



PATIENT

Coco Clark Boggs

SPECIES

Canine

BREED

Pug

SEX

Spayed Female

AGE

7 years

WEIGHT

17.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Griffin

HOSPITAL NAME

Northside VC

REFERRING VET

Dr. Griffin

INVOICE

92812

DATE

11/2/21

PRESENTING CLINICAL SIGNS

History: Shaking and lethargic

PE: Severe dental disease Chem: BUN 6 mg/dL SDMA: 16 ug/dL CBC: Retic 258.3 K/uL, Mono 1.36 K/uL

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.

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 3.0 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.

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 **liver** revealed slight coarse architecture and mildly increased portal markings. The liver is slightly subnormal in size with no evidence of intrahepatic or extrahepatic shunting. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **stomach** revealed edematous wall and anechoic luminal fluid. The pylorus was free of evident pathology. The small intestine and colon were unremarkable with uniform curvilinear patterns



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Pancreas

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The **pancreas** revealed minor coarse architecture. There was no evidence of significant inflammation.

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ULTRASONOGRAPHIC FINDINGS

Gastritis pattern.

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Otherwise, unremarkable abdomen.

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Screening for Addison's is warranted given the age and breed in this patient. The adrenal glands were not overtly evident. Treatment for gastritis is warranted. If the patient was Addisonian this is a common sequelae from Addison's disease.

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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.

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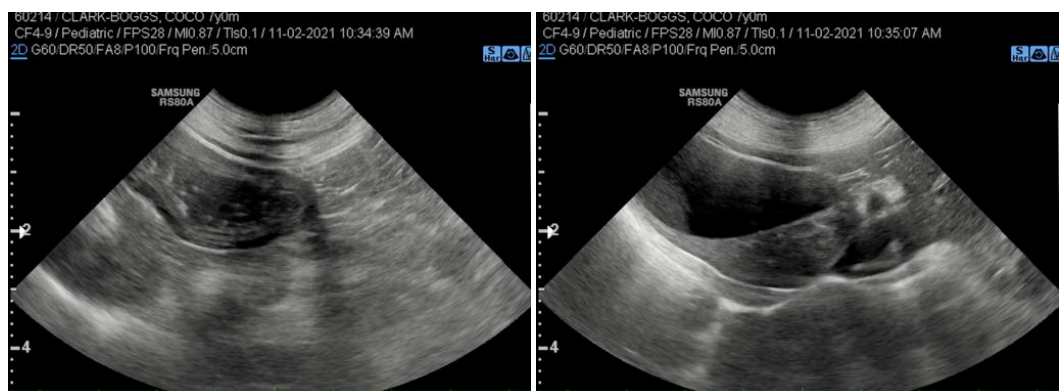
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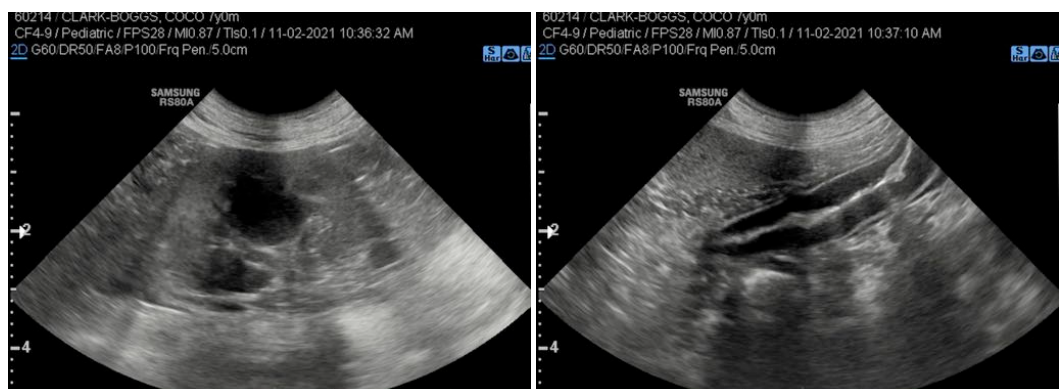
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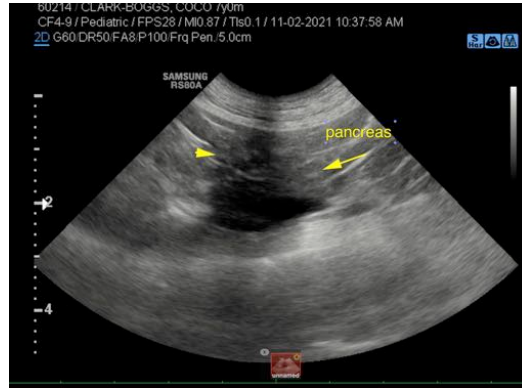
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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