



PATIENT

Smokey Herres

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered Male

AGE

10 Years

WEIGHT

10

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Cathy Carter

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Tessa Maggiulli

INVOICE

26557

DATE

10/21/21

PRESENTING CLINICAL SIGNS

Approx 3 month hx of intermittent vomiting and diarrhea, occ. bloody; minimal response to treatment (probiotics, abx, etc) at the rDVM.

Abnormal PE/Chem/CBC/UA Results: CBC: neut 12.9 k/ul, plt 118 k/ul, hct 59.9%, rbc 8.7 m/ul
Chem 17: nsf EPOC: lac 4.33 mmol/l; Manual plt count: 249 k/ul. GI Profile pending at Antech; unable to obtain fecal on admit, will submitted once obtained

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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Hyperechoic medullary rim sign noted in both kidneys. The left kidney measured 3.33 cm. The right kidney measured 3.58 cm. Slight mineralization noted in both kidneys. Blood flow appeared adequate.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 1.63 cm x 0.6 cm at the cranial pole and 0.46 cm at the caudal pole. The right adrenal gland measured 1.32 cm x 0.32 cm at the caudal pole and 0.44 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. 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

Minor **gastric** hypertrophy and remodeling noted in the gastric mucosa with echogenic debris present. The small intestine and colon were unremarkable.



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Pancreas

Some heterogeneous changes were noted in the area of the pancreas. History of pancreatitis and possible low-grade inflammation present. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas

ULTRASONOGRAPHIC FINDINGS

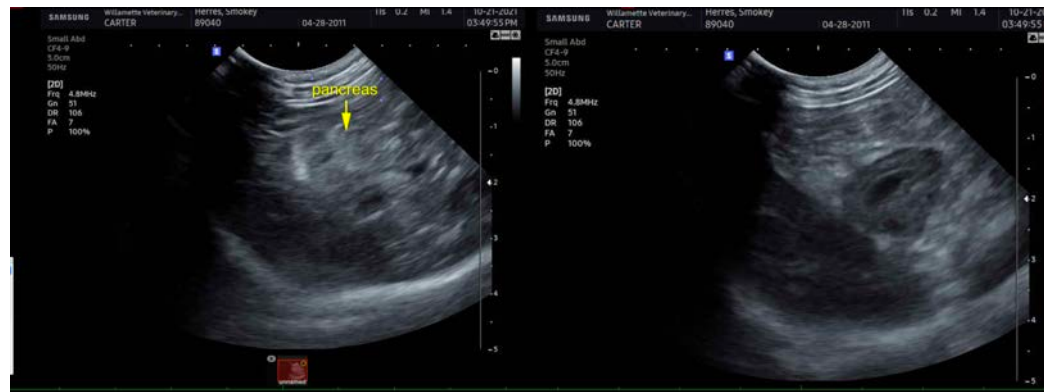
- Geriatric abdomen with moderate degenerative renal changes and minor gastric hypertrophy
- Possible low-grade pancreatic inflammation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

GI protectant protocol such as the following would be recommended. Canned hydrolyzed diet with BID feedings recommended. Otherwise, endoscopy should be considered. No evidence of neoplasia or foreign body.

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.





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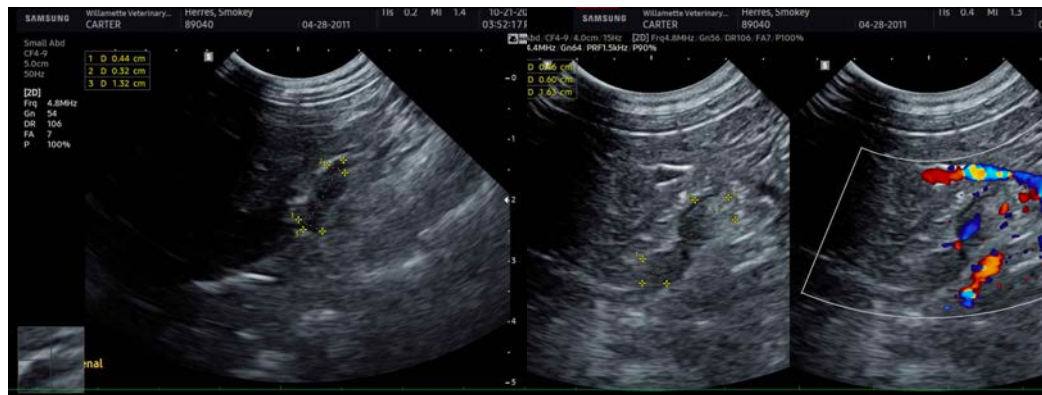
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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