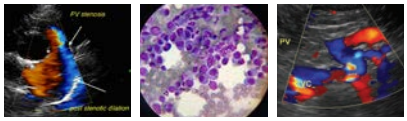
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

12/15/21

PATIENT

Akira Martin

SPECIES

Canine

BREED

Vizsla X

SEX

Spayed Female

AGE

2/12/09

WEIGHT

35 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Stephanie Pearce RDCS, RVT

HOSPITAL NAME

Claws N Paws AH

REFERRING VET

Dr. Singh

INVOICE

33480

PRESENTING CLINICAL SIGNS

History: Previous hx of V+/D+, inappetence, excessive grass eating
Currently acute V+ last Thursday but only a small amount of undigested food less than hr after breakfast, semi loose stool/D+ Saturday after small portion of thanksgiving leftovers, V+ brownish bile this AM.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required for a full diagnostic ultrasound.
Stat Report: Not requested.

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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The uterine stump was unremarkable at 5.0 mm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 and no evidence of pelvic dilation was present. The right kidney measured 4.96 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The right adrenal gland measured 1.65 cm x 0.47 cm at the caudal pole and 0.49 cm at the cranial pole. The left adrenal gland measured 1.88 cm x 0.52 cm at the caudal pole and 0.47 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 subnormal in size and presented increased portal markings and coarse architecture. The **gallbladder** was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

Gastrointestinal

The **gastric** wall presented pyloric hypertrophy with wall thickness measuring 1.3 cm with hypertrophied and echogenic mucosal changes. Muscularis thickening noted at 1.0 cm. 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.

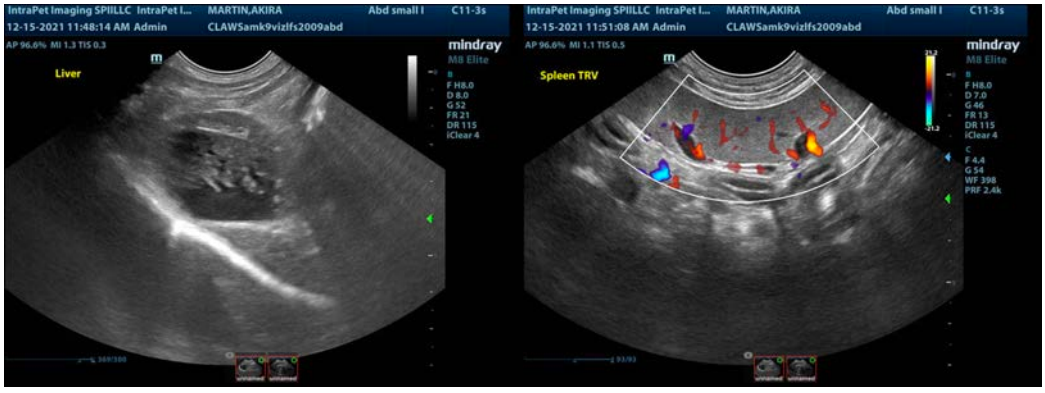
ULTRASONOGRAPHIC FINDINGS

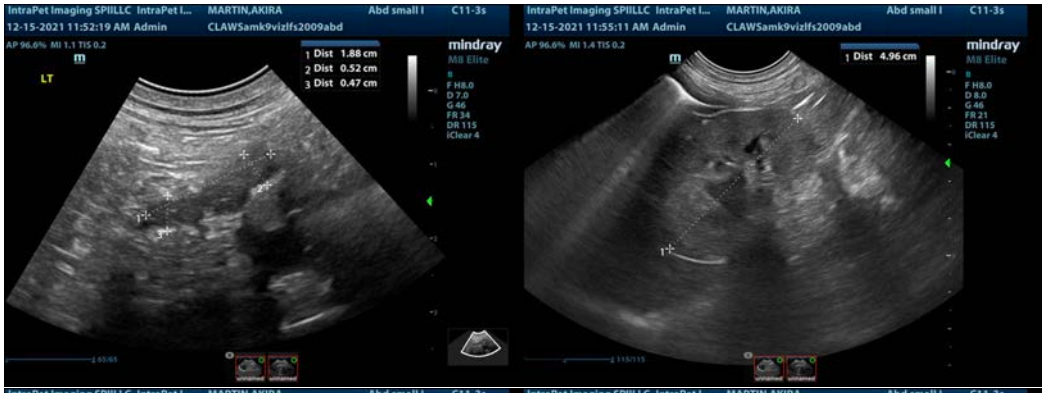
- Hepatic remodeling
- Pyloric hypertrophy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

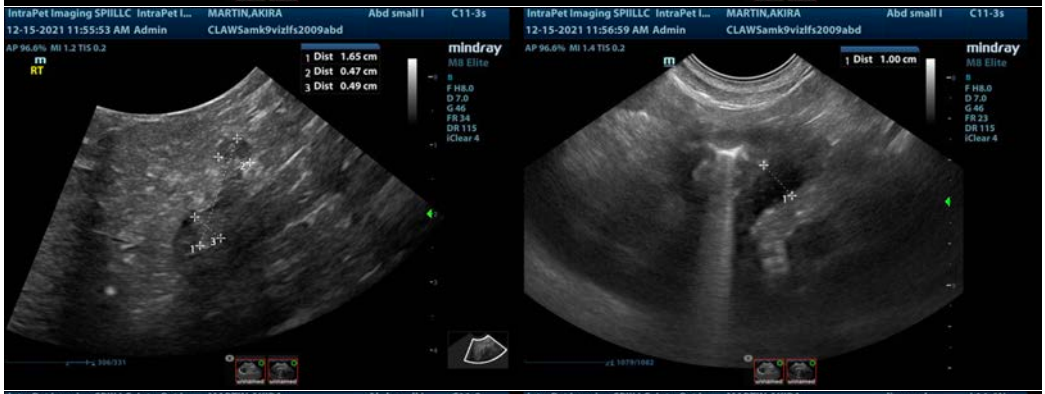
Some aspects of hypertrophic pyloric gastropathy present. Bile acid profile warranted, as the remodeling of the liver appears to be moderate. A clinical trial of the following may prove effective. No overt evidence of or suspicion of neoplasia. Recheck sonogram in 10-14 days.

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.

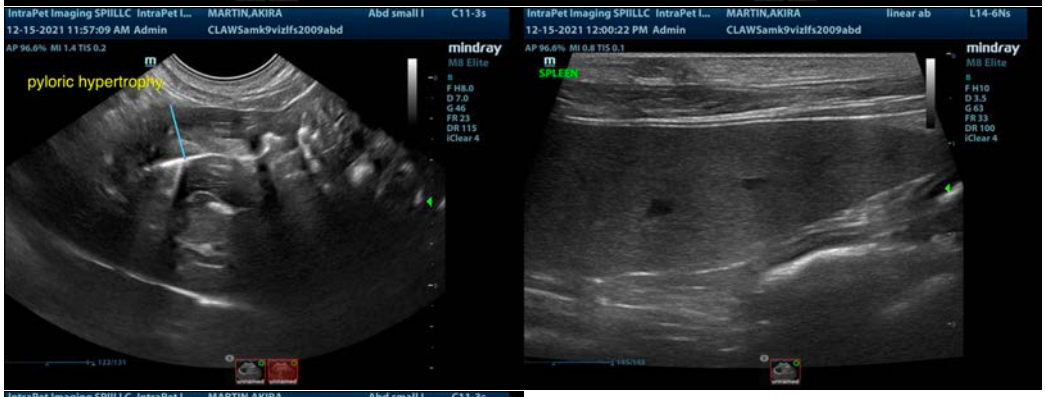



IntraPet Imaging SPIILLC IntraPet I... MARTIN,AKIRA Abd small I C11-3s
12-15-2021 11:52:19 AM Admin CLAWSamk9vizIfs2009abd
LT
1 Dist 1.88 cm
2 Dist 0.52 cm
3 Dist 0.47 cm
mindray
M8 Elite

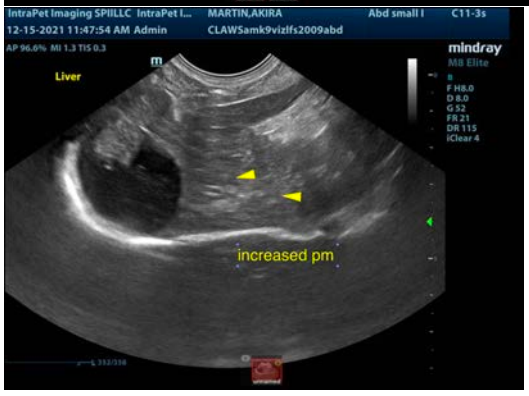
IntraPet Imaging SPIILLC IntraPet I... MARTIN,AKIRA Abd small I C11-3s
12-15-2021 11:55:11 AM Admin CLAWSamk9vizIfs2009abd
1 Dist 4.96 cm
mindray
M8 Elite


IntraPet Imaging SPIILLC IntraPet I... MARTIN,AKIRA Abd small I C11-3s
12-15-2021 11:55:53 AM Admin CLAWSamk9vizIfs2009abd
RT
1 Dist 1.65 cm
2 Dist 0.47 cm
3 Dist 0.49 cm
mindray
M8 Elite

IntraPet Imaging SPIILLC IntraPet I... MARTIN,AKIRA Abd small I C11-3s
12-15-2021 11:56:59 AM Admin CLAWSamk9vizIfs2009abd
1 Dist 1.00 cm
mindray
M8 Elite


IntraPet Imaging SPIILLC IntraPet I... MARTIN,AKIRA Abd small I C11-3s
12-15-2021 11:57:09 AM Admin CLAWSamk9vizIfs2009abd
pyloric hypertrophy
mindray
M8 Elite

IntraPet Imaging SPIILLC IntraPet I... MARTIN,AKIRA linear ab L14-6Ns
12-15-2021 12:00:22 PM Admin CLAWSamk9vizIfs2009abd
SPLEEN
mindray
M8 Elite


IntraPet Imaging SPIILLC IntraPet I... MARTIN,AKIRA Abd small I C11-3s
12-15-2021 11:47:54 AM Admin CLAWSamk9vizIfs2009abd
Liver
increased pm
mindray
M8 Elite

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