



**PATIENT**

Akasha Alicea

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

18 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Ferrer

**HOSPITAL NAME**

Paseos Vet Center

**REFERRING VET**

Dr. Jose Cruz

**INVOICE**

44610

**DATE**

1/30/23

**PRESENTING CLINICAL SIGNS**

Presented as a referral for an abdominal ultrasound to further evaluate vomiting. Pt has been having Intermittent episodes of vomiting and wants to further evaluate the Gastrointestinal tract for abnormalities.

Abnormal PE/Chem/CBC/UA Results: Rads: Spondylosis. CBC: WNL January 23,2023 CBC: WBC 30.46 K/uL (2.95-11.64) January 30,2023 CHEM : WNL January 26,2023

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. a minimal repletion the bladder wall measured 0.33 cm in thickness. 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 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 his age patient. Medullary structure differed distinctly from that of the cortex. The right kidney measured 5.46 cm. The left kidney measured 4.8 cm with trace pyelectasia noted.

**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 1.75 cm x 0.60 cm at the caudal pole and 1.0 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** revealed slight increased portal markings. Normal size and contour. The **gallbladder** was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

**Gastrointestinal**

The **stomach** was filled with ingesta. Minor gastric hypertrophy noted. The small intestine and colon were unremarkable.



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**Pancreas**

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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.

**Free Abdomen**

Reactive mesenteric lymph nodes noted up to 0.44 cm.

**ULTRASONOGRAPHIC FINDINGS**

- Minor bladder thickening
- Age related renal changes
- Gallbladder debris
- Minor gastric hypertrophy and gastric ingesta
- Reactive mesenteric lymph nodes
- Pancreatic remodeling

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Gastritis, food intolerance, occult parasitism all potentials in this patient. I recommend a fresh fecal smear and fecal floatation analysis. Endoscopy warranted if clinical signs persist. A clinical trial of the following may 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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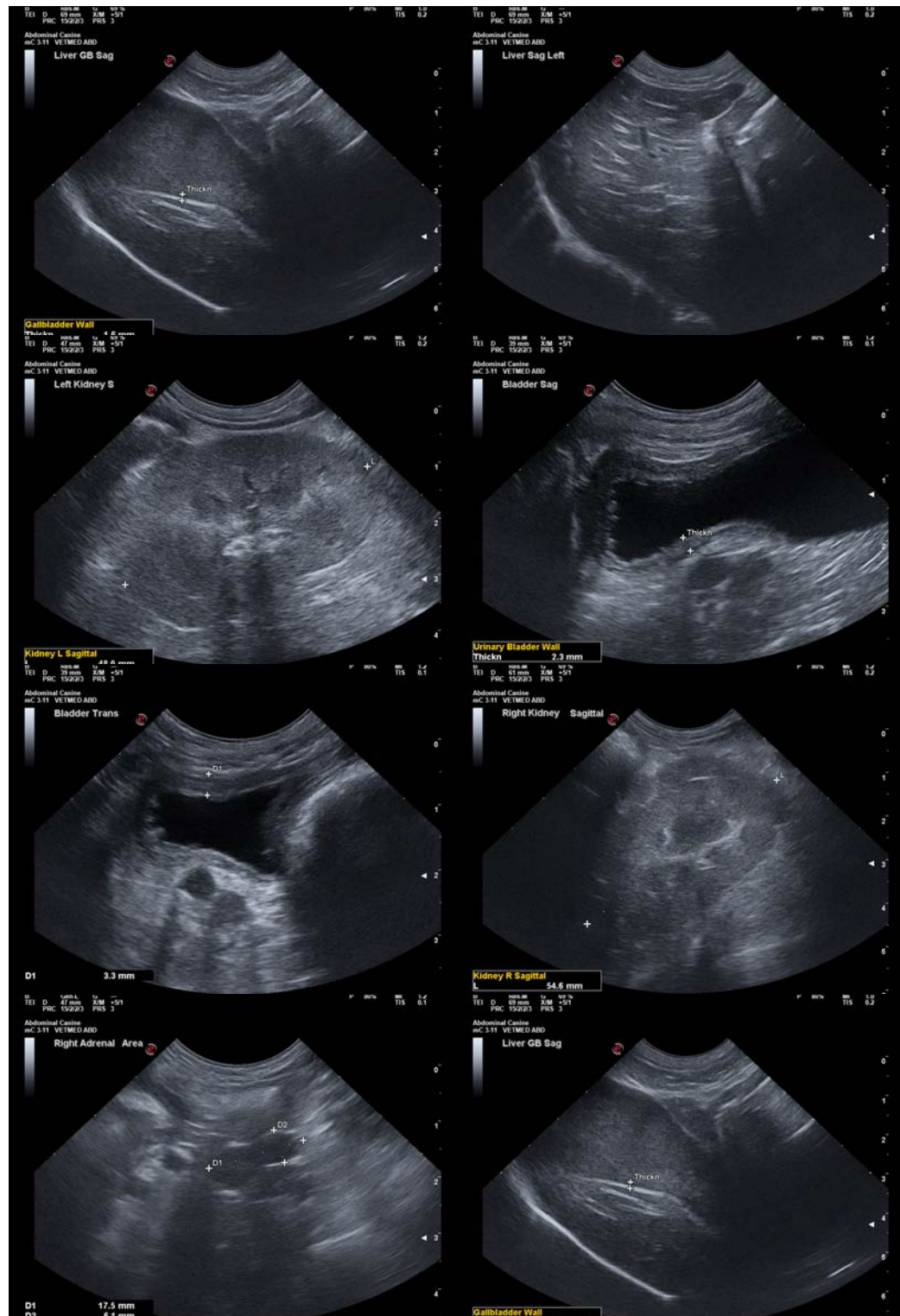
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Canine

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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**Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com**

[info@SonoPath.com](mailto:info@SonoPath.com)

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