



PATIENT

Samantha Coppola

PRESENTING CLINICAL SIGNS

Intermittent vomiting/diarrhea.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Labradoodle

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

SEX

Spayed Female

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.24 cm.

AGE

3 years

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.1 x 0.49 cm. The right adrenal gland measured 2.37 x 0.69 cm at the cranial pole and 0.5 cm at the caudal pole.

IMAGING PERFORMED BY

Eric Lindquist, DMV
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Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

HOSPITAL NAME

Franklin Lakes AH

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Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

DATE

1/4/22



PATIENT

Gastrointestinal

Samantha Coppola

The **stomach** in this patient revealed pyloric outflow with significant thickening measuring 1.34 cm with regional inflammation with an extent of approximately 4.0 cm continuing into the upper duodenum. The gastric lumen was unremarkable. The gastric fundus was unremarkable. There was early loss of mural detail with regional inflammation. Soft stool was noted in the colon. There was no evidence of lymphadenopathy.

SPECIES

Canine

BREED

Pancreas

Labradoodle

The right **pancreatic** limb was heterogenous with mixed echogenic changes and enlargement of 2.7 cm in the right base.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

AGE

3 years

Pyloric thickening.

Gastritis.

Minor pancreatitis.

INTERPRETED BY

Potential for emerging round cell neoplasia or gastric carcinoma.

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Aggressive GI protectant protocol with canned hydrolyzed diet b.i.d. feedings is recommended with a recheck sonogram in 7-10 days. Endoscopy would be ideal for further definition of the mucosal changes and to rule out underlying neoplasia.

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Helicobacter/Gastritis protocol

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A clinical trial of **Zithromax** (Dogs: 5-10 mg/kg p.o. q24h. May increase dosing interval to q48h after 3-5 days of treatment), **Metronidazole** (10-20 mg/kg p.o. b.i.d.), **Sucralfate** (0.5-2 g/dog PO) and **Omeprazole** (1 mg/kg p.o. s.i.d.) over the next 3 weeks along with a **novel-protein or hydrolyzed diet** with slurry feeding b.i.d./t.i.d. over the next 2-4 days and then increase to canned diet bid. Dry food should be avoided over the next 4 weeks. A recheck sonogram to assess GI improvement or progression would be ideal in 4 weeks.

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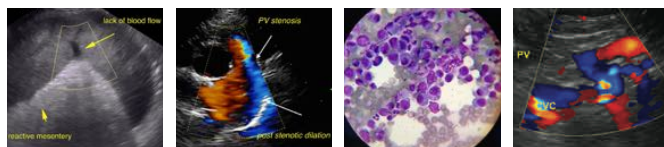
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SPECIES

Canine

BREED

Labradoodle

SEX

Spayed Female

AGE

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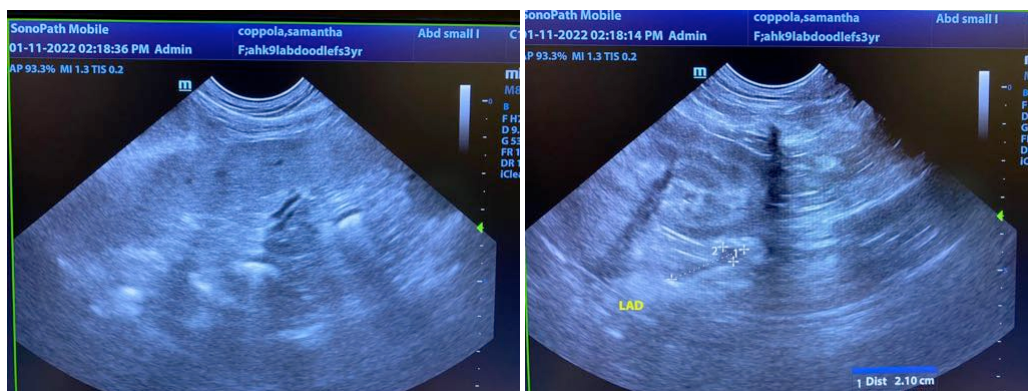
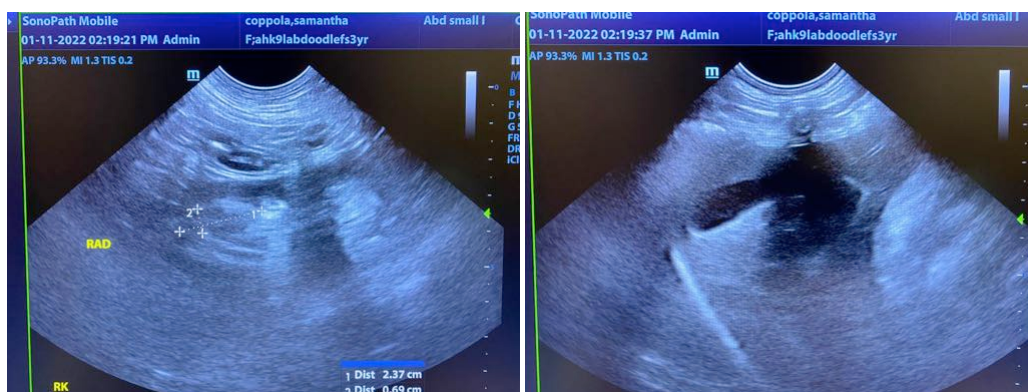
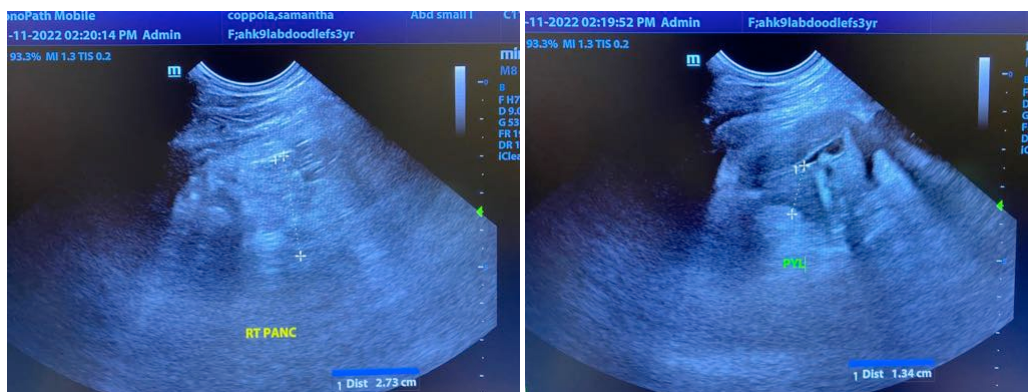
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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