



**PATIENT PRESENTING CLINICAL SIGNS**

Beans Raven

**SPECIES**

Canine

**BREED**

French Bulldog

**SEX**

Neutered male

**AGE**

9 years

**WEIGHT**

9.8 kgs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Woodside

**HOSPITAL NAME**

Sherwood Family Pet  
Clinic

**REFERRING VET**

Dr. Woodside

**INVOICE**

92682

**DATE**

10/26/21

History: Episodes of pacing, lip smacking, licking, and drooling. Rarely, vomiting is part of episode. Episodes usually start in the evening and often persist into the early hours of the morning. Episodes started after chemotherapy in Fall 2019. Chemotherapy tx for osteosarcoma post right rostral mandibulectomy. Low fat diet and feeding 3 times a day help. Feeding 4 times a day results in vomiting. Probiotic, omeprazole, famotidine, cerenia, sucrofate did not prevent episodes. Cerenia seems to help some episodes resolve more quickly. Episodes occur less frequently with Metoclopramide.

Abnormal PE/Chem/CBC/UA Results: Weight loss over the past 8 months. Currently healthy weight. BCS 5/9. Normal results on minichem (renal, ALT, ALP, glucose, TP, albumin). (Owner declined additional work up at this time.)

**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 iliac trifurcation was unremarkable.

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 3.64 cm. The right kidney measured 4.58 cm.

**Adrenal Glands**

The left **adrenal gland** was uniform and measured 0.5 cm. The right adrenal gland was not visualized.

**Spleen**

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

**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 was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele. However, the sludge appears to be mildly excessive. No adjunctive inflammation was noted.



**PATIENT** *Gastrointestinal*

Beans Raven

The **pylorus** was mildly thickened with no loss of detail. Muscularis speckling was noted with prominent mucosal changes. A large amount of gastrointestinal gas accumulation was noted particularly in the colon. The iliac lymph nodes were slightly enlarged and reactive measuring 1.5 cm as a grouping.

**SPECIES**

Canine

*Pancreas*

**BREED**

French Bulldog

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.

**SEX**

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

Slight iliac lymphadenopathy.

**AGE**

9 years

Gastritis pattern with pyloric hypertrophy.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

9.8 kgs

A clinical trial of the following may prove effective. Otherwise, endoscopy is indicated. There was no evidence of abdominal 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.), **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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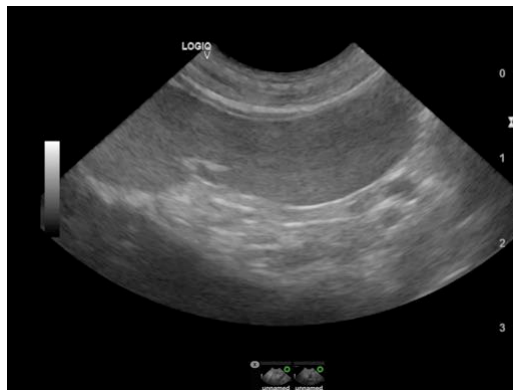
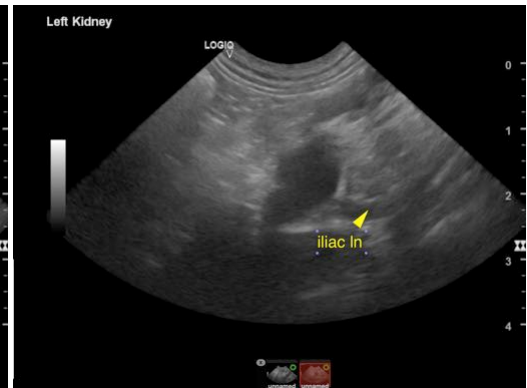
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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