



**PATIENT**

Candi Trexler

**PRESENTING CLINICAL SIGNS**

History: vomiting water after drinking.  
Abnormal PE/Chem/CBC/UA Results: Rads relatively normal: hepatomegaly, some gastric distention and gas, mild tracheal narrowing. BW: elevated ALT (427), AST (97), ALP (668), GGT (18)

**SPECIES**

Canine

**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.

**BREED**

Mix

**SEX**

Spayed female

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 5.32 cm. The left kidney measured 4.84 cm.

**AGE**

8 years

**WEIGHT**

20.7 lbs

**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 1.8 x 0.81 cm. The right adrenal gland measured 2.01 x 0.69 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jessica Green

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. A hyperechoic nodule was noted in the mid spleen and measured 0.69 x 0.42 cm. A hypoechoic, mildly disruptive nodule was noted and measured 1.06 x 0.64 cm at the cranial pole. 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.

**HOSPITAL NAME**

Stanglein VC

**REFERRING VET**

Dr. Stanglein

**Liver**

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

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**Gastrointestinal**

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The **gastric** wall was mildly thickened and measured up to 0.9 cm with echogenic mucosal remodeling. The gastric lumen and pyloric outflow revealed minor retention of ingesta. The small intestines and colon were unremarkable.

**SPECIES**

Canine

**Pancreas**

**BREED**

Mix

The **pancreas** was prominent, hypoechoic and mildly irregular. There was no evidence of active inflammation. However, prior insult to the pancreas is likely.

**SEX**

Spayed female

**ULTRASONOGRAPHIC FINDINGS**

Concerning splenic nodules.

Gastritis pattern.

**AGE**

8 years

Prominent, hypoechoic, irregular pancreas.

Subjectively benign hepatopathy with minor remodeling.

**WEIGHT**

20.7 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Justification to proactive splenectomy and gastric biopsies can be considered in this patient or FNA of the splenic nodule for further definition as well as monitoring and GI protectant protocol such as the following. FNA of the liver is warranted to assess inflammatory component.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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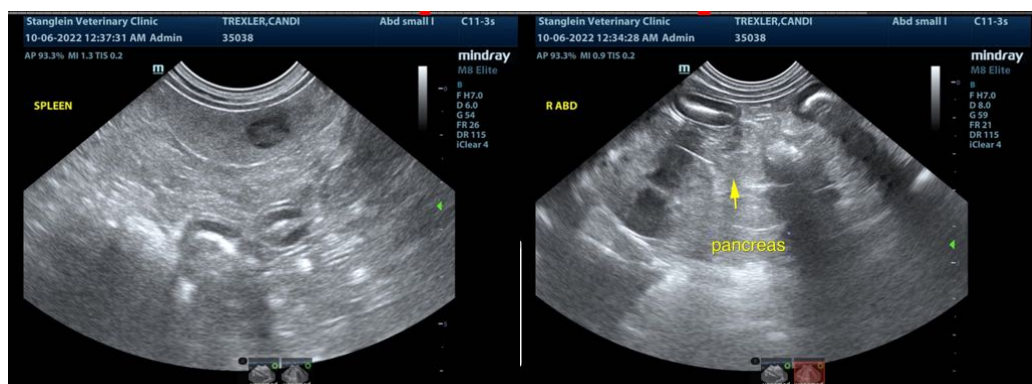
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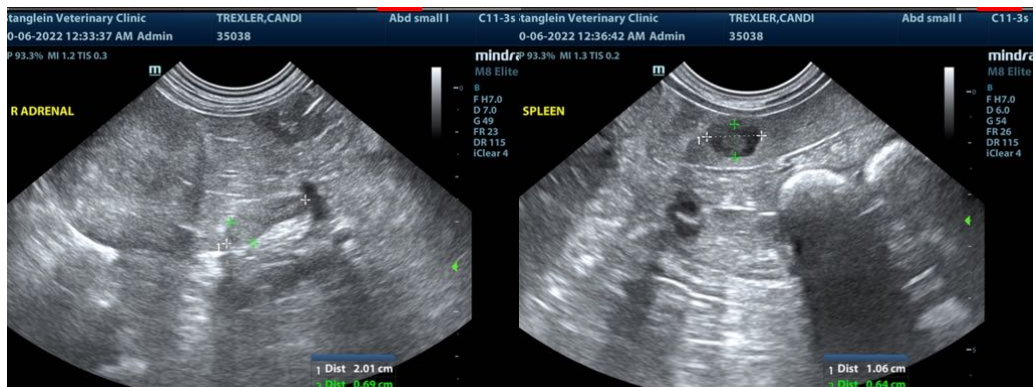
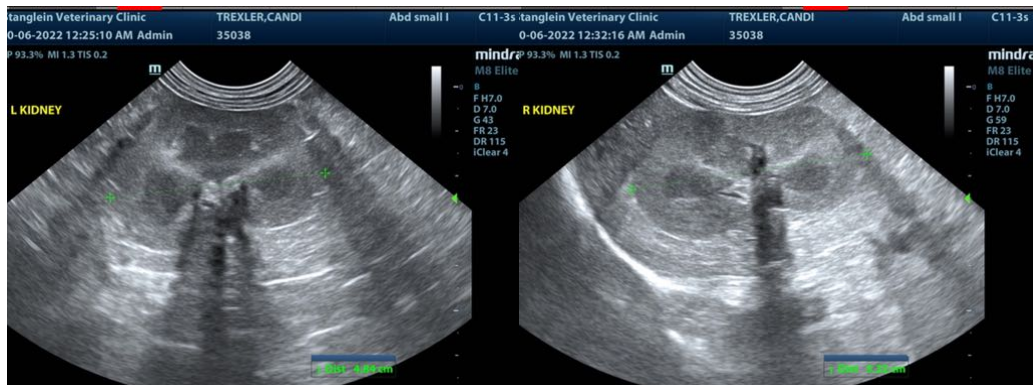
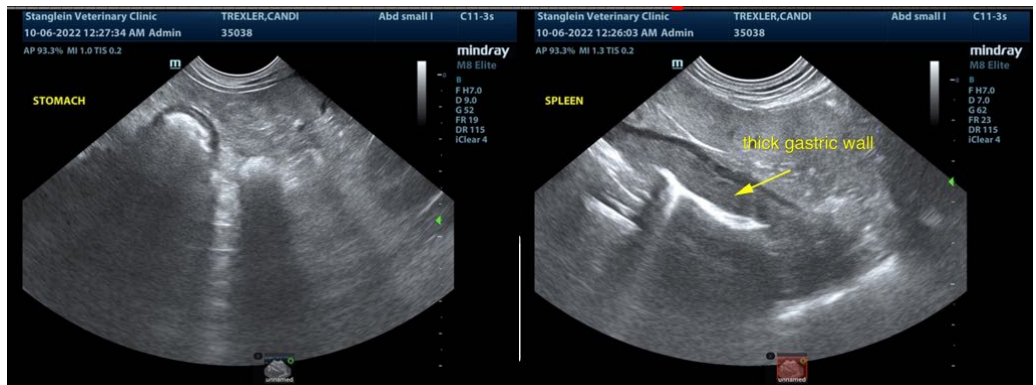
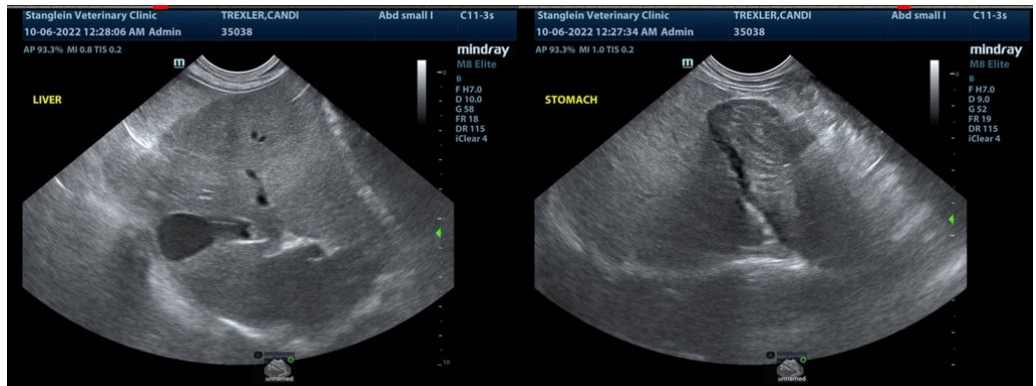
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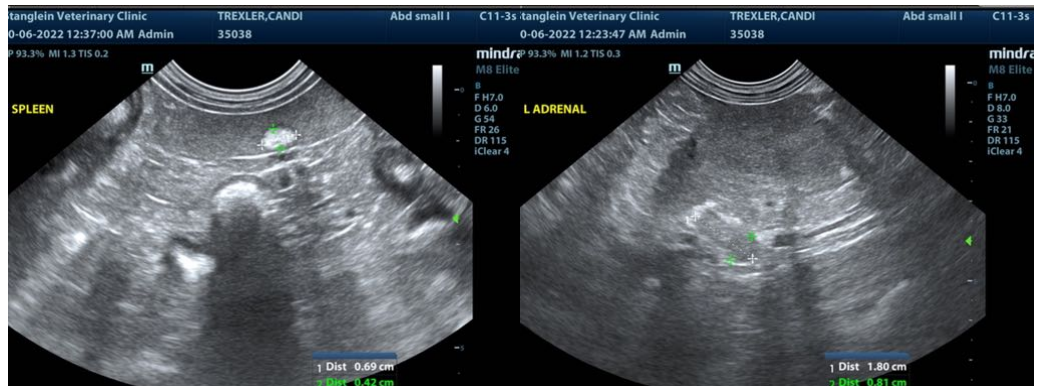
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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