



**PATIENT**

Bubba J Wright

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Neutered male

**AGE**

8 years

**WEIGHT**

3.66 kgs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jolee Stegemoller,  
DVM

**HOSPITAL NAME**

North Idaho AH

**REFERRING VET**

Jeffrey Poulsen, DVM

**INVOICE**

92150

**DATE**

10/1/21

**PRESENTING CLINICAL SIGNS**

History: Presented 9/28 for inappetence, lethargy and vomiting for the last week. So lethargic will lay in vomitus. Having melena (black liquid diarrhea puddles). With owner all the time, so very limited opportunity for dietary indiscretion. Not urinating much and when urinates, dark yellow/brown in color. Abnormal PE/Chem/CBC/UA Results: Mild dehydration. CBC - WBC 3.92, Neu 2.78, Lym 0.59, Eos 0.04 Chem - Amy >2500, Lip 5386, Glc75 UA - USG >1.040, pH 7, few RBC/WBC, bilirubinuria 6, Gluc 50, Ket 15 Due to financial constraints, on 9/28 started SQF Cerenia, omeprazole, Provable. No vomiting since 9/28 visit. DDx - pancreatitis, GI ulceration, neoplasia, gastroenteritis

**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.

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 3.5 cm. The left kidney measured 3.6 cm.

**Adrenal Glands**

Both **adrenal glands** were flattened and were subnormal in size. The left adrenal gland measured 1.34 x 0.27 cm at the caudal pole and 0.2 cm at the cranial pole. The right adrenal gland measured 1.29 x 0.29 cm at the cranial pole and 0.26 cm at the caudal pole.

**Spleen**

The **spleen** is slightly enlarged with minor micronodular changes. The spleen measured up to 1.3 cm.

**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**

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The **stomach** presented significant concentric thickening with pericapsular inflammatory pattern and loss of mural detail. There was some retention of chyme noted. The entire stomach appeared to be edematous and thickened. The small intestine and colon were unremarkable.

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Canine

**Pancreas**

**BREED**

Chihuahua

Mild, heterogenous, hypoechoic **pancreatic** changes were noted. This is suggestive for pancreatitis. .

**SEX**

Neutered male

Severe gastritis with mild pancreatitis. Potential emerging round cell neoplasia.

**AGE**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Full thickness or endoscopy guided biopsy of the stomach would be ideal in this patient. Otherwise, a clinical trial of the following can be considered. Recheck sonogram is recommended in a week. The prognosis is very guarded.

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3.66 kgs

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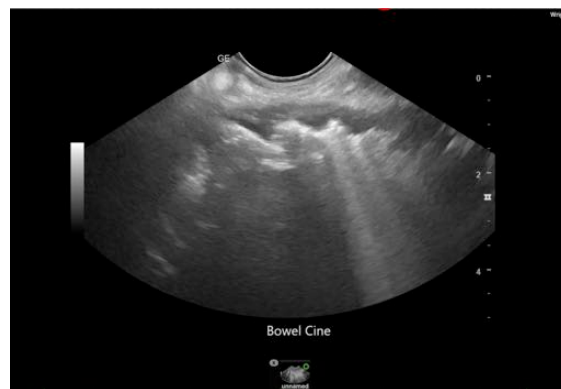
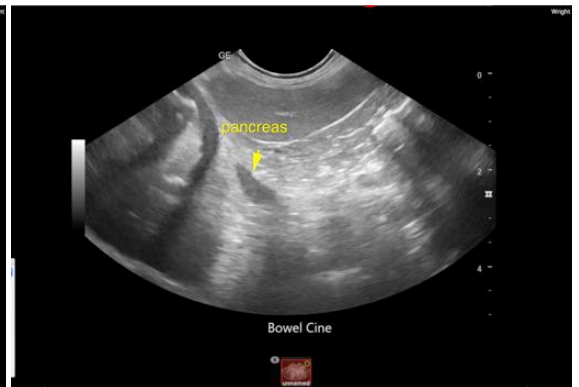
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Chihuahua

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

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