



**PATIENT**

Sunday Howard

**SPECIES**

Canine

**BREED**

Shepherd Cross

**SEX**

Spayed Female

**AGE**

9 months

**WEIGHT**

26 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

Alpine 24/7

**REFERRING VET**

Dr. Zhao

**INVOICE**

94600

**DATE**

12/14/21

**PRESENTING CLINICAL SIGNS**

History: OVH and umbilical hernia repair done on Dec 10 patient lethargic and some vomiting. On meloxicam orally. Presented to emergency hospital yesterday. On ampicillin and metronidazole. Attending concerned about FB or GI ulceration, meloxicam renal toxicity  
Abnormal PE/Chem/CBC/UA Results: WBC normal elevated kidney enzymes

**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 7.86 cm. The left kidney measured 7.48 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 right adrenal gland measured 0.6 cm at the cranial pole and 0.47 cm at the caudal pole. The left adrenal gland measured 0.6 cm.

**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** 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.



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**Gastrointestinal**

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The **gastric** wall was thickened with an empty lumen. Heterogenous mucosal changes were noted as well as hypertrophy. Hyperechoic mucosal polyp was noted in the gastric fundus and measured 1 x 1.5 cm. Muscularis hypertrophy was also noted.

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**Pancreas**

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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.

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**ULTRASONOGRAPHIC FINDINGS**

Concentric gastric wall thickening.

**AGE**

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Mucosal remodeling.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

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There was no obvious ulceration noted, yet micro ulceration cannot be completely ruled out. There was no evidence of foreign body. GI protectant protocol is warranted. Slurry feeding is recommended. Amoxicillin and Metronidazole combination is recommended to cover for Helicobacter. Recheck sonogram is recommended in 1 week to ensure adequate resolution.

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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