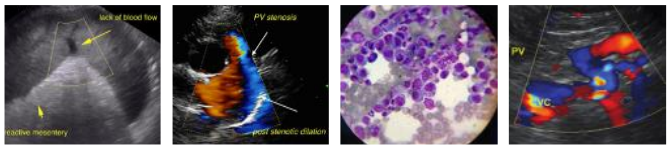

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1-800-838-4268 info@sonopath.com

PATIENT

Kayla Gibney

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Spayed Female

AGE

8 Years

WEIGHT

13.4 Lbs.

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Newton VH

REFERRING VET

Dr. Verhalen

INVOICE

13038

DATE

12/13/21

PRESENTING CLINICAL SIGNS

History: chronic vomiting stating 12/3/21. rDVM radssuspicious for possible mass or FB. on famotidine.

Abnormal PE/Chem/CBC/UA Results: 12/3: cbc/chem nsf

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 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 3.91 cm. The left kidney measured 4.44 cm. Slight pinpoint mineralization was noted in the kidneys.

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 1.92 cm x 0.57 cm at the caudal pole and 0.54 cm at the cranial pole. The right adrenal gland measured 1.62 cm x 1.0 cm at the cranial pole and 0.47 cm at the caudal 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. Cranial folding of the spleen was noted.

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** in this patient presented concentric thickening with loss of mural detail. Slight shadowing luminal material was noted. Submucosal disruption was noted with periserosal inflammation. The gastric thickening continued into the upper duodenum with loss of mural detail. The distal small intestine was unremarkable.

Pancreas

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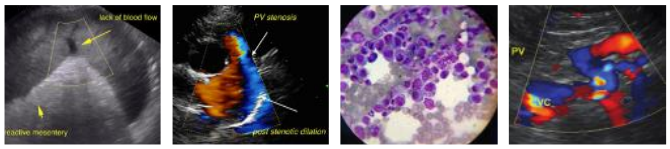

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The **pancreas** revealed heterogeneous mixed echogenic changes consistent with pancreatitis.

ULTRASONOGRAPHIC FINDINGS

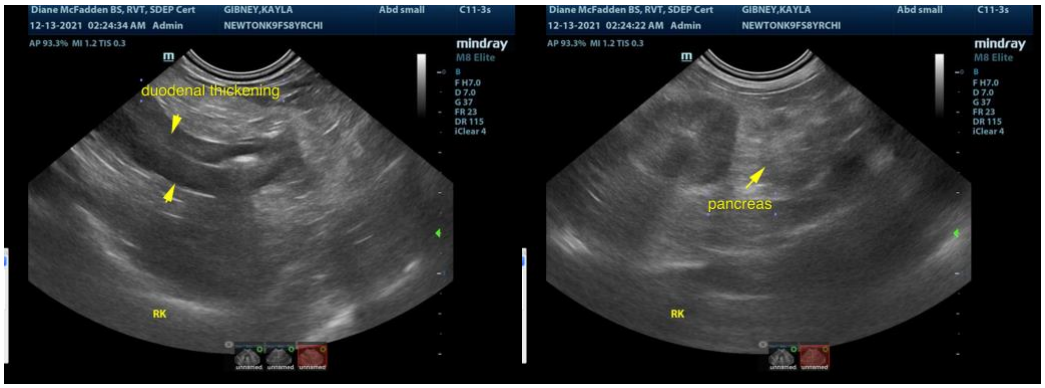
- undefined upper gastrointestinal thickening with regional inflammation
- Concurrent pancreatitis
- Kidneys, slight pinpoint mineralization
- Splenic fold

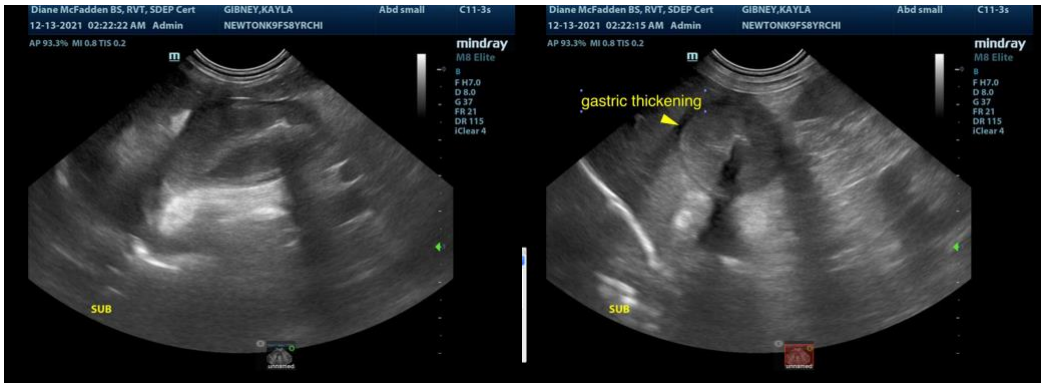
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gastroduodenal lymphoma, carcinoma, severe gastroduodenitis possible. No evidence of neoplasia. Exploratory surgery could be considered with the objective of full thickness gastrointestinal biopsies or endoscopy in a less invasive fashion. Aggressive treatment for gastritis, such as the following protocol could be considered, if sampling is absolutely not an option. Recheck sonogram in 5-7 days.

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.





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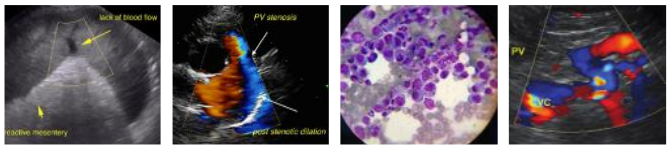

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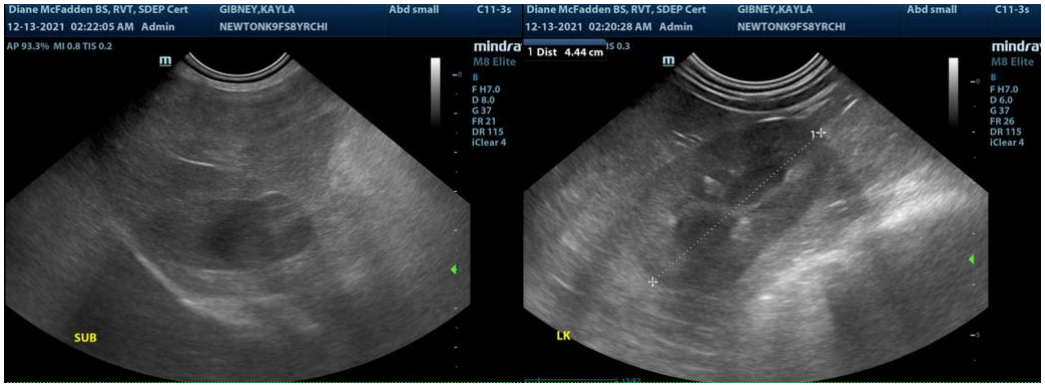

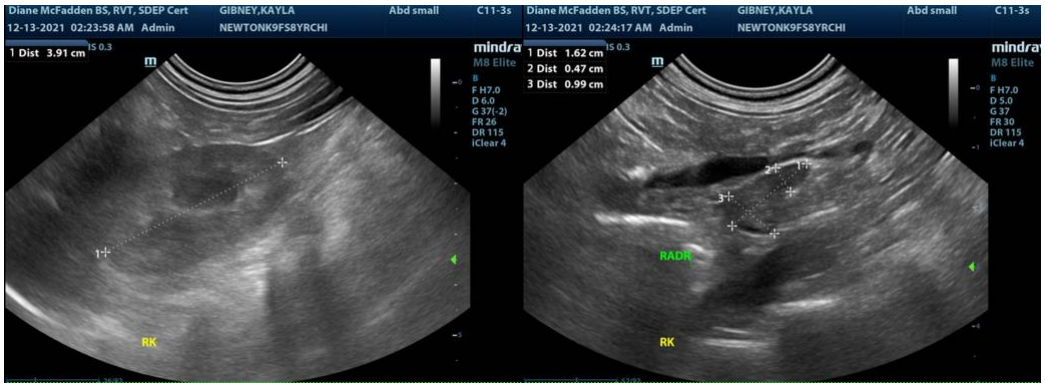

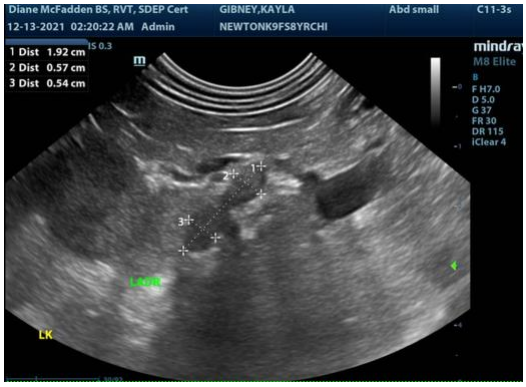

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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