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**DATE**

1/29/23

**PATIENT**

Haley Probst

**SPECIES**

Canine

**BREED**

Lab X

**SEX**

Spayed Female

**AGE**

2014

**WEIGHT**

60 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**HOSPITAL NAME**

Animal Emergency  
Hospital

**REFERRING VET**

Dr. Goessling

**INVOICE**

44600

**PRESENTING CLINICAL SIGNS**

Presenting Complaint: Vomiting With Blood. Shallow Breathing. Breathing Quickly.  
History: Date: 01-28-2023 Notes: Patient has been chronically vomiting since the fall, maybe once a week. Increased to daily around Thanksgiving. RDVM evaluated and she was put on an antibiotic, had some testing- urine and fecal testing for sure, +/- other testing. Was on bland diet since that time- ground turkey and rice. Just now starting to transition back to kibble. Previously vomitus had been bile; heard patient gagging but didn't see any vomit. Later patient did vomit and it had blood in it. No weight loss, no lethargy. Had been vomiting less than once a week since RDVM visit. Last bloodwork done in Nov 2022 with primary veterinarian- WNL (CBC, CHEM, Lytes, T4) - no xrays performed at this visit.

Current Medications: ampicillin/sublactam; maropitant

Lab Results: Attached.

Radiographs: Thorax 2 view - Lat and V/D thorax- consolidation of right and left middle lung fields concerning for aspiration pneumonia.

Date of Previous IntraPet Ultrasound: No previous.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**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 were noted. Ureteral papillae 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 8.05 cm. The left kidney measured 6.92 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 right adrenal gland measured 3.2 cm x 0.98 cm at the cranial pole and 0.86 cm at the caudal pole. 1.2 cm. The left adrenal gland measured 2.9 cm x 0.71 cm at the caudal pole and 0.67 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 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 hypochoic 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 overdistended with mildly echogenic fluid. The small intestine and colon were unremarkable. The ileocecal junction was free of evident pathology. No evidence of foreign bodies noted.

### **Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

## **ULTRASONOGRAPHIC FINDINGS**

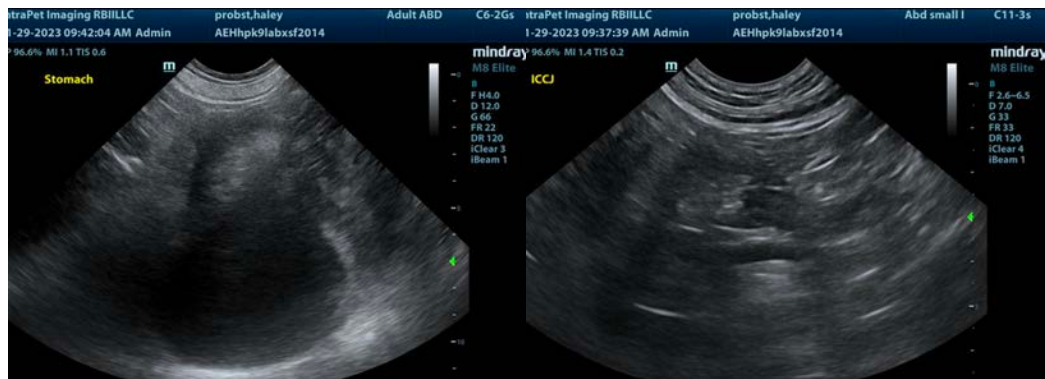
- Gastritis with delayed outflow pattern, no obvious foreign matter
- Minor pancreatitis possible

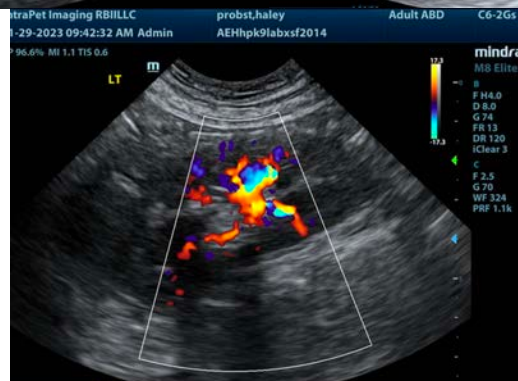
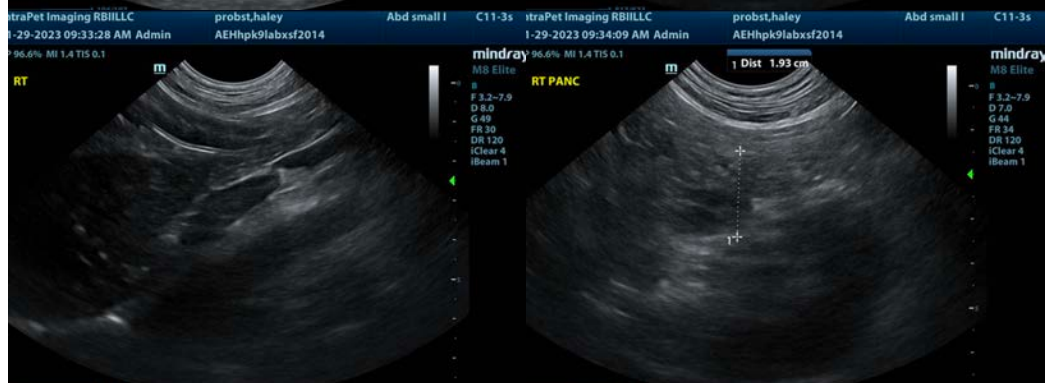
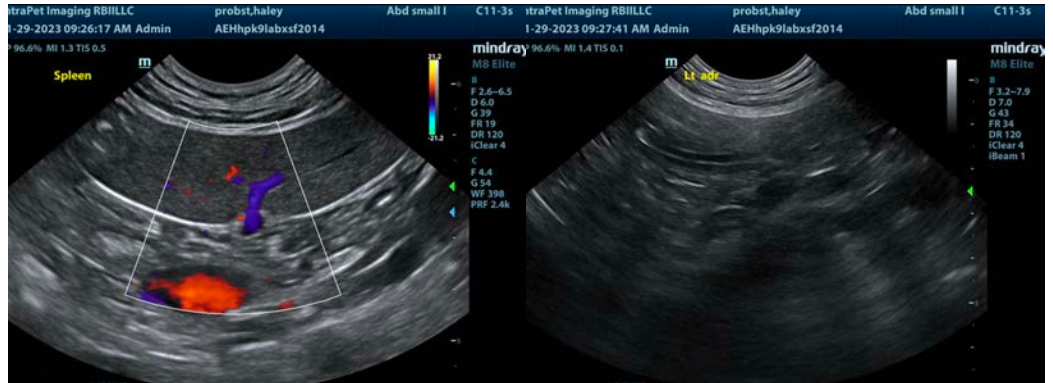
## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Endoscopy warranted given the patient history. GI protectant protocol such as the following would be recommended with BID canned feedings.

### **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.





**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, Cert. IVUSS, CEO of SonoPath.com  
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