**PATIENT**

Loki Koehler

SPECIES

Canine

BREED

Cavapoo

SEX

Neutered Male

AGE

1 Year 2 Months

WEIGHT

10.2 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VETMadison Vet
Specialists - Dr. Keller**INVOICE**

43468

DATE

12/15/22

PRESENTING CLINICAL SIGNS

oki started vomiting Sunday night (12/11). He vomited food and bile several times; later he refused food/water and was eating grass in the yard. He was first evaluated by Colonial Terrace Vet on Tuesday 12/13- they administered IV fluids and Cerenia. He was sent home with a can of Purina EN. He was re-evaluated on Wednesday 12/14 as he was not improving at home, refusing to eat, and started having runny, reddish diarrhea. On 12/14 he was given IV fluids and Cerenia, and started on oral metronidazole. pcDVM performed AXR and CBC/Chem/Lytes. Loki received a dose of oral metronidazole this morning and was recommended to have an AUS with MVS. He has not had any vomiting or diarrhea today but was drooling excessively this morning.

Abnormal PE/Chem/CBC/UA Results: BG- 103mg/dL Lactate- 0.7 (<2.5-2.5) PCV- 45% TS- 4.5mg/dL

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 residual prostate measured 0.81 cm.

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 4.83 cm. The left kidney measured 4.5 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 left adrenal gland measured 0.44 cm at the cranial pole and 0.48 cm at the caudal pole.

Spleen

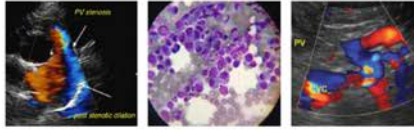
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** was slightly subnormal in size. Uniform parenchyma, no evident pathology. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **stomach** revealed minor hypertrophy with enhanced hyperechoic periserosal fat, suggestive for inflammation. The small intestine was unremarkable. The colon was empty.



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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

Reactive medial iliac lymph nodes noted, measuring 2.15 cm x 0.74 cm on the right.

ULTRASONOGRAPHIC FINDINGS

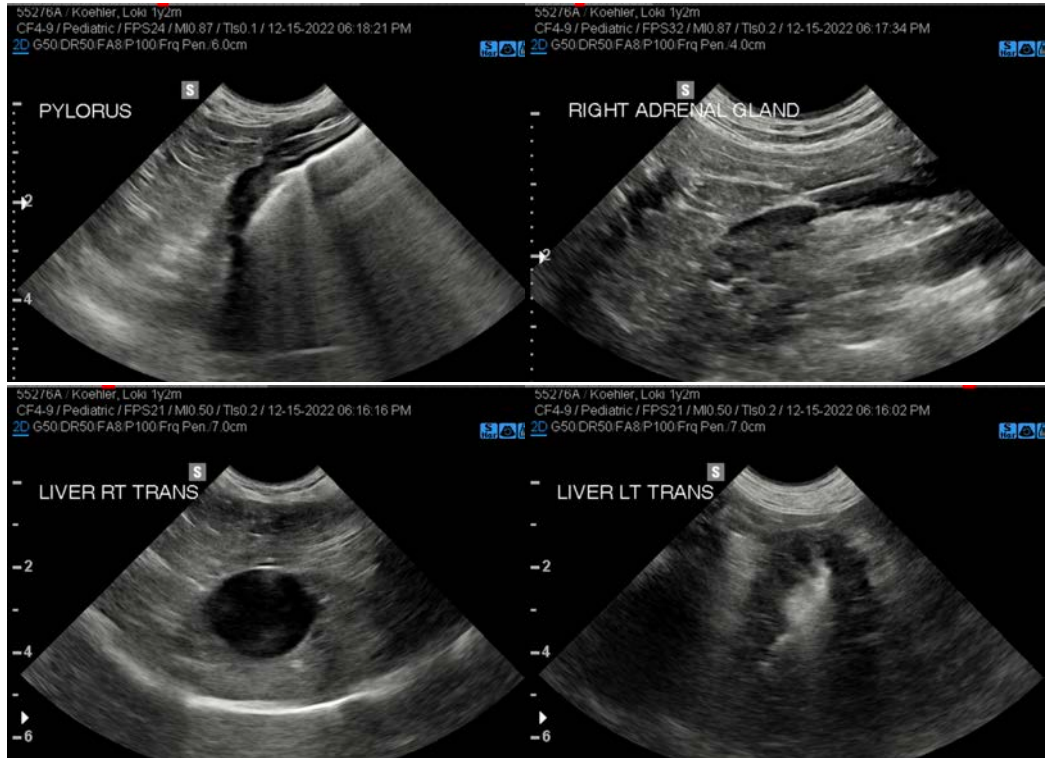
- Mild gastritis pattern
- Slight reactive medial iliac lymphadenopathy
- Slight subnormal liver size

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of foreign body or neoplastic criteria. Supportive care should prove effective.. If vomiting persists, then endoscopy would be indicated to obtain mucosal biopsies. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. 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. A recheck sonogram to assess GI improvement or progression would be ideal in 4 weeks.



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SVS Mobile Imaging CT 262-366-5970
fredgromalak@gmail.com



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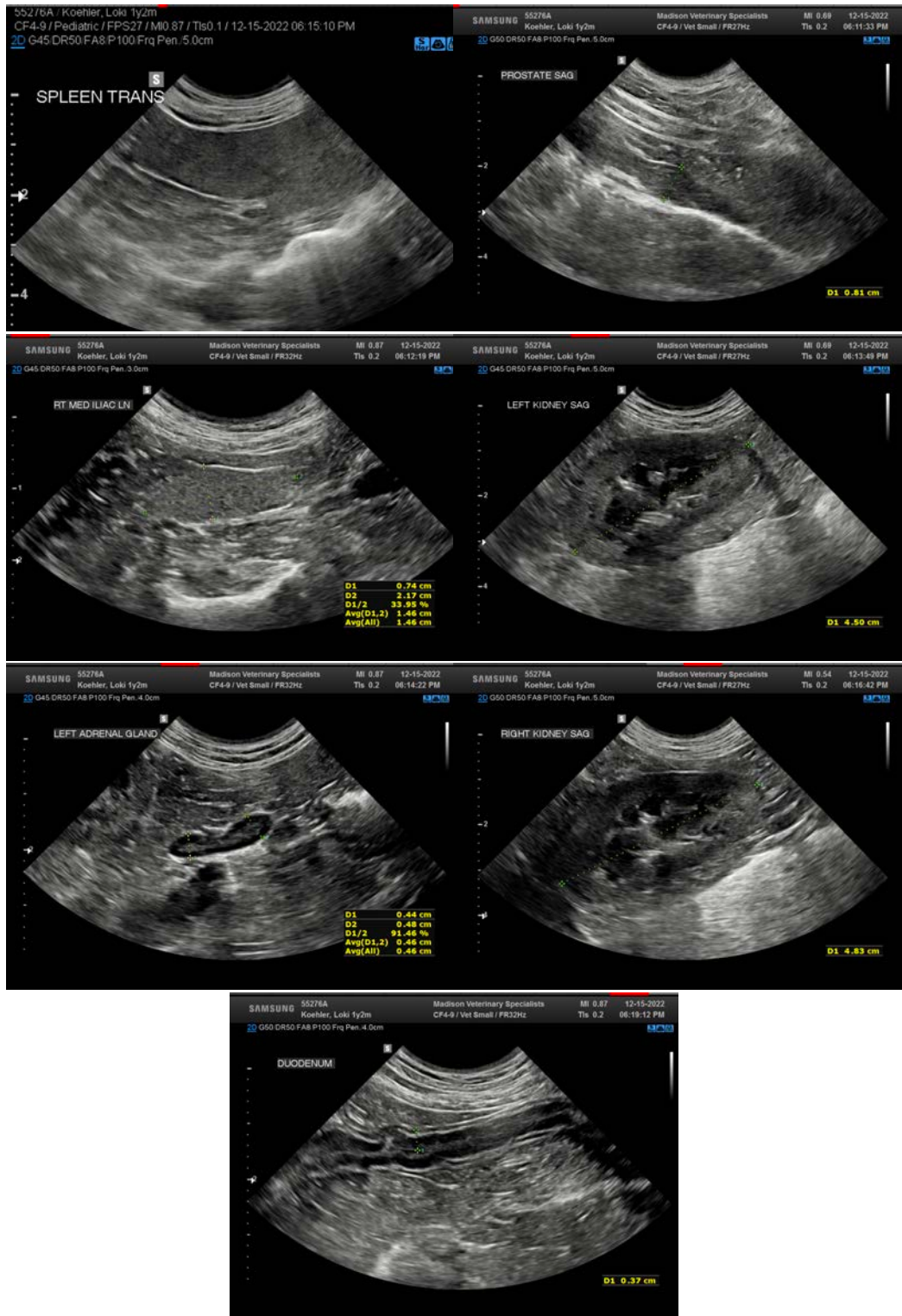
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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