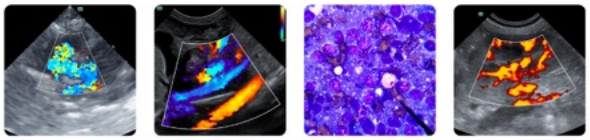

PATIENT

Jackson Lemal

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered male

AGE

10 years

WEIGHT

5.7 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Soleil Gagne

HOSPITAL NAME

Hart Family VC

REFERRING VET

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INVOICE

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PRESENTING CLINICAL SIGNS

History: early am/ overnight seemed like was in a lot of pain in middle of night roaming on the bed trying to sleep on owner in last few weeks out of 21 days not feeling well at least 6 of the days not really throwing up but o can tell not well no diarrhea no coughing/ labored breathing seems to go 4 hours not well then seems okay during that time not eating hasn't eaten since yesterday am this am avoiding stairs / jumping just wanted to be up on owner crying on stop circling and yelping was seen by emergency vet for pancreatitis in September at the time of this episode just vomiting and not feeling well wans't yelping/ being in pain owner gave one dose of metacam and seemed to improve
Abnormal PE/Chem/CBC/UA Results: slightly hunched cranial lumbar spine normal ROM of head /neck no reaction to tail jack or palpation of spin radiographs of spine did not indicate any mineralized discs or narrowed intervertebral spaces CPL: normal senior b/w was declined as wnl other than abn CPL when was seen by urgent care vet previously ultrasound impressions: u bladder wnl spleen wnl SI appears wnl hyperechoic nodule in mid abdomen stomach wall thickened with loss of normal layering and appeared to be in an abnormal position possibly small liver was difficult to see liver on left side in particular or stomach distended ? right side was also difficult to evaluate esp in a dog of this size and possibly hypoechoic kidneys loss of corticomedullary distinction bilat not able to image R adrenal gland as panting

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.

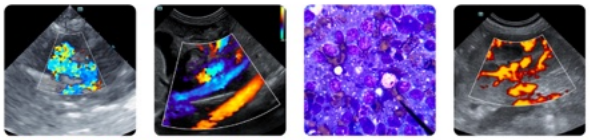
The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight mineralization was noted in the kidneys. The left and right kidney measured 3.7 cm.

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 0.48 cm at the caudal pole and 0.37 cm at the cranial pole.

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



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congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

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.

Gastrointestinal

The **stomach** was over distended with fluid. The gastric wall presented minor hyperechoic areas of potential ulcerative disease. Minor excessive GI gas was noted in the GI tract. The small intestines and colon were unremarkable with normal curvilinear mural patterns. The descending colon had hard stool or possible passing foreign matter. A hyperechoic 2.15 cm lesion was noted in the midabdomen. This appears to be associated with a portion of distal small intestine that was mildly thickened. Local area of steatitis or lipogranuloma is likely.

Pancreas

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.

ULTRASONOGRAPHIC FINDINGS

Gastritis pattern, potentially ulcerative.

Hyperechoic lesion. Local area of steatitis or lipogranuloma is likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

GI protectant protocol such as the following is recommended empirically or an endoscopy could be performed with inspection and mucosal biopsies. A recheck sonogram is recommended in 7-10 days.

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.), **Pepcid** (0.5-1 mg/kg s.i.d.) and **Sucralfate** (0.5-2 g/dog PO) or **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

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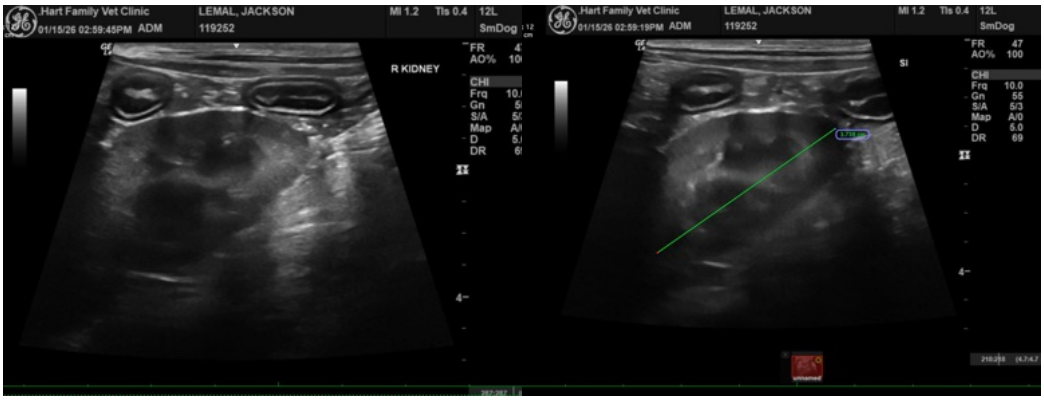
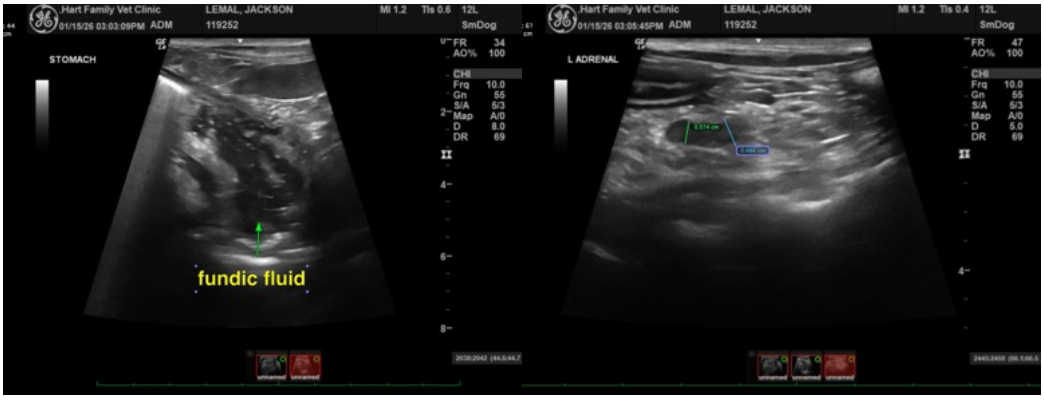
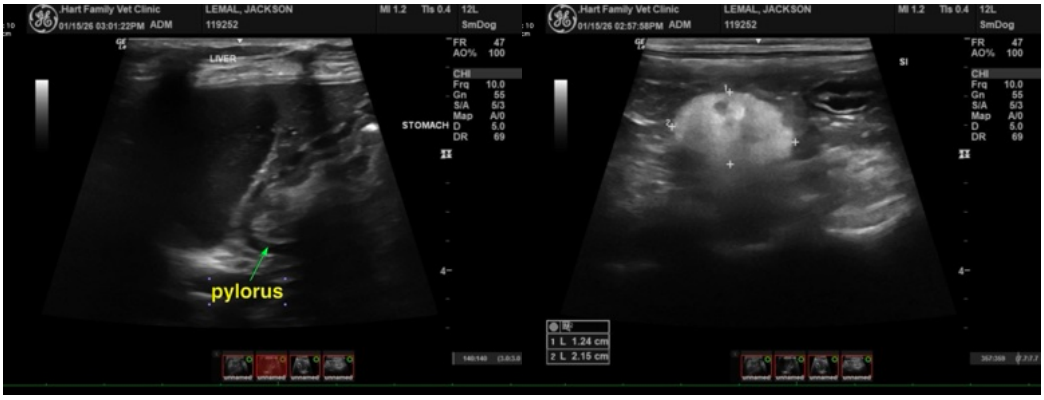
increase to canned diet bid. Dry food should be avoided over the next 4 weeks. A recheck sonogram to assess GI improvement or progression would be ideal in 4 weeks.







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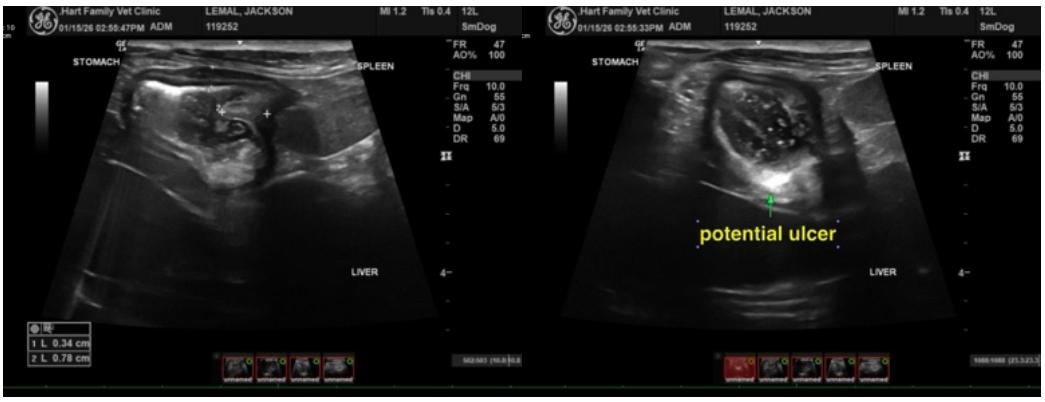

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com