

**DATE PRESENTING CLINICAL SIGNS**

12/10/21

History: Patient has been intermittent vomiting for the past week.

**PATIENT**

Jam Carroll

Current Medications: Sucralfate 500mg- 1 tab BID for 3 days.

Lab Results: elevated WBC, ALT, SAP.

Radiographs: no significant findings on radiographs.

**SPECIES**

Canine

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**BREED**

Catahoula Leopard

Mix

**SEX**

Neutered Male

**AGE**

8/24/13

**WEIGHT**

30.2 Lbs.

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

**HOSPITAL NAME**

Madonna VC

**REFERRING VET**

Dr. Brockett

**INVOICE**

13004

**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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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. The left kidney measured 6.19 cm. Slight pyelectasia was noted in the left kidney, measuring 0.32 cm. The right kidney measured 6.3 cm. Trace pyelectasia was noted in the right kidney.

**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 2.32 cm x 0.72 cm at the caudal pole and 0.66 cm at the cranial pole. The right adrenal gland measured 1.66 cm x 0.71 cm at the caudal pole and 0.58 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** revealed slight increased portal markings and edematous gallbladder.

**Gastrointestinal**

The **gastrointestinal tract** was empty, however, minor hypertrophy noted in the pyloric outflow with enhanced surrounding mesentery. The small intestine and colon were largely unremarkable, however, some areas of spasming noted.

**Pancreas**

The **pancreas** was coarse in architecture and mildly heterogeneous in the right limb. Generalized enlargement was noted in the left limb (1.73 cm wide). Enhanced surrounding mesentery noted, suggestive for inflammation.

## ULTRASONOGRAPHIC FINDINGS

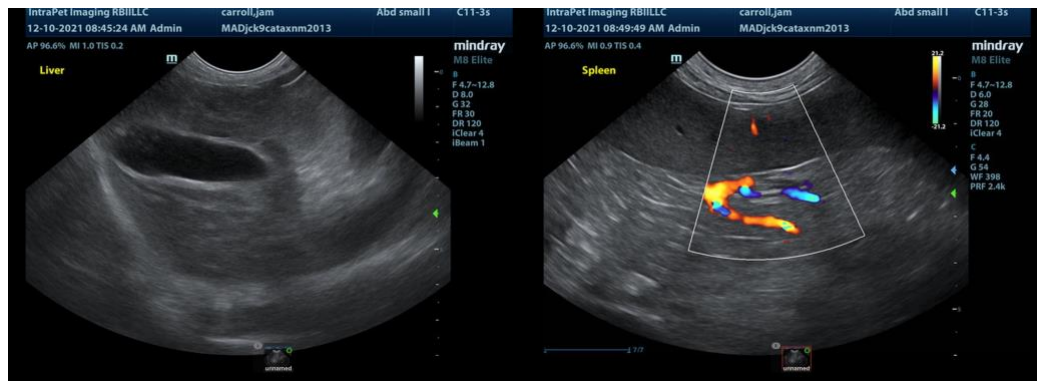
- Gastroenteritis/minor pancreatitis/history of cholangitis pattern

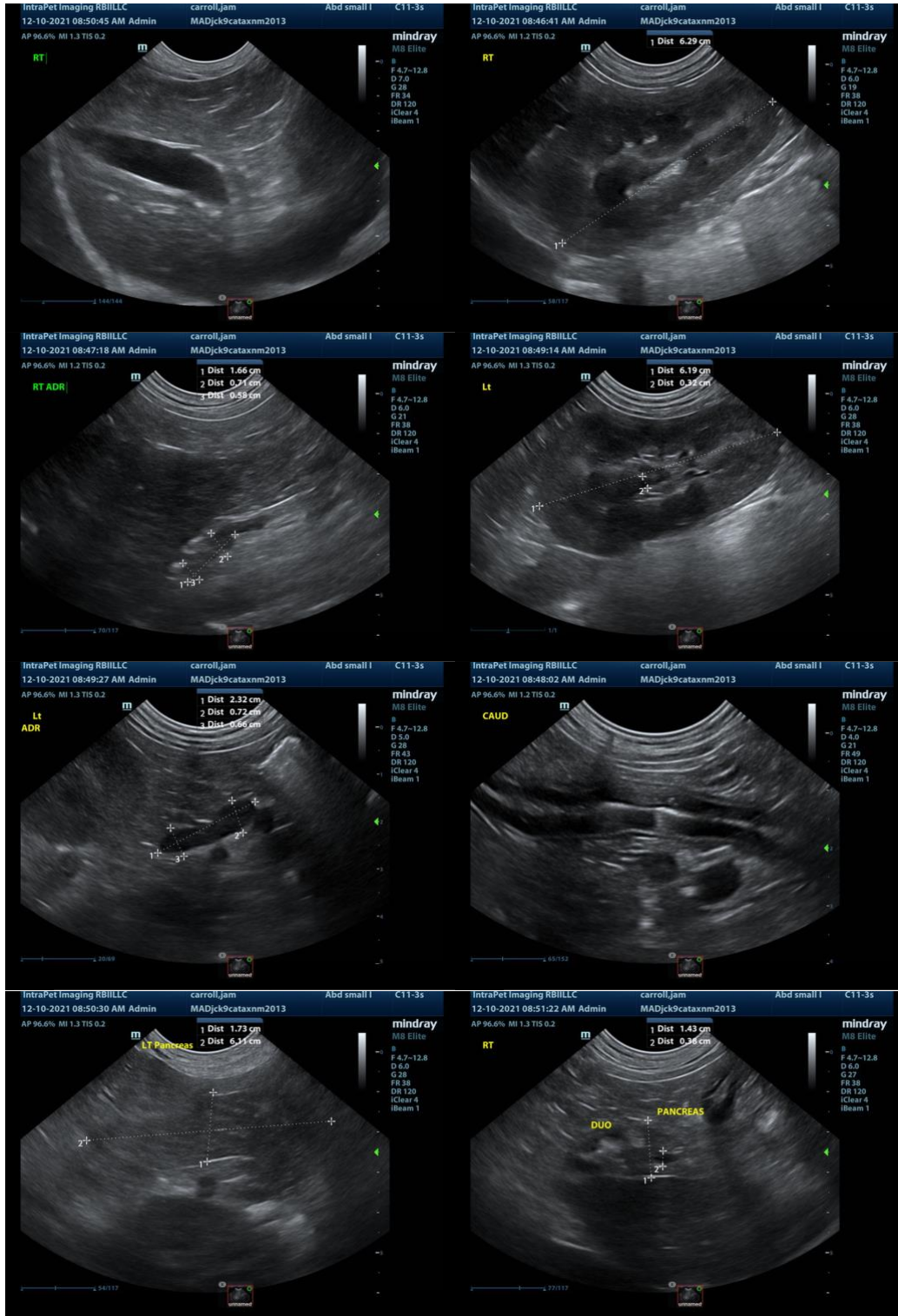
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

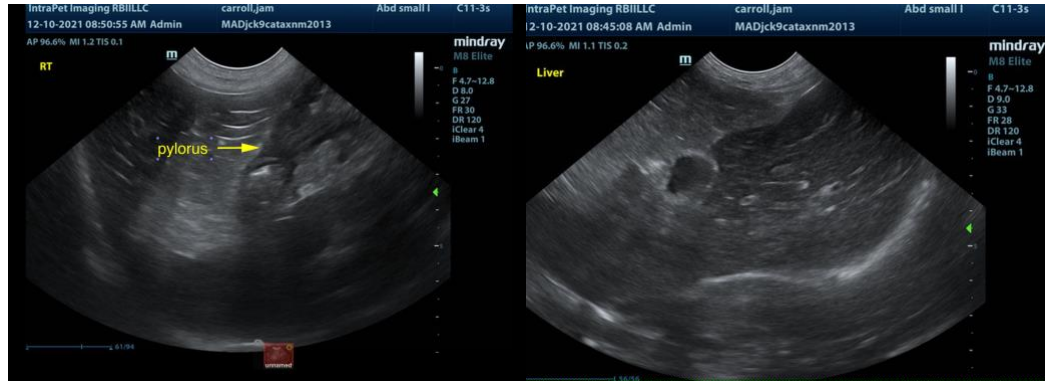
Leptospirosis titers warranted. FNA of the liver indicated. A clinical trial of the following may prove fruitful, however, IV fluid support over 48-72 hours may be in this patient's best interest with GI protectants and antibiotics (such as ampicillin/metronidazole or enrofloxacin/metronidazole) to cover for causes of cholangitis/cholangiohepatitis. Recheck sonogram of the pancreas, GI and liver, ideally in 1 week to ensure adequate resolution.

## 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.







**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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