



PATIENT

Ariel Cannizzaro

PRESENTING CLINICAL SIGNS

Increased thirst and increased urination. Resting Cortisol >7, urine cortisol > 50. No current meds.

SPECIES

Canine

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.

BREED

Havanese

SEX

Spayed Female

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 4.03 cm.

AGE

10 years

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 1.99 x 1.12 cm at the cranial pole and 0.61 cm at the caudal pole. The left adrenal gland measured 1.01 x 0.31 cm at the caudal pole and 0.35 cm at the cranial pole.

WEIGHT

15.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 was noted.

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

New Bridge VH

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

REFERRING VET

Dr. Glennon

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Gastrointestinal

Ariel Cannizzaro

The **gastrointestinal tract** revealed minor gastric fluid. The gastric wall was thickened with hyperechoic surrounding fat. This is suggestive for inflammation. There is a strong suspicion for gastritis. There is no evidence of neoplasia. The small intestine and colon were unremarkable.

SPECIES

Canine

Pancreas

BREED

Reactive mesentery from the gastrointestinal tract extended to the right limb of the **pancreas**.

Havanese

ULTRASONOGRAPHIC FINDINGS

SEX

Gastritis pattern with reactive mesentery that may be leading into low-grade pancreatitis.

Spayed Female

Structurally subnormal adrenal size.

AGE

10 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

15.8 lbs

Technically pituitary dependent hyperadrenocorticism is a possibility in this patient even though the adrenal glands are normal. However, it is significantly rare. The increased thirst and secondary polyuria may be owing to underlying gastritis. Given the sonographic presentation owing to gastric irritation, at times pets will drink excessively. The urine cortisol may be stress related. I recommend GI protectant protocol, bland diet and a recheck sonogram in a week to assess any progression as well as reassessment of the clinical signs. A clinical trial of the following can be considered.

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.

IMAGING PERFORMED BY

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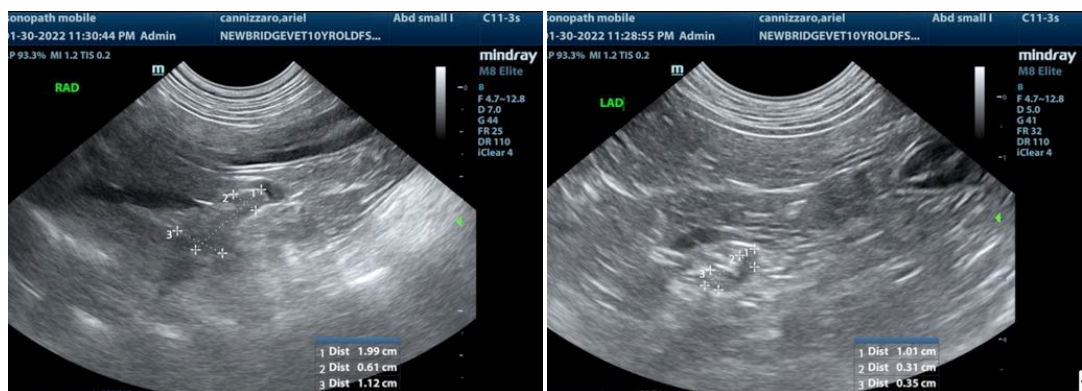
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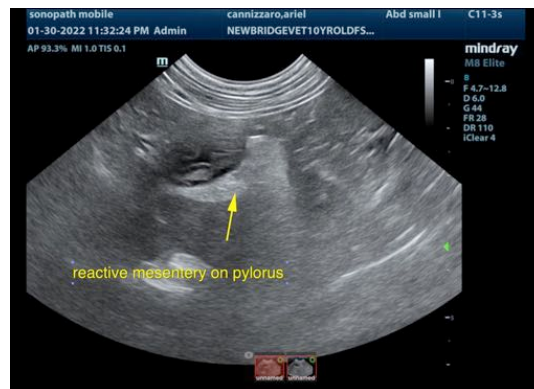
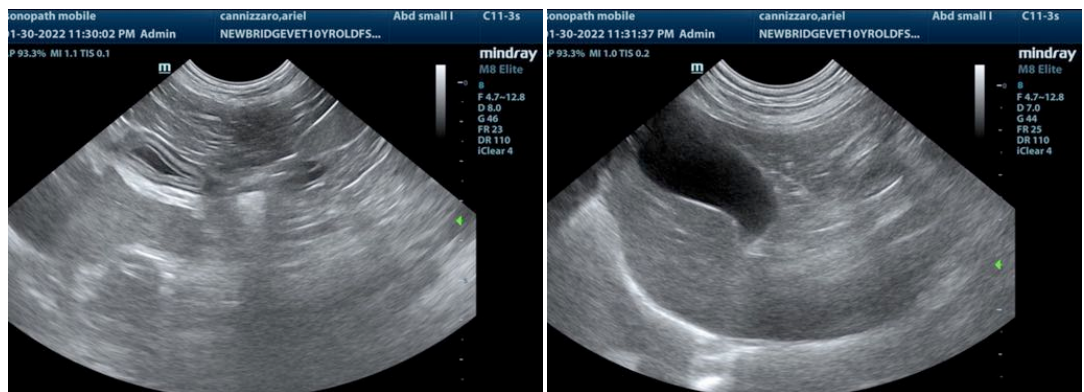
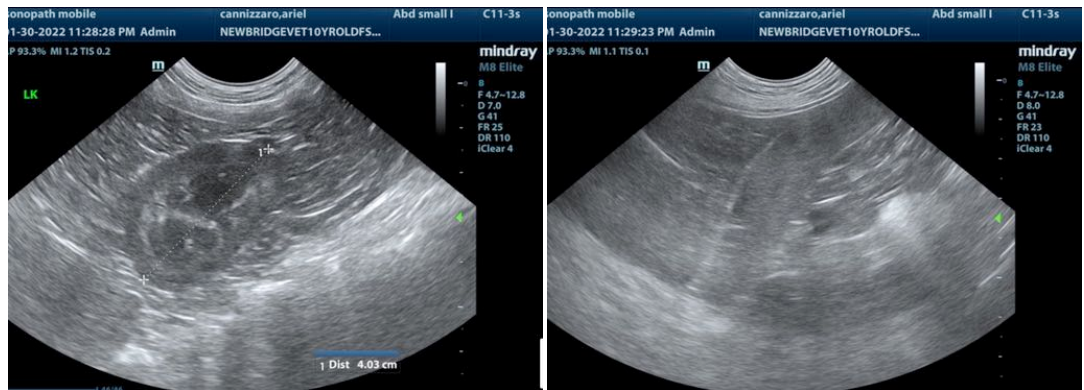
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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