



PATIENT

Chance Velazquez

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Neutered Male

AGE

11 Years

WEIGHT

33 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Blairstown AH

REFERRING VET

Dr. Clegg

INVOICE

26317

DATE

10/15/21

PRESENTING CLINICAL SIGNS

poor appetite, elevated pancreatic values, chronic colitis responsive to metronidazole. Current meds: gabapentin, clavamox, metronidazole
Abnormal PE/Chem/CBC/UA Results: Amylas 1799, lipase 838, cholesterol 573

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. A trace amount of debris was noted. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. The residual prostate measured 8.0 mm.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The left kidney measured 5.9 cm. The right kidney measured 6.0 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 2.23 cm x 0.95 cm at the cranial pole and 0.5 cm at the caudal pole. The left adrenal gland measured 2.31 cm x 0.54 cm at the caudal pole and 0.53 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. Occasional hyperechoic lipogranulomatous change noted. 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** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. Occasional parenchyma cysts noted, subjectively benign.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.



PATIENT

Pancreas

Chance Velazquez

The **pancreas** was enlarged, irregular, heterogeneous, and swollen, consistent with hyperplasia, likely chronic active inflammation.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

- Moderate chronic degenerative renal changes
- Subjective benign hepatopathy

BREED

Cocker Spaniel

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the pancreas could be considered for further definition and assessment of inflammatory cell type. No overt suspicion of neoplasia. A clinical trial of the following may prove effective. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas.

SEX

Neutered Male

Helicobacter/Gastritis protocol

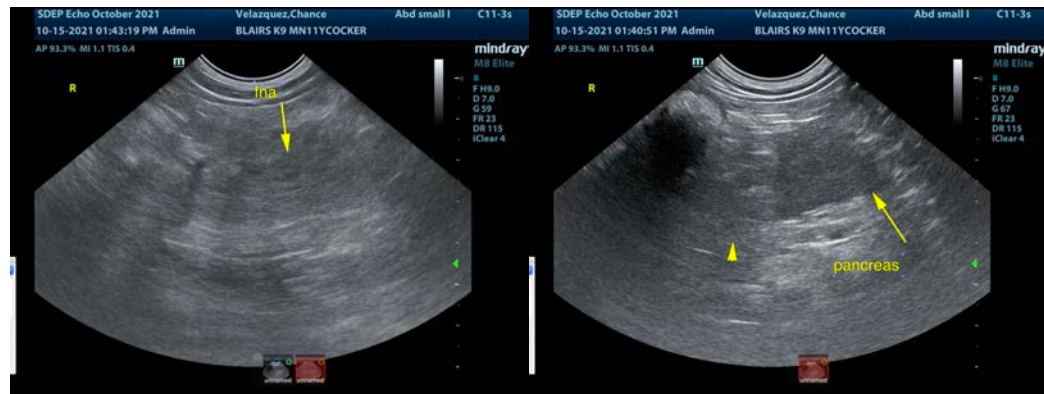
A clinical trial of **Zithromax** (Dogs: 5-10 mg/kg p.o. q24h. May increase dosing interval to q48h after 3-5 days of treatment), **Metronidazole** (10-20 mg/kg p.o. b.i.d.), **Pepcid** (0.5-1 mg/kg s.i.d.) and **Sucralfate** (0.5-2 g/dog PO) or **Omeprazole** (1 mg/kg p.o. s.i.d.) over the next 3 weeks 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.

WEIGHT

33 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

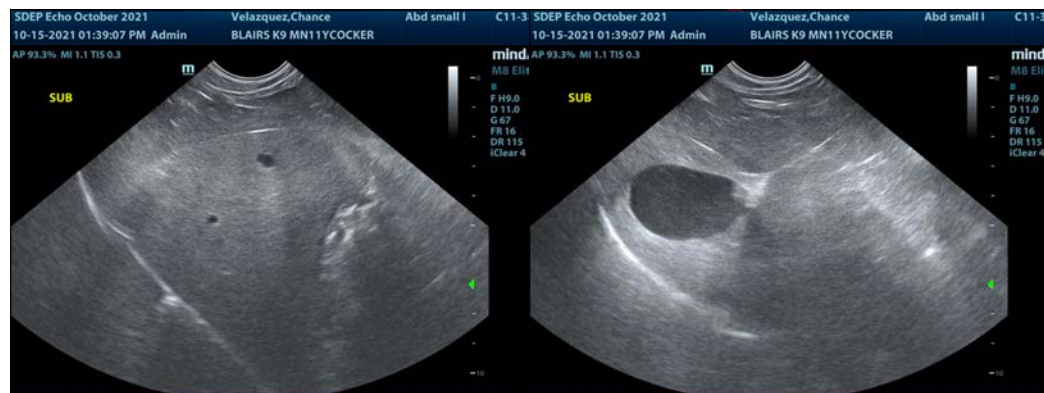


IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Blairstown AH



REFERRING VET

Dr. Clegg

INVOICE

26317

DATE

10/15/21



PATIENT

Chance Velazquez

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Neutered Male

AGE

11 Years

WEIGHT

33 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Blairstown AH

REFERRING VET

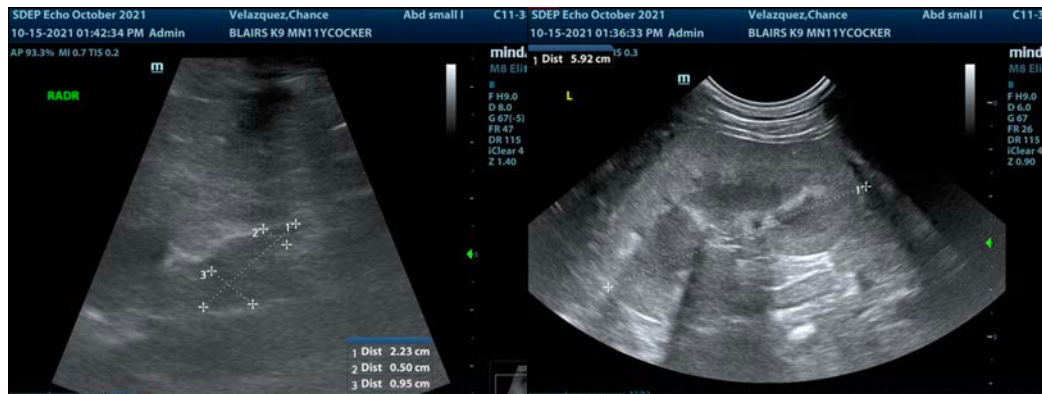
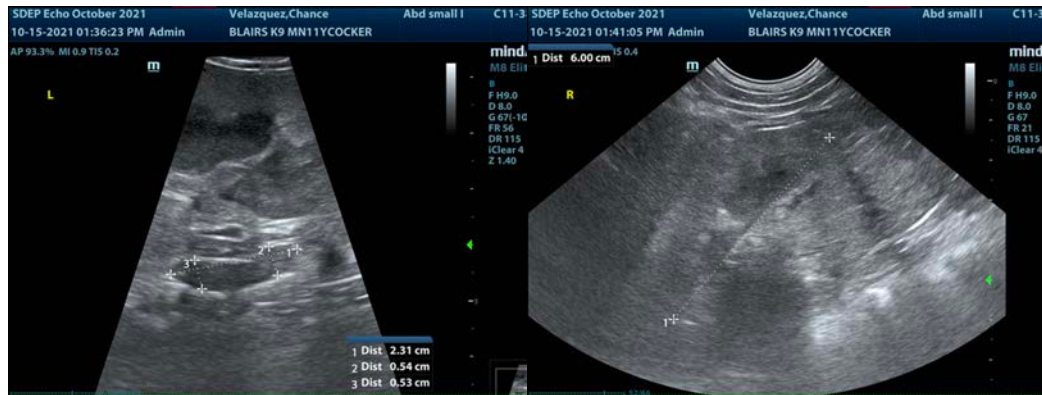
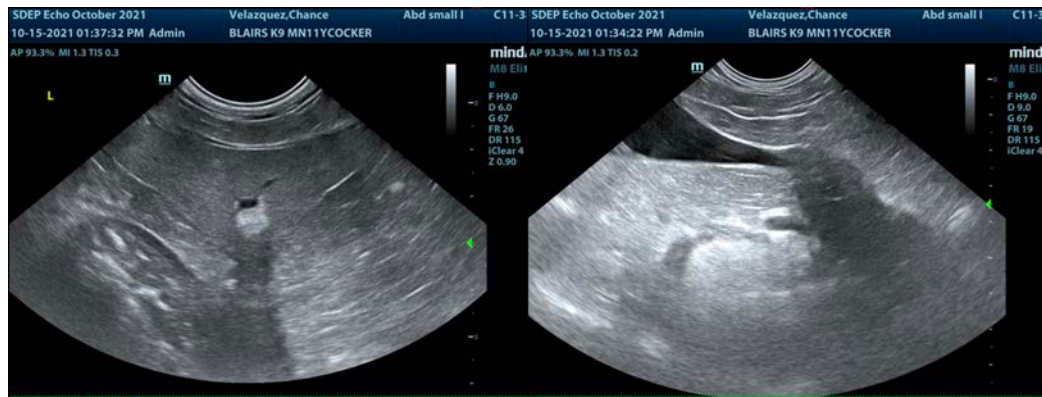
Dr. Clegg

INVOICE

26317

DATE

10/15/21



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.

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