



PATIENT

Comfort Cervelli

SPECIES

Canine

BREED

Schnoodle

SEX

Spayed Female

AGE

12 Years 4 Months

WEIGHT

7 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Alastair Westcott

HOSPITAL NAME

Dr. Alastair Westcott,
DVM

REFERRING VET

Dr. Alastair Westcott

INVOICE

13480

DATE

10/4/21

PRESENTING CLINICAL SIGNS

History: Acute vomiting (fluid) with tenesmus. Anorexia. Has had a reduced appetite for a few days. Has had episodes of pancreatitis in the past (is on a low fat diet). No diarrhea noted.

Abnormal PE/Chem/CBC/UA Results:Tense abdomen and dehydrated. CBC and leukogram are unremarkable Normal blood chemistry.

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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

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 right kidney measured 4.09 cm. The left kidney measured 4.13 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 left adrenal gland measured 1.71 cm x 0.42 cm at the cranial pole and 0.48 cm at the caudal pole. The right adrenal gland measured 1.84 cm x 0.29 cm at the cranial pole and 0.42 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. The spleen measured 1.19 cm in width.

Liver

The **liver** was slightly subnormal in size yet uniform parenchyma. Minor gallbladder was noted without significant overdistention.

Gastrointestinal

The **stomach** presented mild hypertrophy and gastric luminal fluid. Minor pyloric hypertrophy noted. The small intestine and colon were unremarkable.

Pancreas

The **right pancreatic limb** revealed minor heterogeneous parenchymal changes yet appears stable, measuring 0.72 cm at the right limb.



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ULTRASONOGRAPHIC FINDINGS

- Gastritis pattern
- Liver, slightly subnormal in size yet uniform parenchyma
- Right pancreatic limb, minor heterogeneous parenchymal changes yet appears stable

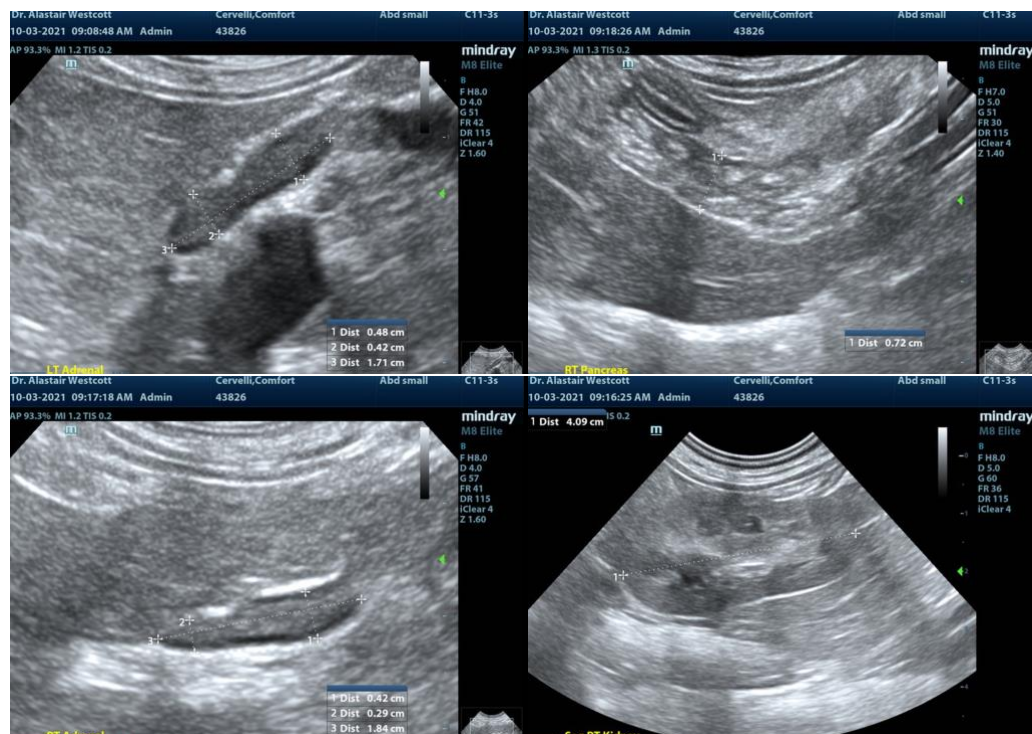
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials.

A clinical trial of the following may prove effective.

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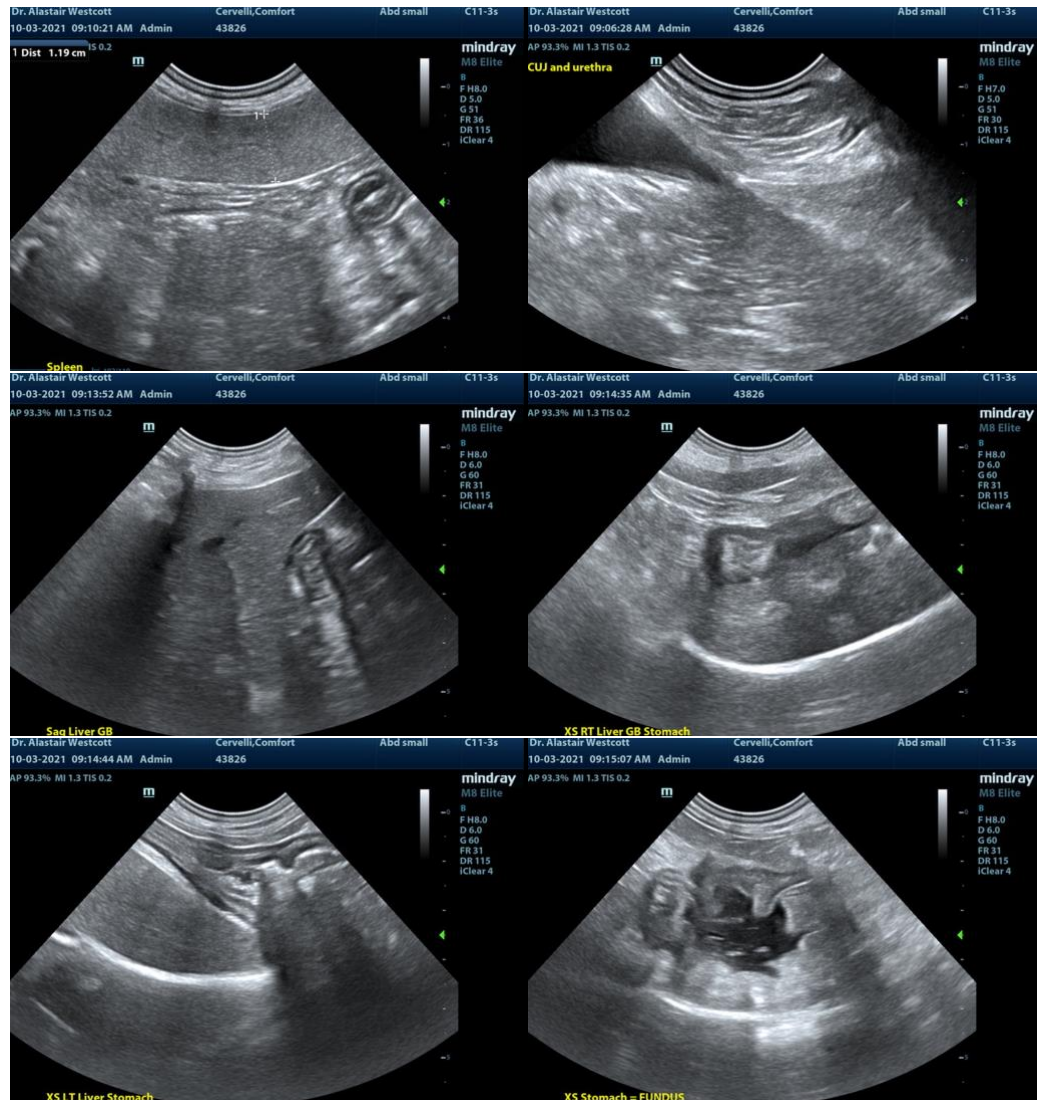
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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