


PATIENT

Popcorn Hummell

SPECIES

Canine

BREED

Labrador

SEX

Spayed Female

AGE

13 years

WEIGHT
INTERPRETED BY

 Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Jessica Miller, RDMS

HOSPITAL NAME

Andover AH

REFERRING VET

Dr. Hummel

INVOICE

93136

DATE

11/16/21

PRESENTING CLINICAL SIGNS

History: Intermittent vomiting x 4-6 weeks, undigested food 4-6hrs after ingesting. Current meds: metoclopramide 10 BID to TID, Proin 50 BID
Abnormal PE/Chem/CBC/UA Results: N/A

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

The **urinary bladder** revealed a minor amount of sand. Grouping of which measured 0.5 cm. The bladder itself was unremarkable with minor micropolyloid changes.

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 this age patient. Medullary structure differed distinctly from that of the cortex. Corticomedullary pelvic mineralization was noted along with slight infarcts. The right kidney measured 6.23 cm. The left kidney revealed slight pyelectasia. This is likely from scarring owing to calculi passage. No obstructive disease is noted at this time.

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 right adrenal gland measured 2.6 x 1.54 cm at the cranial pole and 0.68 cm at the caudal pole. The left adrenal gland measured 2.95 x 0.69 cm at the caudal pole and 0.55 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 was noted.

Liver

The left **liver** revealed an expansive nodule that measured 2.5 cm. There was mild disruption of architecture. The remainder of the liver revealed increased portal markings and coarse architecture. This is consistent with remodeling and largely age related changes. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.



PATIENT

Gastrointestinal

Popcorn Hummell

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was some retention of ingesta noted. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

SPECIES

Canine

BREED

Pancreas

Labrador

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

Spayed Female

ULTRASONOGRAPHIC FINDINGS

AGE

13 years

Geriatric abdomen with mild to moderate chronic renal changes with pyelectasia and mineralization.

Nodular hyperplasia liver pattern with remodeling.

Minor bladder sand.

WEIGHT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

FNA of the liver nodule could be considered. However, subjectively it appears benign. Full urinary work-up is warranted. If the patient was only intermittently clinical it may be owing to passage of calculi. However, at the current time there was no evidence of disease that would be responsible for the clinical signs. The GI tract appears structurally unremarkable. A clinical trial of the following can be considered. Hydrolyzed canned diet and b.i.d. feedings may be effective. Urinary work-up is warranted to assess pH and for inflammatory sediment.

IMAGING PERFORMED BY

Jessica Miller, RDMS

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.

HOSPITAL NAME

Andover AH

REFERRING VET

Dr. Hummel

INVOICE

93136

DATE

11/16/21



PATIENT

Popcorn Hummell

SPECIES

Canine

BREED

Labrador

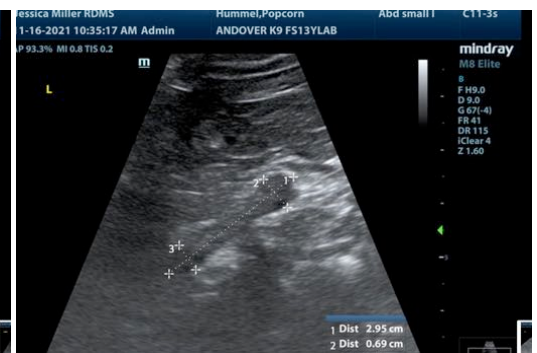
SEX

Spayed Female

AGE

13 years

WEIGHT



INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

Andover AH

REFERRING VET

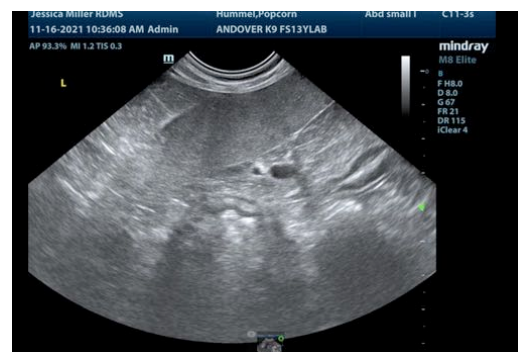
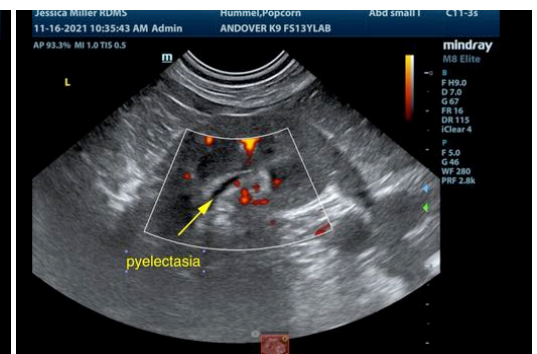
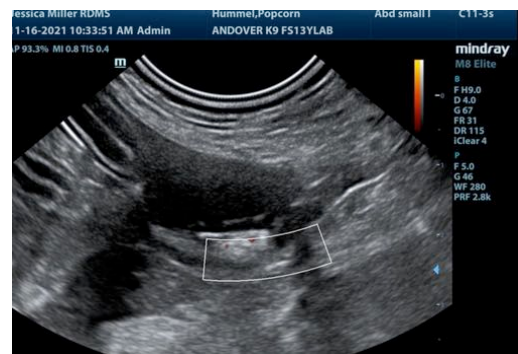
Dr. Hummel

INVOICE

93136

DATE

11/16/21





PATIENT

Popcorn Hummell

SPECIES

Canine

BREED

Labrador

SEX

Spayed Female

AGE

13 years

WEIGHT

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

Andover AH

REFERRING VET

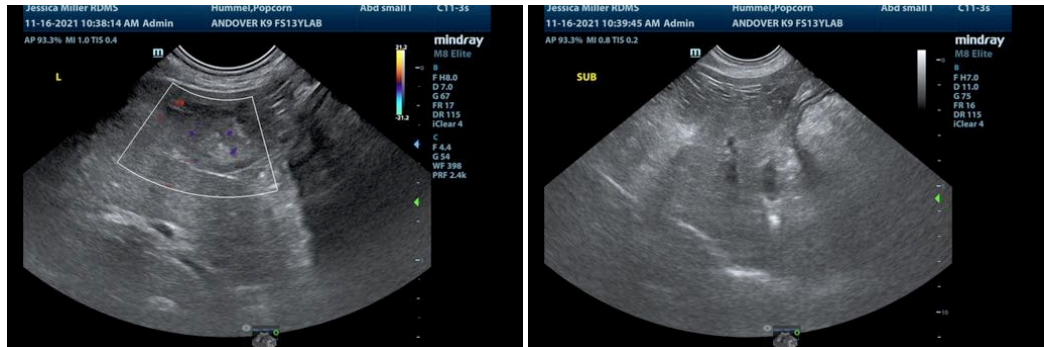
Dr. Hummel

INVOICE

93136

DATE

11/16/21



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