



PATIENT

Chester Valladares

SPECIES

Canine

BREED

West Highland White Terrier

SEX

Neutered Male

AGE

10 Years

WEIGHT

15.6 Lbs.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Vetco Total Care

REFERRING VET

Dr. Rich Dean

INVOICE

94152

DATE

11/29/21

PRESENTING CLINICAL SIGNS

History: Chronic vomiting starting approx. 1 month ago. Vomiting 1-2 times daily. Bloods WNL. CPLI WNL, U/A WNL. 2 lb weight loss. Current med: omeprazole 10mgs q 24 hrs.

Abnormal PE/Chem/CBC/UA Results:

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 and measured 1.15 cm.

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 4.7 cm. The left kidney measured 4.17 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 1.69 x 0.57 cm at the caudal pole and 0.73 cm at the cranial pole. The right adrenal gland measured 1.73 x 0.45 cm at the caudal pole and 1.05 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 were noted.

Liver

The **liver** was mildly swollen, hypoechoic and irregular with occasional, hyperechoic nodular change and increased portal markings. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder wall was mildly edematous and double layered measuring 0.28 cm in wall thickness.



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Gastrointestinal

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The **stomach** revealed severe gastric thickening with enhanced and reactive surrounding mesentery that extended into the pancreas.

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Pancreas

The **pancreas** was hypoechoic and irregular.

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Free Abdomen

Mild ascites was noted. Regional lymph nodes were mildly enlarged.

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ULTRASONOGRAPHIC FINDINGS

AGE

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- Severe gastritis pattern with concurrent pancreatitis and lymphadenopathy.
- Cholangitis liver pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

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There is a potential of gastric neoplasia. Endoscopy would be ideal in this patient with mucosal biopsies or full thickness gastric, hepatic lymph node biopsies from a surgical perspective. The prognosis is guarded. If sampling is absolutely not an option then a clinical trial of the following can be considered with IV fluid support. However, endoscopy is strongly encouraged or full thickness gastric and lymph node biopsies. Recheck sonogram is recommended in 7-10 days to assess any evidence of regression or progression. Emerging gastric lymphoma or carcinoma is possible.

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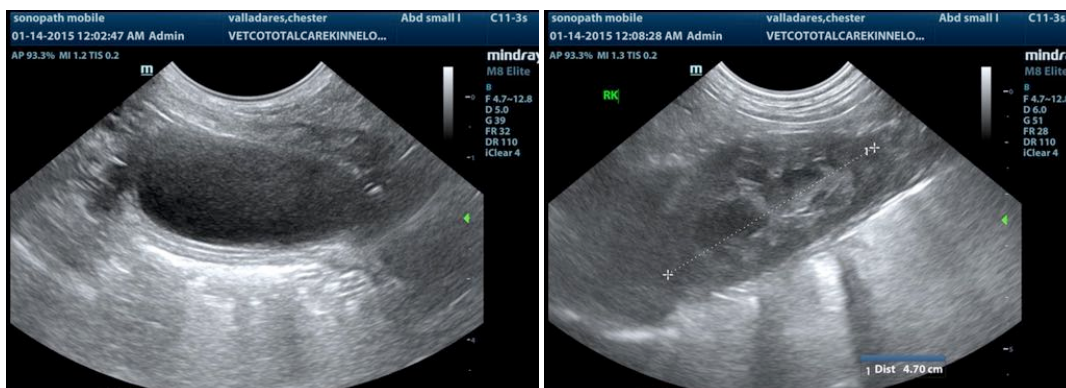
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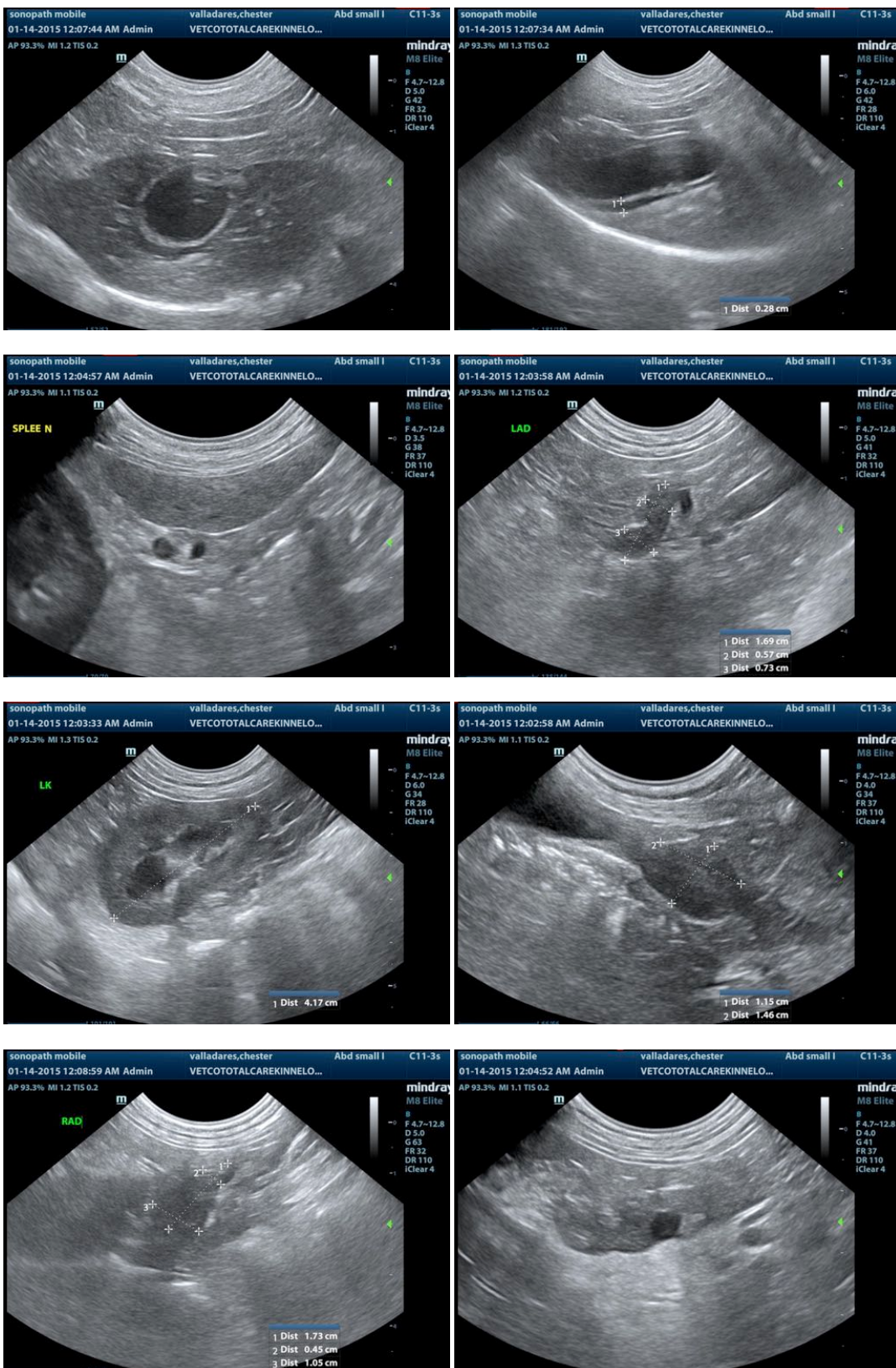
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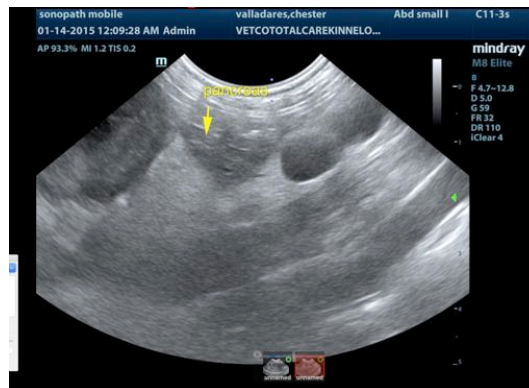
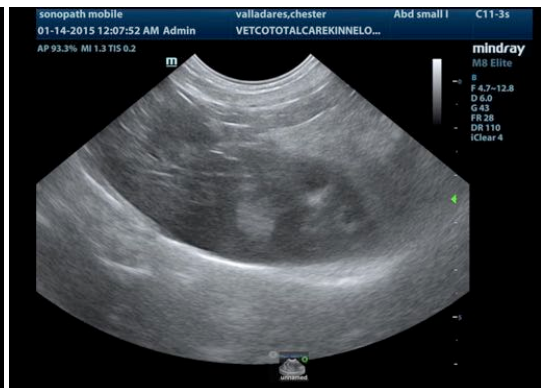
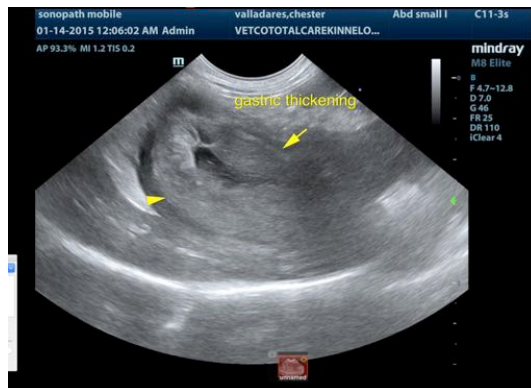
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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