



**PATIENT**

**PRESENTING CLINICAL SIGNS**

Shiloh Lewis

hx of vomiting for the past month. rads suspicious of mass displacing the stomach cranially. 5 # weight loss over last month

**SPECIES**

Abnormal PE/Chem/CBC/UA Results: xrays, rest of pe wnl

Canine

**BREED**

Beagle

**SEX**

Neutered male

**AGE**

9 years

**WEIGHT**

29.2 lbs

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. 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.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 5.62 cm. The left kidney measured 4.83 cm.

**Adrenal Glands**

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The right adrenal gland revealed a hyperechoic nodular change at the cranial pole. The right adrenal gland measured 1.4 cm at the cranial pole and 0.8 cm at the caudal pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Kayla Hanson

**HOSPITAL NAME**

Yorkville AH

**Spleen**

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. This is a positional variant and is not pathological. There was no evidence of significant disease.

**REFERRING VET**

Dr. Fourez

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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**DATE**

1/12/22



**PATIENT**

**Gastrointestinal**

Shiloh Lewis

The **gastrointestinal tract** revealed diffuse muscularis thickening and increased submucosal echogenicity and thickness. The gastric mucosa was also thickened with minor muscularis hypertrophy.

**SPECIES**

Canine

**Pancreas**

**BREED**

Beagle

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**SEX**

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

Chronic IBD GI pattern. Mild potential for emerging intestinal neoplasia.

**AGE**

9 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no evidence of obstruction. Neoplastic criteria is not met at this time. However, this may represent a precancerous state especially if any persistent residual GI signs are present and/or weight loss then full thickness GI biopsies would be appropriate. However, sonographically this is most consistent with chronic inflammatory bowel. Assessment for parasites and strict hydrolyzed diet would be indicated. Enrofloxacin and Metronidazole over a 10 day period is recommended from an empirical standpoint or a clinical trial of the following can be considered. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

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29.2 lbs

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**Helicobacter/Gastritis protocol**

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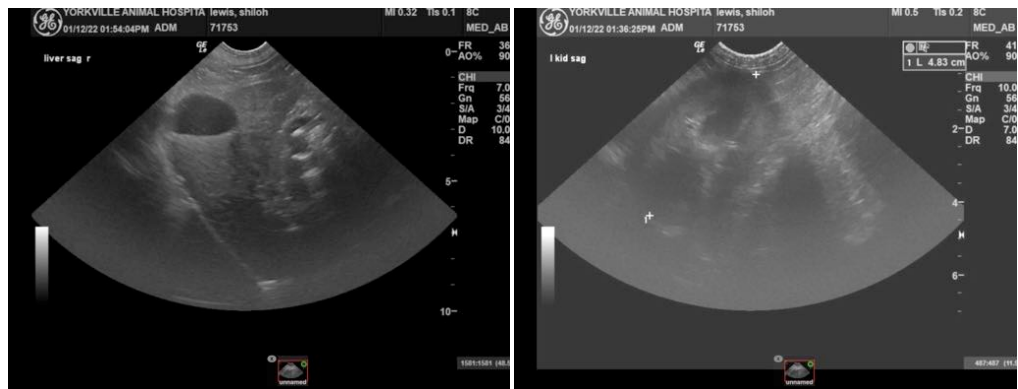
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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