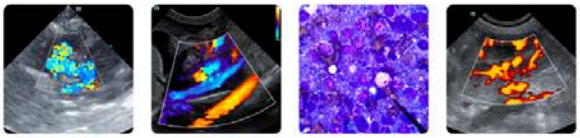


PATIENT

Gibson Jenkins

SPECIES

Canine

BREED

Corgi x

SEX

Neutered Male

AGE

10 Years

WEIGHT

22.4 kg

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Emergency Clinic of the High Country

REFERRING VET

Dr. Crosbie

INVOICE

71865

DATE

11/16/25

PRESENTING CLINICAL SIGNS

P presented yesterday for vomiting, lethargy, diarrhea, Bloodwork unremarkable. P treated with GI supportive meds, no vomiting and ate. and then went home. P went home and then started vomiting again- vomited 12 times since last night- Rads showed loss of detail right cranial abdomen and abnormal gas pattern in duodenum/small intestines 3 rads attached

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 residual prostate was uniform at 1.09 cm.

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. The right kidney measures 5.7 cm. The left kidney measured 5.8 cm.

Adrenal Glands

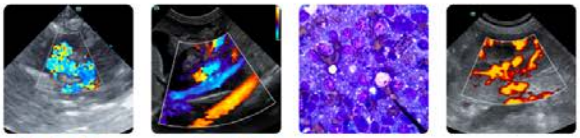
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 2.48 cm x 0.62 cm at the caudal pole and 0.73 cm at the cranial pole. The left adrenal gland measured 0.60 cm.

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.

Liver

The **liver** presented slight uniform enlargement. 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 presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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Gastrointestinal

The **stomach** was filled with chyme. No evidence of foreign bodies. The pylorus was patent yet mildly thickened with echogenic remodeling of the pyloric mucosa, possibly causing delayed outflow. 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.

Free Abdomen

A hepatic lymph node was mildly enlarged, reactive, measuring 2.4 cm x 1.06 cm.

A sublumbar lymph node was also slightly enlarged and rounded, measuring 1.3 cm.

ULTRASONOGRAPHIC FINDINGS

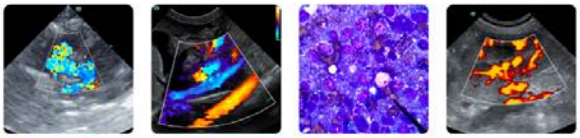
- Gastroduodenitis pyloric hypertrophy, possible concurrent delayed outflow. Very minor potential for pyloric carcinoma.
- Hepatic and sublumbar lymph node enlargement, minor/reactive lymphadenitis pattern.
- Age related renal, hepatic, and pancreatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence or suspicion of neoplasia. GI protectant protocol warranted. Slurry feeding and endoscopy indicated. Recheck sonogram in 5-7 days. Parasite assessment also indicated. A clinical trial of the following could be considered.

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.

Radiographs: Mild hepatosplenomegaly, density in pyloric outflow.



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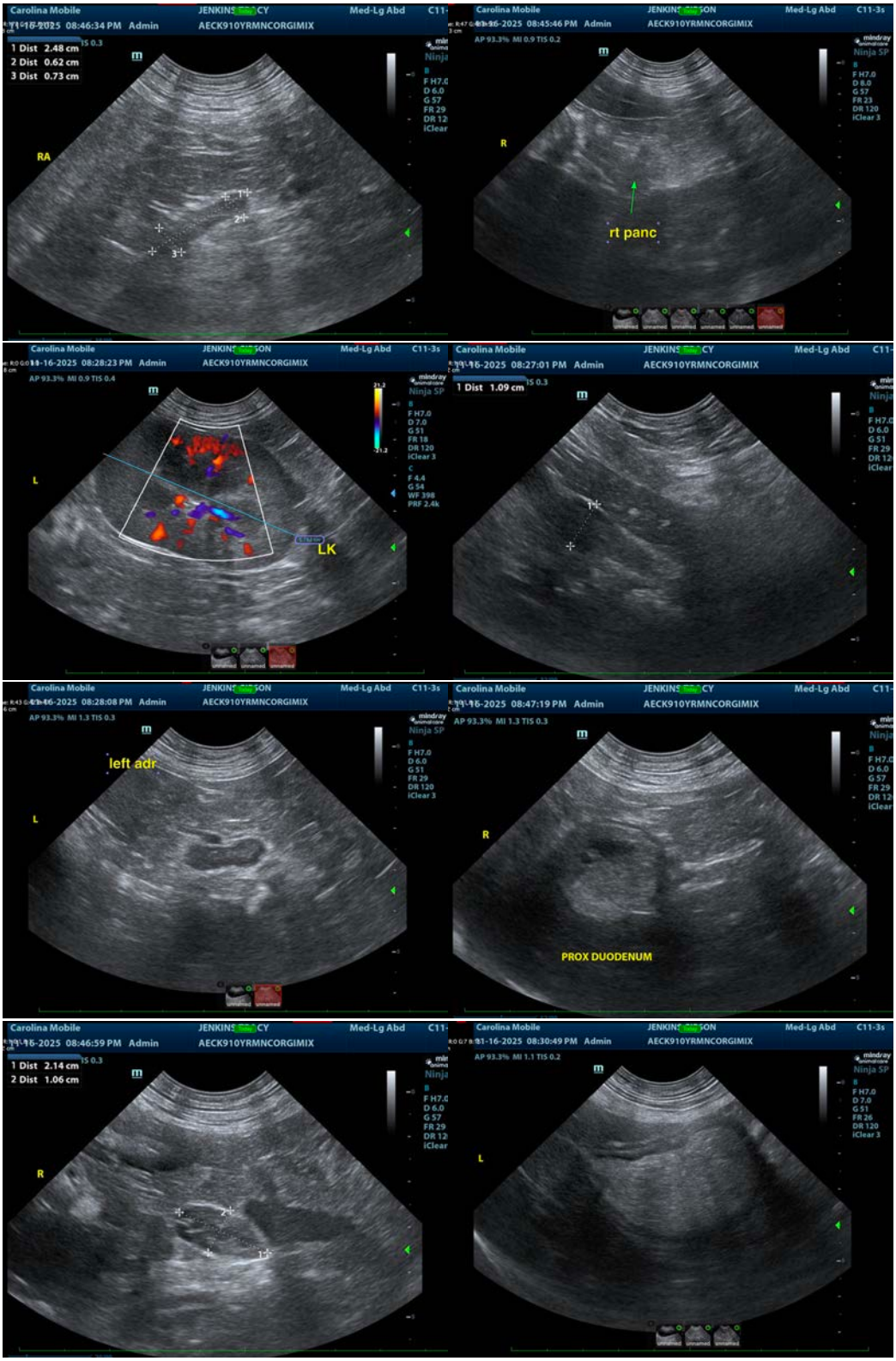

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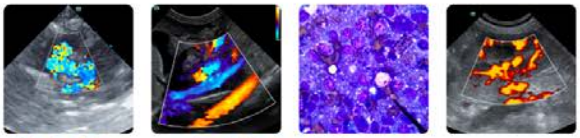

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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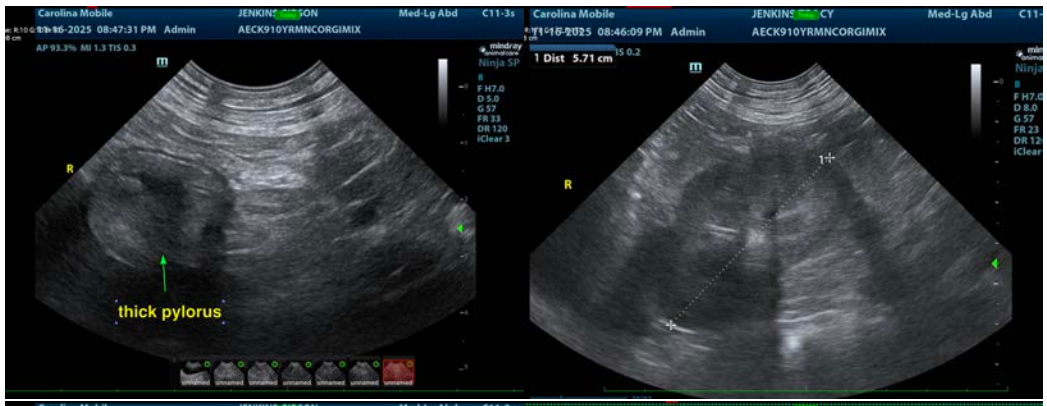

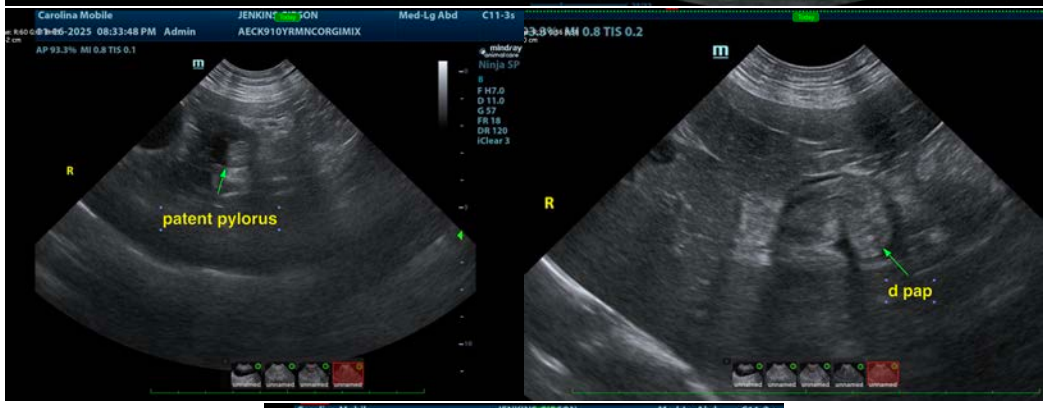

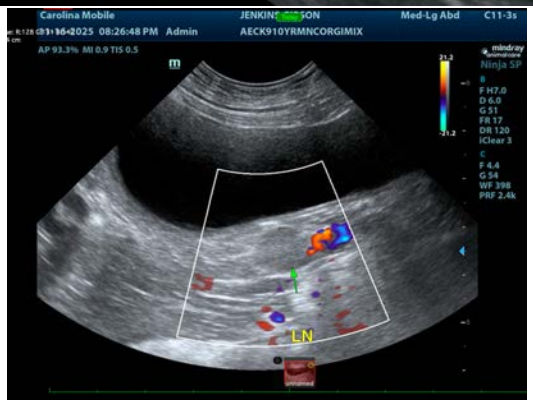

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com