



PATIENT

Remy Anderson

SPECIES

Canine

BREED

GSD

SEX

Spayed Female

AGE

5 Years 5 Months

WEIGHT

65.1 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Jimmerson

HOSPITAL NAME

Willamette VH

REFERRING VET

Eric Lindquist, DMV

DABVP, Cert. IVUSS

INVOICE

43529

DATE

12/18/22

PRESENTING CLINICAL SIGNS

Was here on 12/15 for V+/D+. Went home without patient treatment. Today 12/17, P was able to eat breakfast and dinner yesterday am and again around noon but declined dinner and breakfast this am. Around 4 am had pudding bloody D+ that turned to liquid bloody D+ a few hours later. Started dripping bloody discharge out her anus around 12:30pm. P was able to take all meds sent home yesterday, but only had sucralfate, ondansetron and cerenia and 300mg of gabapentin today. QAR. Patient was aggressive. Physical exam performed under sedation. MM pink and moderately tacky with CRT <2s. Cardiac and lung auscultation was wnl. BCS: 4/9. Frank hemorrhagic diarrhea from rectum. No perianal fistulas noted. Clear corneas OU. palpebral present OU.

Abnormal PE/Chem/CBC/UA Results: profusely hemorrhagic diarrhea decreased appetite r/o- acute hemorrhagic diarrhea syndrome, dysbiosis, giardia, other parasites, _ CBC: HCT 53.8, Monocytes 1.37 Chem 17: ALT 156, GGT 21, Total Bilirubin 3.0 EPOC: Glucose 127, Na:K 32, lactate 1.56, pH 7.289, 62.2, BE -6.9 UA: USG >1.050, pH 6.0, ketones 50, blood/hemoglobin 250, urobilinogen 1, WBCs 2, RBCs >50, no bacteria detected, Non-squamous epithelial cells 1-2 Abdominal ultrasound: pylorus appeared abnormal cPL: 50.00 (wnl) Blood smear: adequate platelets. No spherocytes or Heinz bodies noted.

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 left kidney measured 6.9 cm.

Adrenal Glands

The **right adrenal gland** was 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 0.80 cm at the cranial pole and 0.50 cm at the caudal pole.

The region of the **left adrenal gland** was imaged, no evident pathology.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen was folded upon itself cranially adjacent to the liver. 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** 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



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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

The **stomach** presented a minor amount of ingesta, with echogenic mucosal remodeling. The gastroesophageal sphincter and pylorus were identified and appear to be in proper position. However, a moderate amount of echogenic remodeling in the gastric mucosal noted, suggestive for chronic gastritis. The small intestine and colon were unremarkable.

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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.

ULTRASONOGRAPHIC FINDINGS

AGE

5 Years 5 Months

- Chronic gastritis pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

65.1 Pounds

Screening for Addison's indicated. GI protectant protocol, slurry feeding, endoscopy all valid. Fecal test and anti-parasitic protocol warranted if not already performed. No evidence of neoplasia or foreign bodies. Gastric positioning appears to be normal. 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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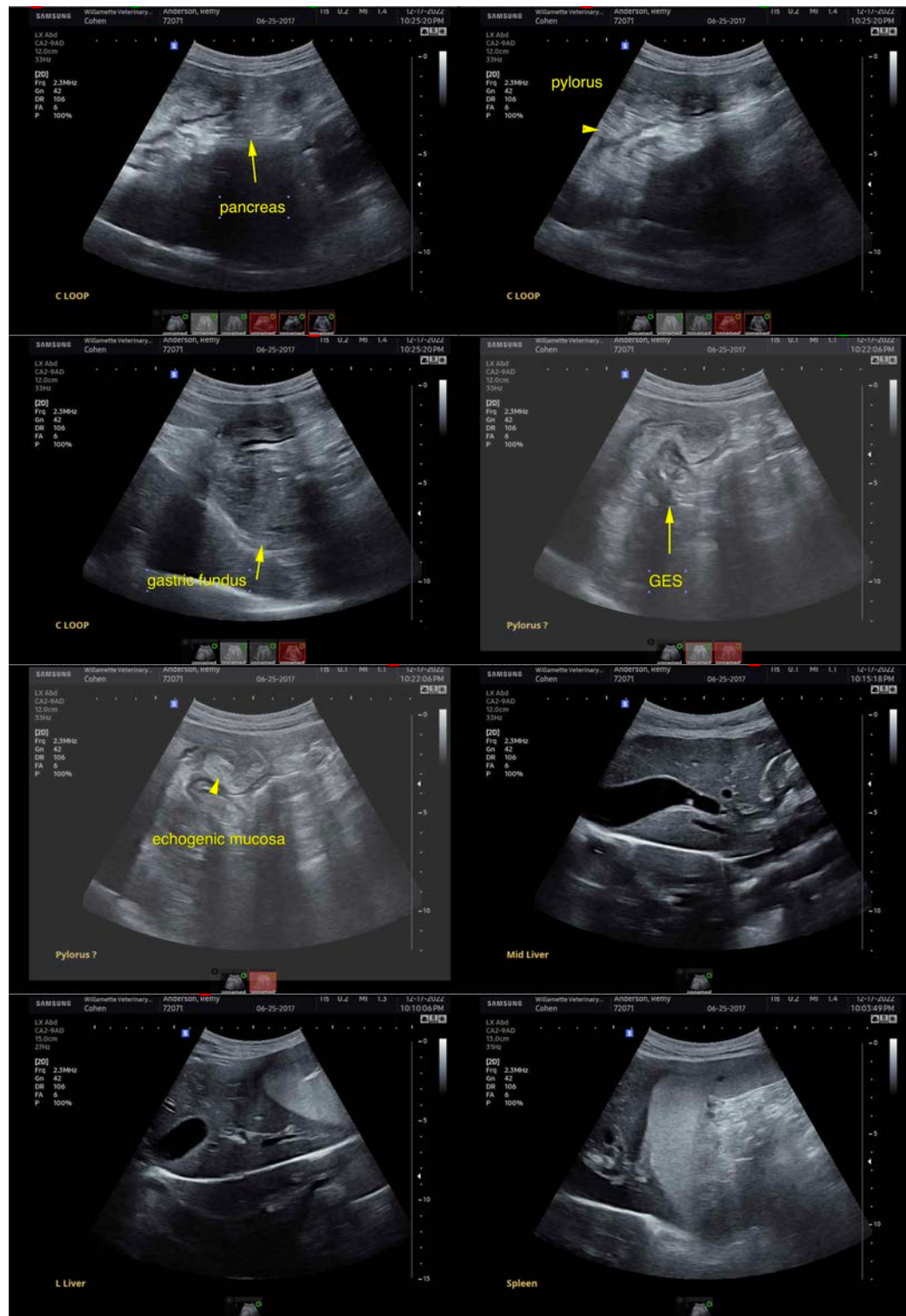
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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