

**DATE PRESENTING CLINICAL SIGNS**

10/1/21

PATIENT

Nova Brossoit

SPECIES

Canine

BREED

Cane Corso

SEX

Intact Male

AGE

2018

WEIGHT

96.2 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**

Animal Emergency H

REFERRING VET

Dr. Kalwa

INVOICE

13441

History: Date: 10-01-2021 Notes: PC: vomiting with blood - constantly vomiting has not yet seen him defecate ATO- 7pm started vomiting, has been vomiting throughout the night multiple times, attempted to drink water more vomiting, then vomiting with blood no history of DI – not one to eat things he shouldn't, no history toxins/ poisons. Slept in room all day, left back door open unsure if defecated today- not attended did urinate normally today not UTD on heartworm. Owner states gums are pink owner's muzzle normally can get aggressive.

Current Medications: Amp/Sulb (Unasyn) 1.5gm Injection (Per mL), Buprenorphine 0.6mg/mL, Acepromazine 10mg/mL Injection (Per mL), Pantoprazole (Protonix) 40mg/vial Injection (Per mL)

Lab Results: Attached

Date of Previous IntraPet Ultrasound: No previous

Sedation: IV Ace

Stat Report: not requested

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 **prostate** was uniformly enlarged with lobar swelling appeared to impinge upon the urethra and mildly deviate the descending colon. The prostatic tissue was moderately hyperechoic containing focal areas of decreased echogenicity. These changes are suggestive of either chronic inflammatory episodes, benign cystic pathology or both. Underlying neoplasia cannot be completely ruled-out but is lower on the differential list. This presentation is most consistent with benign prostatic hyperplasia with possible active prostatitis. Neutering or off-label Finasteride (Propecia) (0.1-0.5 mg/kg Sid) treatment is indicated +/- FNA or prostatic wash cytology and culture. The prostate measured 5.78 cm in short axis.

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 8.82 cm. The right kidney measured 7.75 cm.

Adrenal Glands

The **left adrenal gland** was 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 3.5 cm x 0.59 cm at the caudal pole and 0.69 cm at the cranial pole.

The region of the **right adrenal gland** revealed no evident pathology.

Spleen

The **spleen** was slightly enlarged (likely owing to sedation) with uniform parenchyma.

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.

Gastrointestinal

The **stomach** itself was unremarkable. Minor deviation of the descending colon noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

Other

The **testicles** were imaged and found to be uniform- no evident pathology.

ULTRASONOGRAPHIC FINDINGS

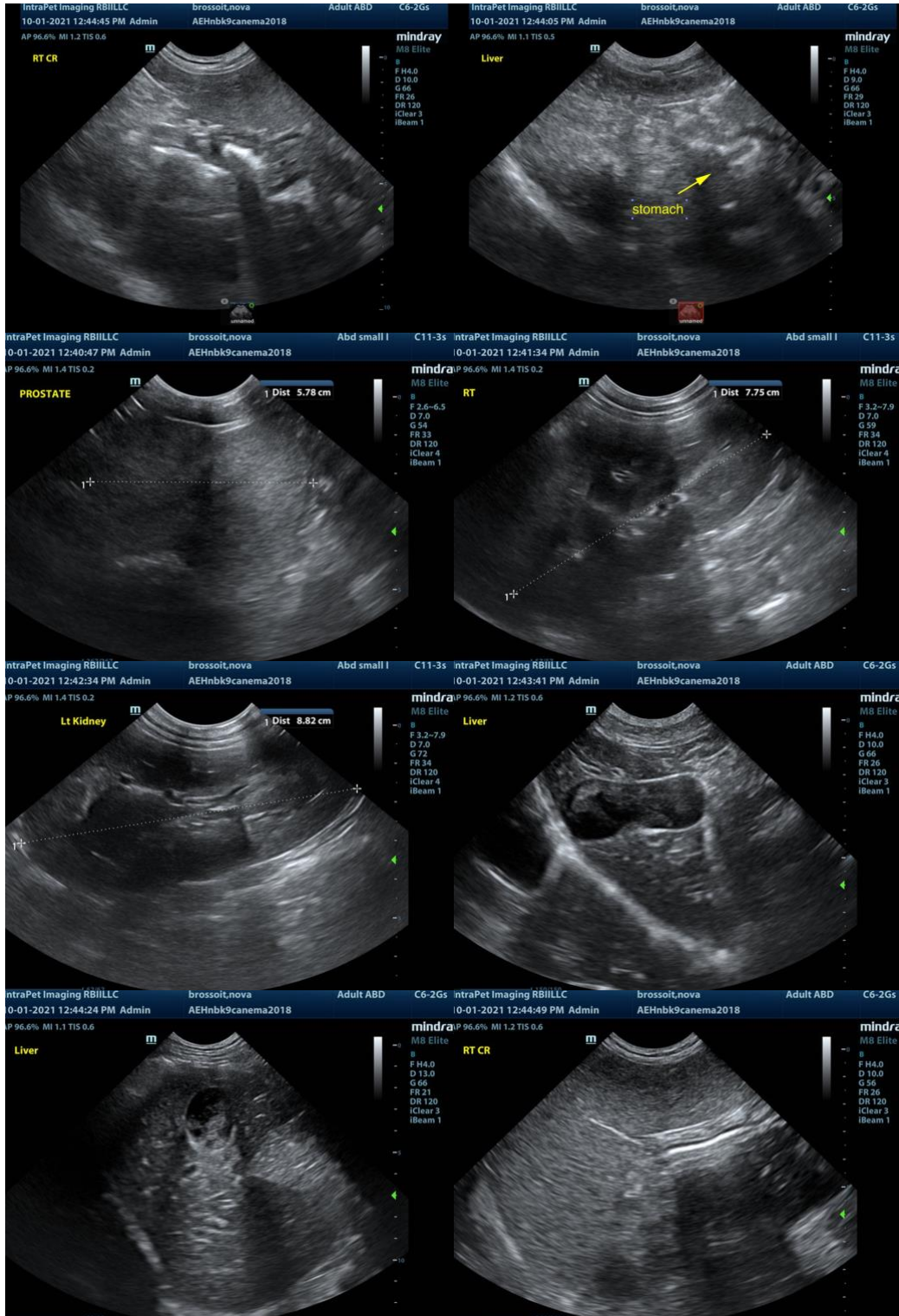
- Unremarkable abdomen
- Minor hypersplenism
- Structurally unremarkable GI tract with minor deviation of the descending colon
- Minor BPH prostate

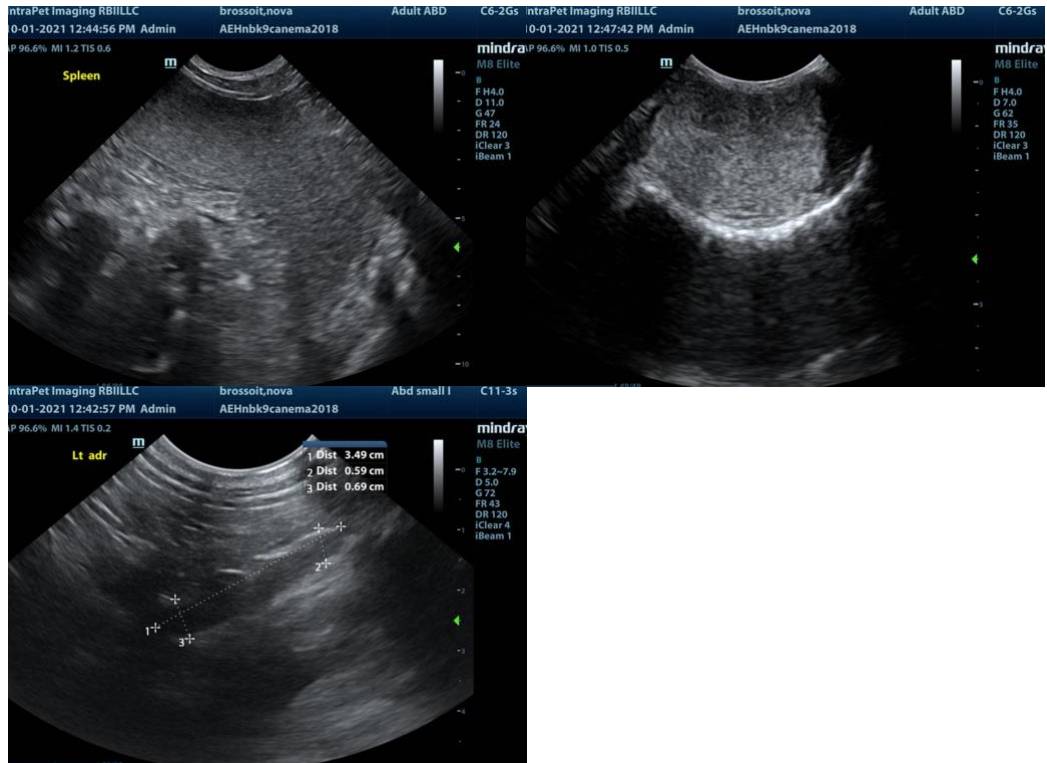
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient history, GI protectant protocol warranted. No evidence of foreign bodies. A clinical trial of the following may prove effective. No evidence of neoplasia.

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. 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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