



PATIENT

Disco Beatty

SPECIES

Canine

BREED

Irish Setter

SEX

Neutered Male

AGE

6 Years

WEIGHT

19 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Callihan

HOSPITAL NAME

Animal Emergency
Care

REFERRING VET

Dr. Loeffler

INVOICE

17737

DATE

10/15/22

PRESENTING CLINICAL SIGNS

History: Presented today for hematemesis. Has had diarrhea for a couple of days but resolved. night before last vomited small amount. This morning had vomited single episode of dark red/black liquid with some kibble. Did not yet eat this morning but did drink some just now and had normal BM. Still acting normal. Not a scavenger, is a picky eater.

Abnormal PE/Chem/CBC/UA Results: Healthy appearing dog in excellent coat and body condition CBC shows mild leukocytosis with WBC 20K, neutrophilia Chem panel is normal

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 residual prostate measured 1.3 cm.

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. Slight pinpoint mineralizations were noted. The right kidney measured 6.55 cm. The left kidney measured 6.36 cm.

Adrenal Glands

The **left adrenal gland** appeared flattened. The left adrenal gland measured 0.46 cm.

The **right adrenal gland** appears isoechoic and subjectively flattened yet measures normally, measuring 0.95 cm at the cranial pole and 0.6 cm at the caudal 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** 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** presented concentric wall thickening (up to 1.0 cm) with enhanced surrounding mesentery. The lumen was empty other than mild gas and chyme. The pylorus was free of evident pathology. 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. 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.

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ULTRASONOGRAPHIC FINDINGS

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- Nonspecific gastritis pattern- no evidence of foreign body and no obvious evidence of neoplasia
- Subjectively flattened adrenal glands
- Slight pinpoint mineralizations noted in the kidneys

SEX

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening for Addisons with baseline cortisol or ACTH stimulation is indicated. Endoscopy would be ideal with mucosal biopsies. Empirical treatment for gastritis is indicated. The following protocol is recommended:

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Helicobacter/Gastritis protocol

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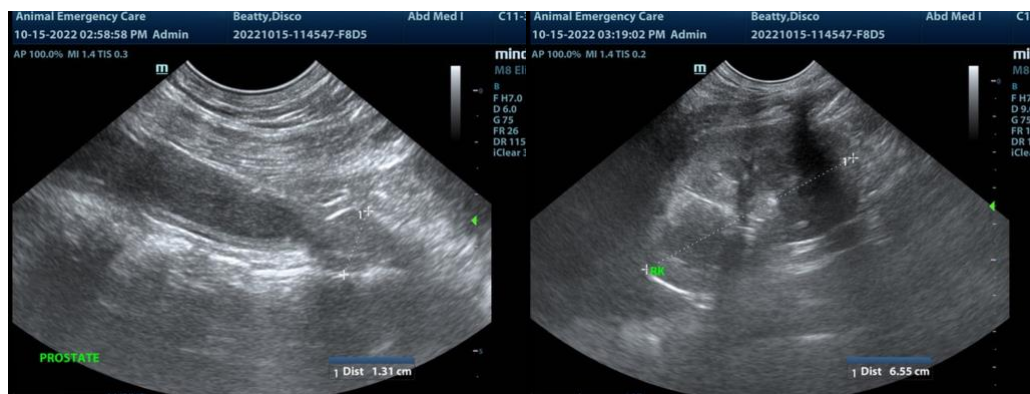
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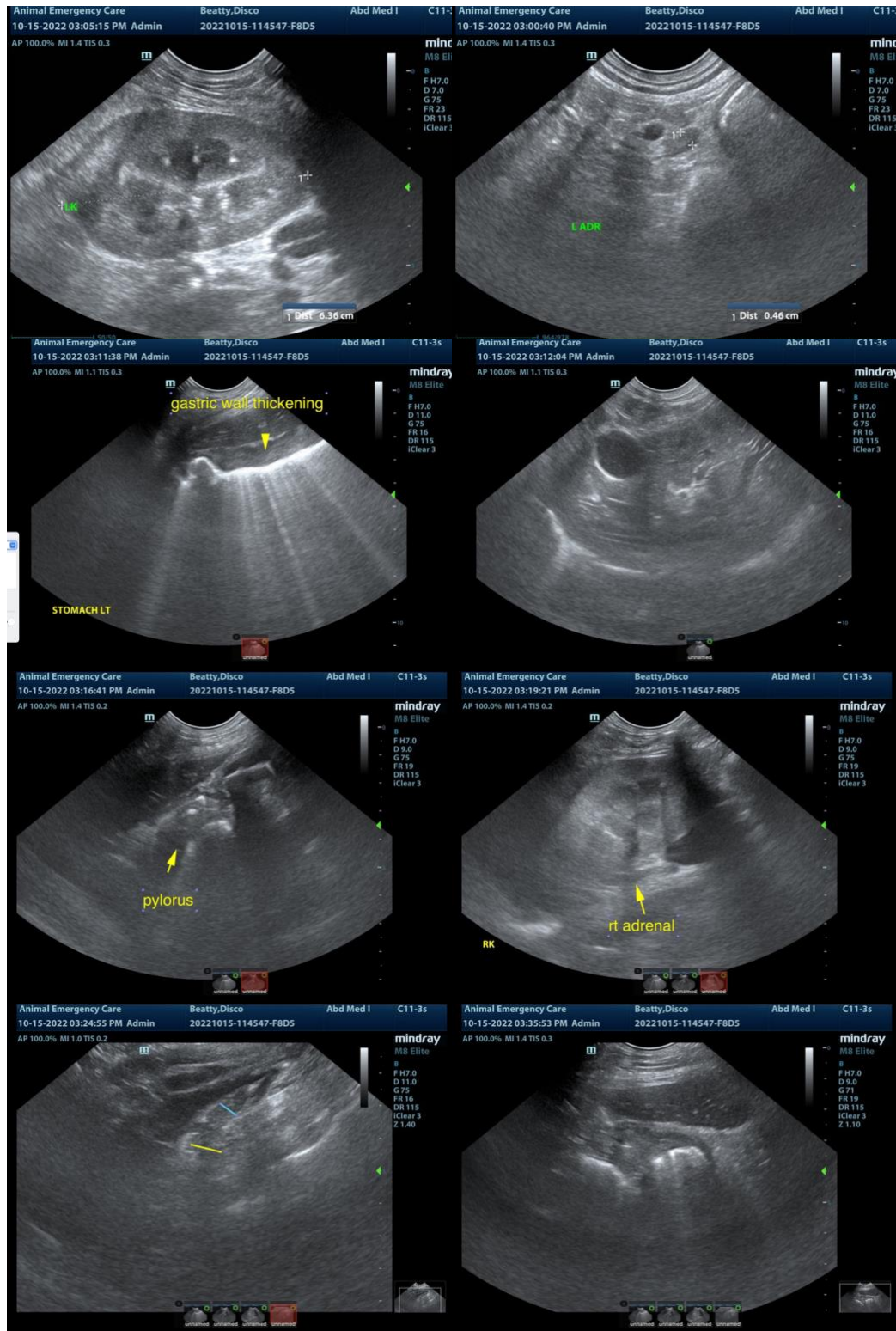
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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6 Years

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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