IMAGING PERFORMED BY

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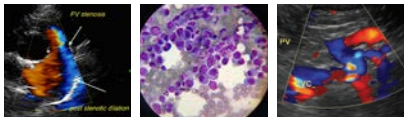


SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

10/28/22

PATIENT

Dee Dee Lubert

SPECIES

Canine

BREED

West Highland Terrier

SEX

Spayed Femlae

AGE

9/16/09

WEIGHT

13.7 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Bel Air Vet Hospital

REFERRING VET

Dr. Schmidt

INVOICE

42488

PRESENTING CLINICAL SIGNS

Vomiting bile, loss of appetite, decreased activity.

Current Medications: Cerenia 12mg/day, Prilosec 10mg SID, Sucralfate ½ gm BID.
Lab Results: CBC- PCV 36% 9/20/22. PCV 38% 10/25/22. Chem profile WNL.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a slight concretion at 0.14 cm. The bladder was unremarkable with anechoic urine otherwise. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

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. Mineralization noted in both kidneys, 0.25 cm in the left kidney. Minor pyelectasia noted in the left kidney at 0.31 cm. The left kidney measured 4.47 cm. Slight pyelectasia noted in the right kidney at 0.18 cm. The right kidney measured 4.29 cm with corticomedullary mineralization noted.

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 left adrenal gland measured 2.07 cm x 0.52 cm at the caudal pole and 0.43 cm at the cranial pole. The right adrenal gland measured 1.85 cm x 0.41 cm at the caudal pole and 0.45 cm at the cranial pole.

Spleen

The **spleen** was normal size and relatively normal contour with multifocal hyperechoic areas of mineralization. This is a benign change; however, can be related to Cushing's disease or other endocrinopathies.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The **gallbladder** was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

Gastrointestinal

The **stomach** revealed pyloric hypertrophy. The small intestine and colon were unremarkable.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

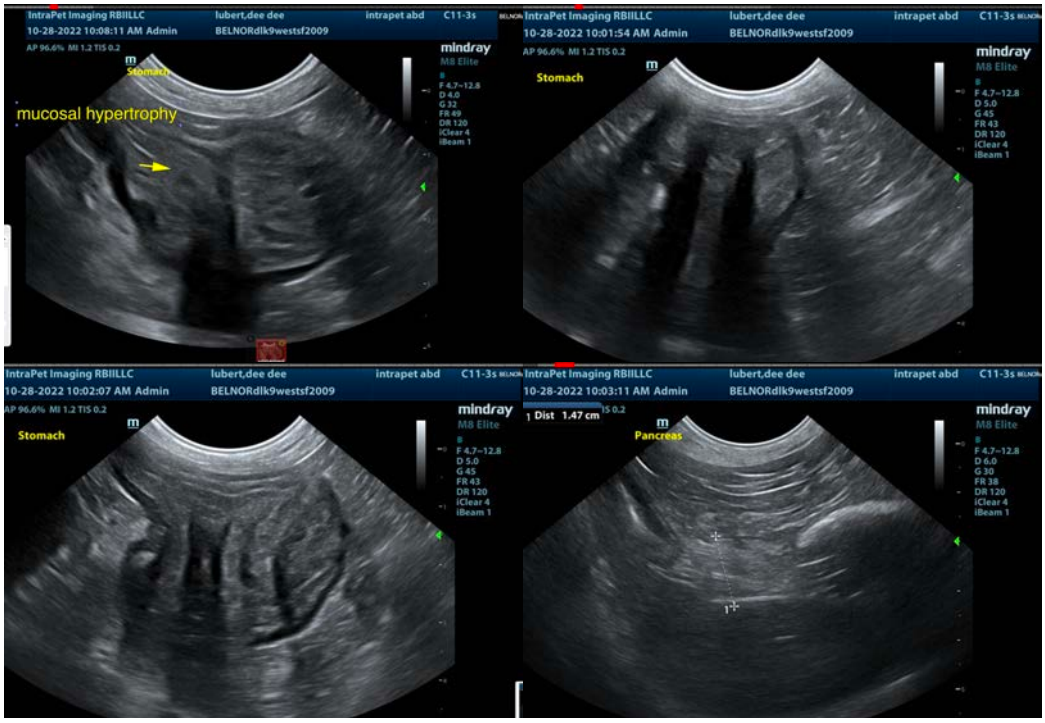
ULTRASONOGRAPHIC FINDINGS

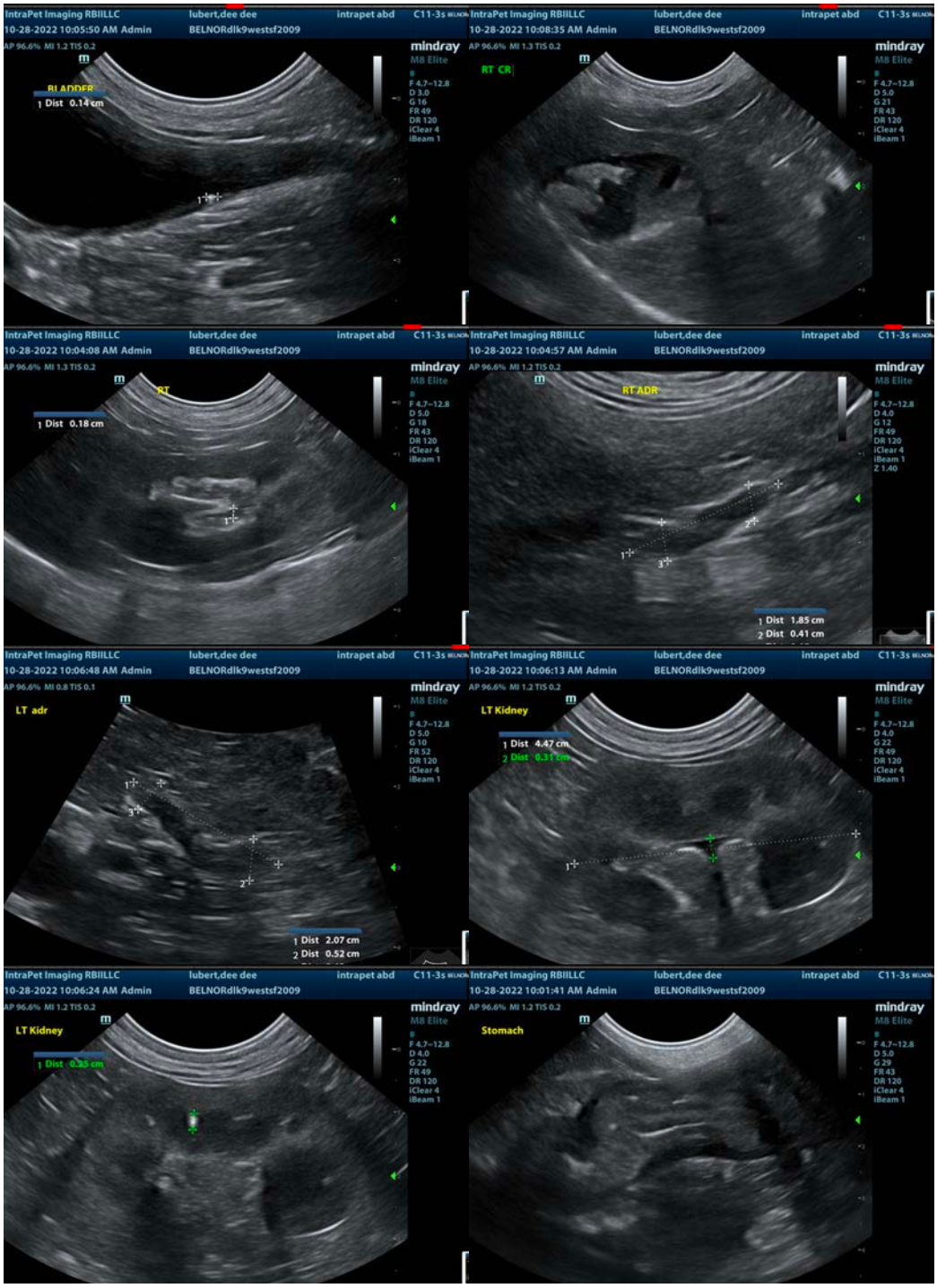
- Pyloric hypertrophy – No loss of mural detail or foreign bodies.
- Age related kidneys with slight pyelectasia – owing to either infection or scarring for passage of small calculi.
- Small bladder concretion, not pathological
- Age related hepatic changes
- Pancreatic remodeling
- Splenic mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Underlying gastritis likely. Endoscopy would be ideal with mucosal biopsies. A clinical trial of the following may prove effective. Recheck sonogram in 3-4 weeks. Full urinary workup warranted. If any evidence of UTI present, then treatment for 3 weeks recommended, given the pyelectasia.

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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BLADDER
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1 Dist 0.18 cm
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1 Dist 1.85 cm
2 Dist 0.41 cm
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1 Dist 2.07 cm
2 Dist 0.52 cm
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LT Kidney
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M8 Elite
Stomach

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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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