



PATIENT

Riley Lafferty

SPECIES

Canine

BREED

Goldendoodle

SEX

Spayed Female

AGE

5 Years

WEIGHT

21 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Jack Reese

HOSPITAL NAME

Willow Run VC

REFERRING VET

Dr. Jack Reese

INVOICE

34983

DATE

1/21/22

PRESENTING CLINICAL SIGNS

1 week history of vomiting and inappetence. Owner reported at home that Riley was vomiting for several days after eating, intermittently holding down water. Examination revealed comfortable abdomen, no obvious obstructive pattern in small intestine. Barium study was subsequently performed which showed normal barium passage, no filling defects or delayed gastric emptying noted. Bloodwork also performed which was unremarkable. Riley was hospitalized for 36 hours on IV fluids, supportive medications, sent home on Cerenia, omeprazole, bland diet. Appetite has remained decreased, 1 episode of vomiting noted along with development of diarrhea.

Abnormal PE/Chem/CBC/UA Results: Labwork WNL Normal Na/K ratio Non-painful abdomen No known history of FB ingestion.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection.

Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present.

The region of the trigone and visible pelvic urethra were normal.

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 right kidney measured 3.81 cm. The left kidney measured 4.14 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 2.3 cm x 0.48 cm. The right adrenal gland measured 2.14 cm x 0.90 cm at the cranial pole and 0.60 cm at the caudal 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 congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were 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.



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Gastrointestinal

The **stomach** was empty to the pyloric outflow other than a minor amount of gas and chyme. Minor stasis noted, typical of gastritis. No evidence of foreign matter. The small intestine and colon were unremarkable.

Pancreas

The **pancreas** was slightly hypoechoic and mildly irregular in the right base.

ULTRASONOGRAPHIC FINDINGS

- Unremarkable abdomen with possible minor pancreatitis and likely non-specific gastritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of neoplasia or foreign body. A clinical trial of the following could be considered. Medical management should prove effective.

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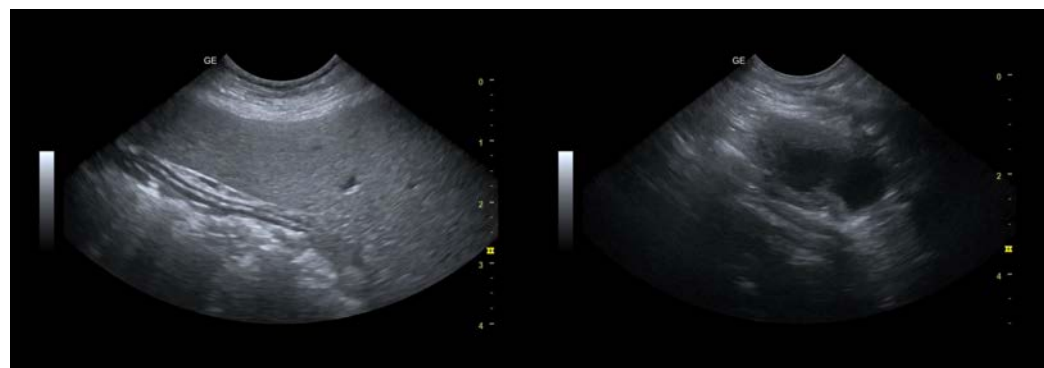
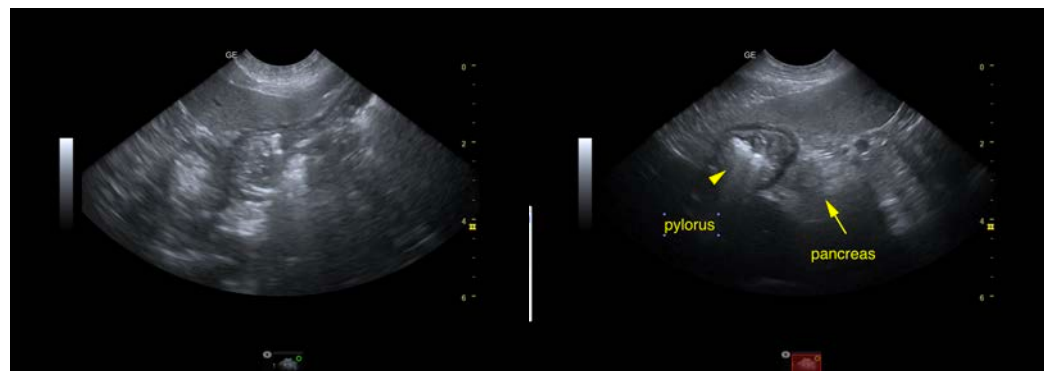
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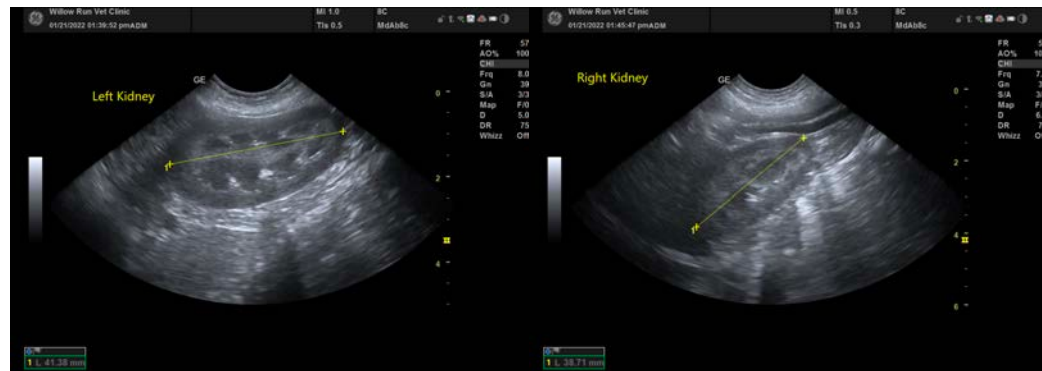
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com