

PATIENT PRESENTING CLINICAL SIGNS

Buck Wolf 3d history v/d. responded initially to fluids and cerenia 1d ago. now not eating.
Abnormal PE/Chem/CBC/UA Results: CBC/chem / rads unremarkable. CPL negative.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

Labrador

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.

SEX

Neutered Male

The residual prostate was uniform and slightly heterogenous measuring 1.4 cm.

AGE

10 years

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 6.0 cm. The right kidney measured 6.0 cm.

WEIGHT

70 lbs

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 left adrenal gland measured 0.86 cm at the cranial pole and 0.54 cm at the caudal pole. The right adrenal gland measured 0.8 cm at the cranial pole and 0.6 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

Spleen

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

HOSPITAL NAME

Donner Truckee VH

Liver

REFERRING VET

Dr. Vannini

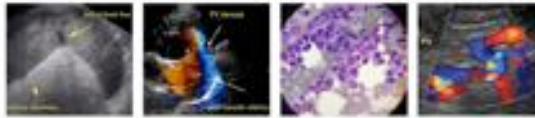
The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls 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.

INVOICE

95325

DATE

1/18/22



PATIENT *Gastrointestinal*

Buck Wolf The stomach presented minor hypertrophy. The lumen was empty. There were some areas of loss of detail. Wall thickness measured up to 1.3 cm. The small intestine and colon were unremarkable. The mesenteric lymph node was reactive and measured up to 0.8 cm. Reactive mesentery was noted around the stomach and extended to the pancreatic body.

SPECIES

Canine

BREED

Labrador

Pancreas

The **pancreas** had heterogenous parenchyma. Reactive mesentery was noted around the pancreas.

SEX

Neutered Male

Gastritis.

Pancreatitis pattern.

AGE

10 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

70 lbs

There is a mild potential for emerging gastric neoplasia. Assessment for any NSAID treatment in this patient's history of other causes that may be inducing gastritis. Endoscopy would be ideal. A clinical trial of the following may prove effective. If positive clinical progress is not being made over the next 48 hours a recheck sonogram is warranted or direct biopsies through full thickness surgical biopsies or endoscopy to rule out emerging neoplasia that can present in this fashion in an early phase.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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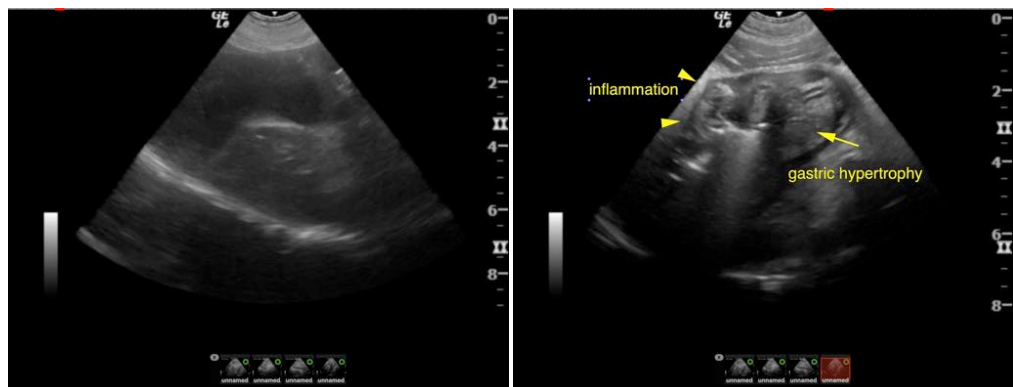
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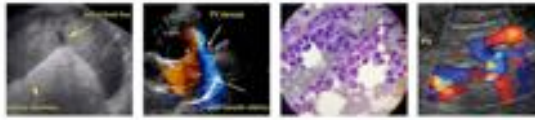
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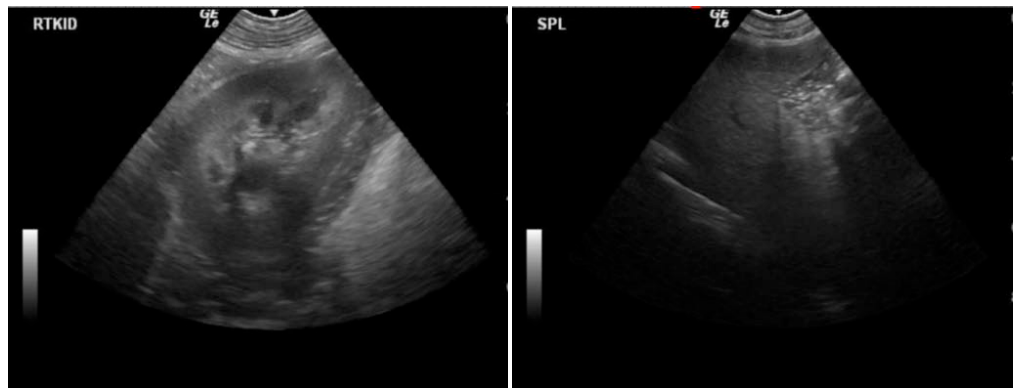
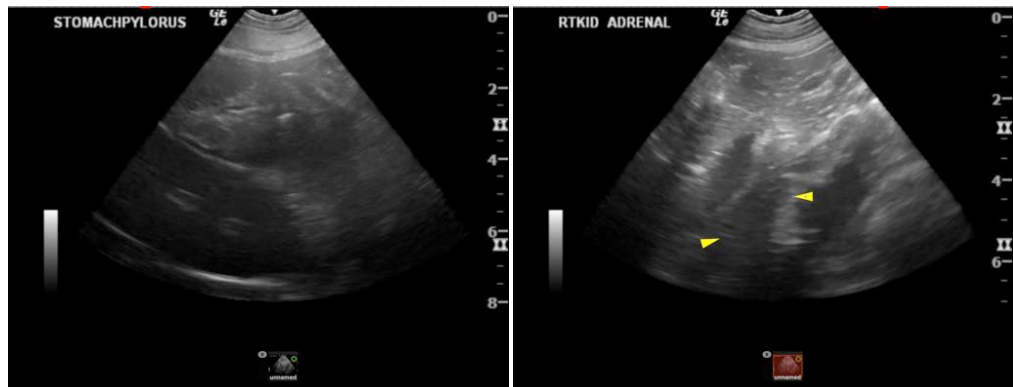
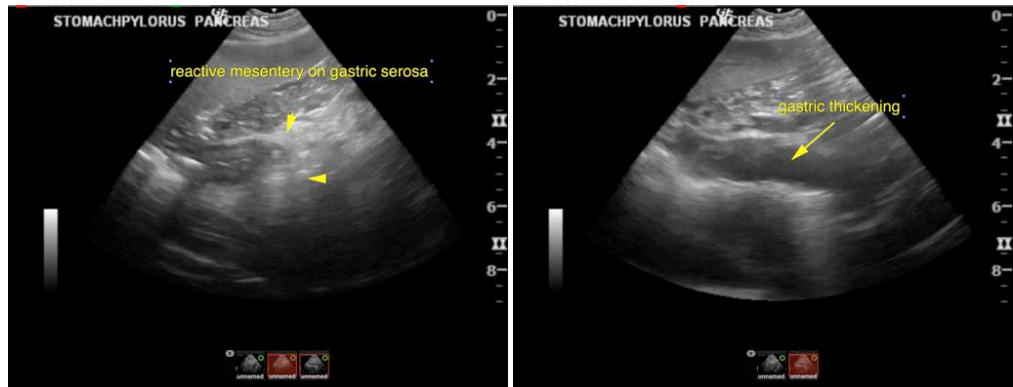
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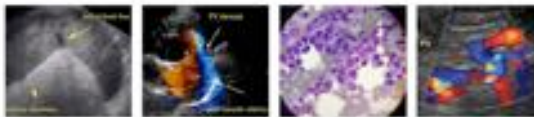
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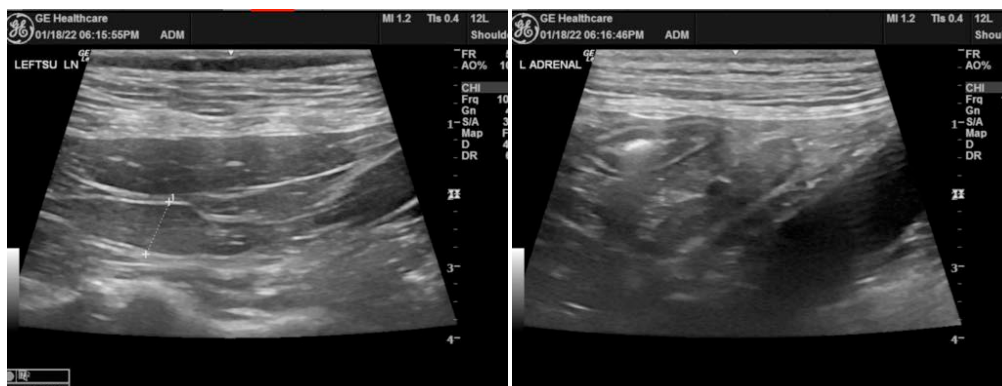
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com