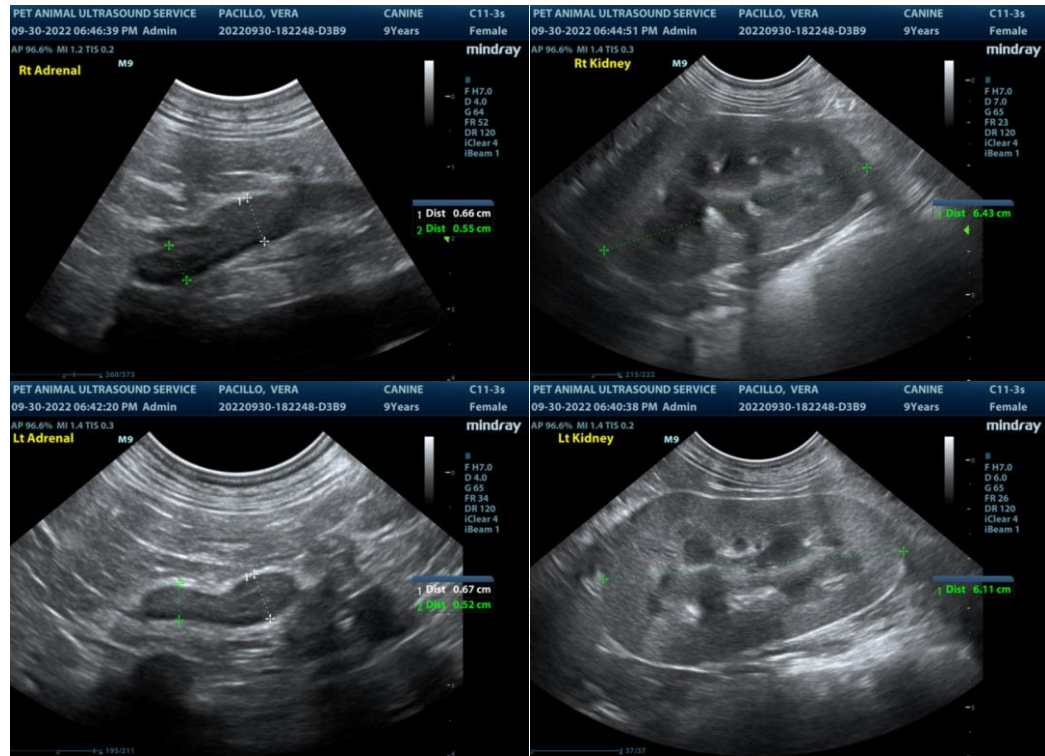
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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