



PATIENT PRESENTING CLINICAL SIGNS

Auggee Miller

History: Hx of laryngeal paralysis - stable; not on any meds Seen for ear infection 11/29/21 - owner noted picky appetite, intermittent vomiting and diarrhea. Weight loss w/ mild mm atrophy dorsum noted on exam. Bloodwork performed: increased PSL, otherwise NSF Started on bland diet, cerenia and forti - flora. recheck exam 2 weeks later - still not doing well although vomiting resolves as long as he's on cerenia; diarrhea resolved w/ bland diet but poor appetite and weight loss continuing.
Abnormal PE/Chem/CBC/UA Results: Inspiratory stridor, thin BCS, otherwise NSF on exam
Bloodwork - see above Urinalysis performed 2 weeks later - 2+ bilirubinuria, otherwise NSF.

SPECIES

Canine

BREED

Labrador Cross

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Neutered male

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.

AGE

10 years

The residual prostate measured 5.0 cm.

WEIGHT

74.8 lbs

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 6.6 cm. The left kidney measured 7.05 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 2.86 x 0.8 cm. The left adrenal gland measured 2.74 x 0.82 cm.

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Dr. Bailes

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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.

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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

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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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SPECIES

Gastrointestinal

Canine

The **stomach** revealed minor gastric thickening with a trace amount of chyme. There was no loss of mural detail. There were minor areas of increased submucosal echogenicity and thickness with slight areas of muscularis hypertrophy noted. However, the changes are very minor. This may be indicative of long term chronic inflammatory bowel.

BREED

Labrador Cross

Pancreas

SEX

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.

Neutered male

AGE

10 years

ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen with minor chronic inflammatory bowel presentation.

WEIGHT

74.8 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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I recommend hydrolyzed diet in this patient. GI protectant protocol such as the following is recommended as well as reassessment of the clinical signs. There was no evidence of neoplasia or foreign bodies.

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Helicobacter/Gastritis protocol

Dr. Bailes

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.), **Sucralfate** (0.5-2 g/dog PO) and **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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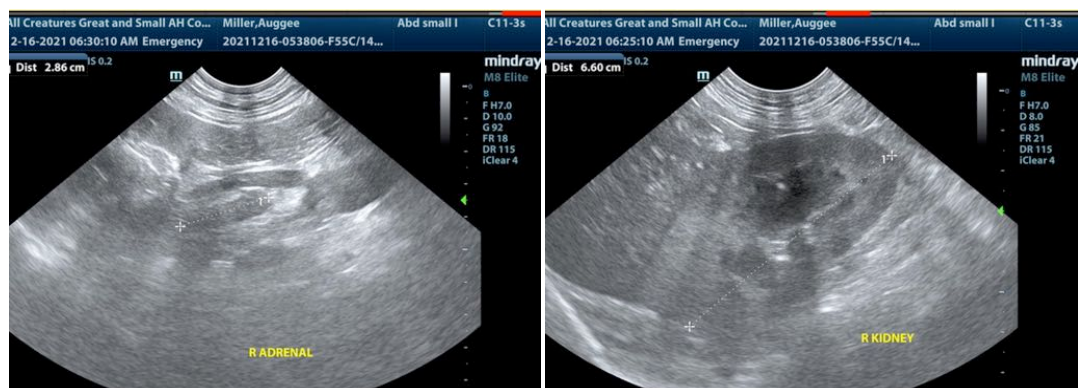
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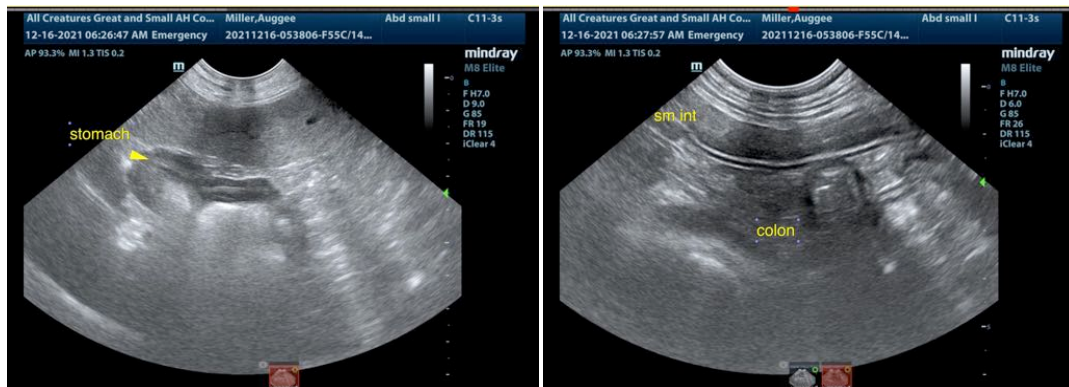
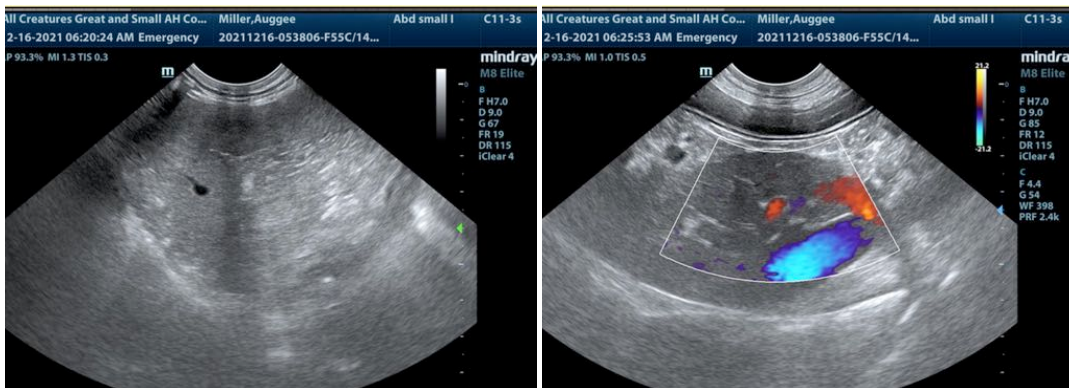
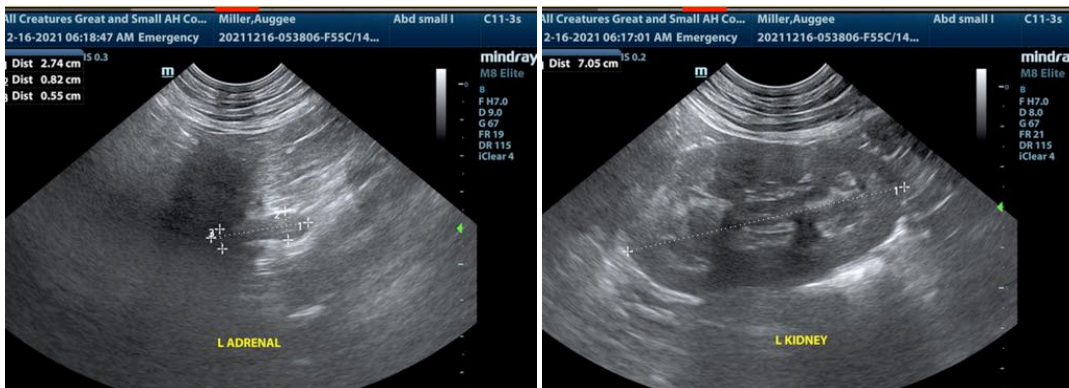
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



PATIENT

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