

**DATE**

11/4/22

PRESENTING CLINICAL SIGNS**PATIENT**

Tommy Shipley

SPECIES

Canine

BREED

Pitbull

SEX

Neutered Male

AGE

1/3/15

WEIGHT

53.2 Pounds

History: Per notes from RDVM: arched back started yesterday, 2 days ago pet was laying in bed and yelped in the middle of the night twice, walking up steps oddly, yesterday started yelping nonstop. P here yesterday, seems uncomfortable in the hind end, vomiting and not e/d since yesterday, defecated a little last night, ate some yesterday morning but nothing since, a lot less active. Couldn't give him meds yesterday, kept vomiting, able to give 1/2 methocarb this am. Vomiting started yesterday with food, then went to liquid. Per owner pet has sensitive stomach, no people food. Pet does chew up things, plastic particularly. Per owner pet chewed plastic hanger 2 days - possibly could have ingested some.

11-01-2022 Referral from warm and fuzzy for GI signs - possible obstruction - 10/31/22- presented for leg injury right hind,

yelping, decreased activity. performed xrays and sent home with methocarbamol and carprofen. - Xrays- hazy over c6-c7. sedated for xray, meaty - Since then projectile vomiting food and water, regurgitated fluid for 24 hours. Didnt eat this am - PE abdomen soft - Rechecked xray and concern for GI obstruction- stomach fluid filled and distended.

Current Medications: sucralfate, cisapride, maropitant, gabapentin, trazadone, omeprazole, entyce

Lab Results: See attached

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**INTERPRETED BY**Eric Lindquist, DMV
DABVP, Cert. IVUSS**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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

HOSPITAL NAMEAnima Emergency
Hospital

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 left kidney measured 6.01 cm. The right kidney measured 6.55 cm.

REFERRING VET

Dr. Kalwa

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 2.5 cm x 0.86 cm at the caudal pole and 0.82 cm at the cranial pole. The left adrenal gland measured 2.12 cm x 0.74 cm at the caudal pole and 0.69 cm at the cranial pole.

INVOICE

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Spleen

The **spleen** revealed mild uniform enlargement with subtle micronodular changes. This is likely hyperplasia, however, if any weight loss is an issue then FNA is indicated.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **stomach** revealed pyloric hypertrophy and a mild amount of luminal stasis. No loss of mural detail noted. 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. 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.

Free Abdomen

A mesenteric **lymph node** (3.1 cm x 1.0 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

ULTRASONOGRAPHIC FINDINGS

- Reactive spleen
- Mesenteric lymph nodes
- Mild gastritis pattern with pyloric hypertrophy

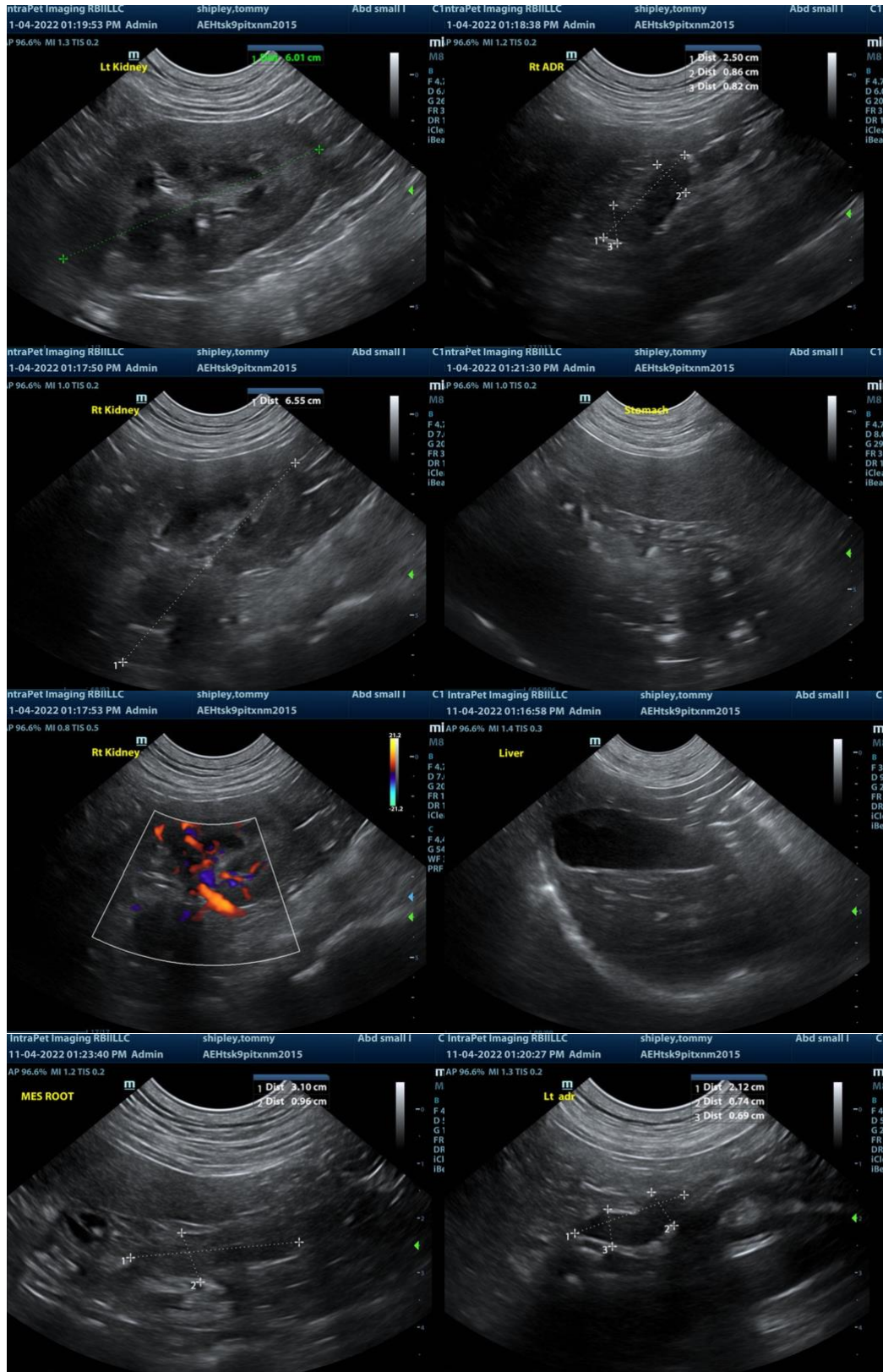
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

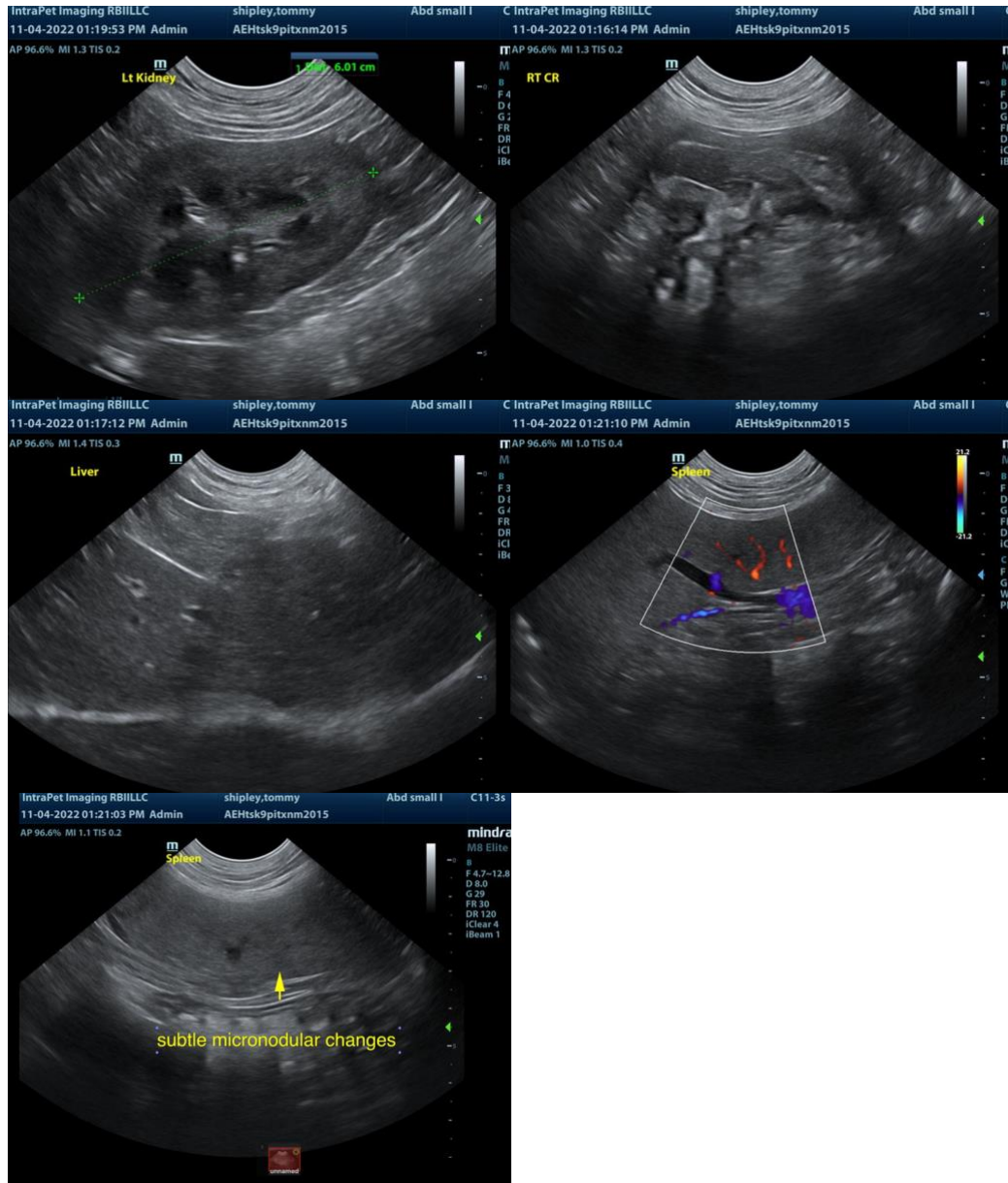
Given the patient history, treatment for gastritis is indicated. No overt ulcerative disease noted, however, microulcerative changes could not be completely ruled out. Endoscopy would be necessary. No evidence of foreign body. Canned BID hydrolyzed diet may be in this patient's best interest given the pyloric presentation. Recheck sonogram in 10-14 days. FNA of the spleen is indicated if any weight loss is an issue.

A clinical trial of the following may prove effective:

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.





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.

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