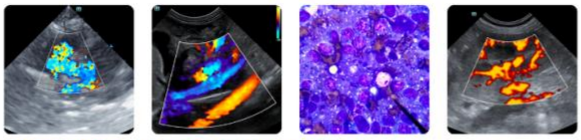


DATE

12/20/25

PATIENT

Kona Clarkson

SPECIES

Canine

BREED

Great Dane

SEX

Spayed Female

AGE

4/19/24

WEIGHT

50.7 Pounds

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

HOSPITAL NAME

Mason Dixon AEH

REFERRING VET

Dr. McCafferty

INVOICE

35978

PRESENTING CLINICAL SIGNS

Patient History: vomiting for 3-4 days, then 24 hours of no vomiting, then vomiting again. Was admitted to hospital 12/19. Ate a beach towel when she started vomiting again.

Current Medications: N/A.
Labwork Results: Labwork not submitted but reported as epoc normal, no CBC, PCV/TS 50%/7.4.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Patient sedated with Propofol.
Stat Report: DVM requested.
Imaging Performed by: Andi Parkinson, BS, RDMS.

**Acoustic penetration appeared adequate despite the giant breed; however, some limitations are present. Based on the image set provided, all of the significant organs were adequately visualized.

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 8.0 cm. The left kidney measured 8.9 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 1.4 cm at the cranial pole and 0.7 cm at the caudal pole. The left adrenal gland measured 2.8 cm x 0.76 cm at the cranial pole and 0.77 cm at the caudal pole.

Spleen

The **spleen** was slightly enlarged yet uniform. Subtle micronodular changes were noted. The spleen was folded upon itself cranially and caudally. No evidence of torsion.

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.

Gastrointestinal

The **pylorus** appeared to be in proper position; however, some fluid stasis was noted and gastric mural hypertrophy. 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.

Free Abdomen

The mesenteric **lymph nodes** (3.8 cm x 0.9 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. An epigastric lymph node was mildly enlarged (2.2 cm x 1.5 cm).

ULTRASONOGRAPHIC FINDINGS

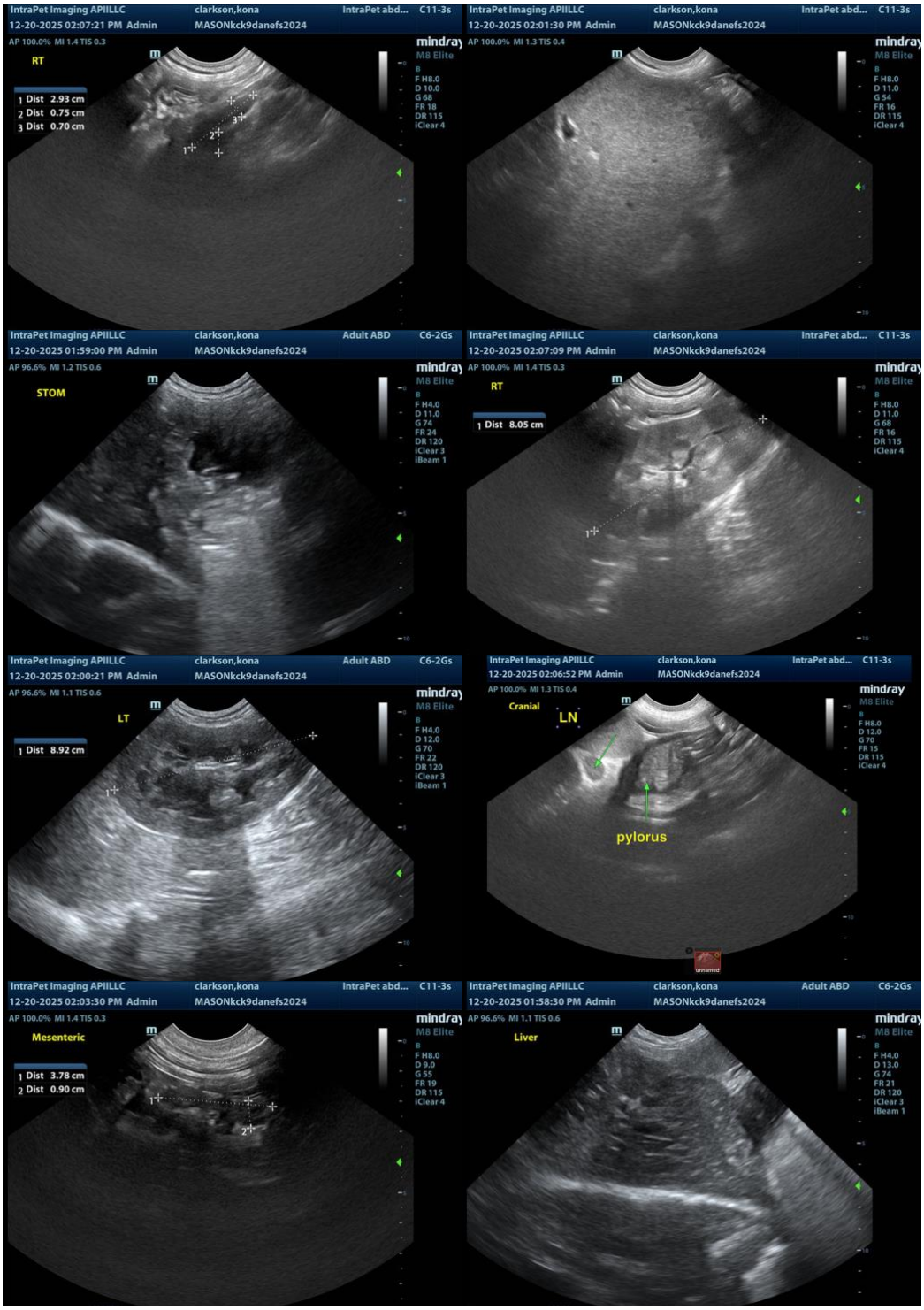
- Mild gastric overdistention
- Mild splenomegaly without evidence of torsion
- Slight regional lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic gastritis is likely in this patient. This may be a delayed outflow issue. Helicobacter protocol should be considered. Endoscopy should be considered or reevaluation of any gastric biopsies that were performed at the time of gastropexy. Ultrasound guided FNA of the accessible lymph node or epigastric lymph node could be considered for further definition. Slurry feeding and a clinical trial of the following may prove effective. Kibble will probably be an issue in this patient.

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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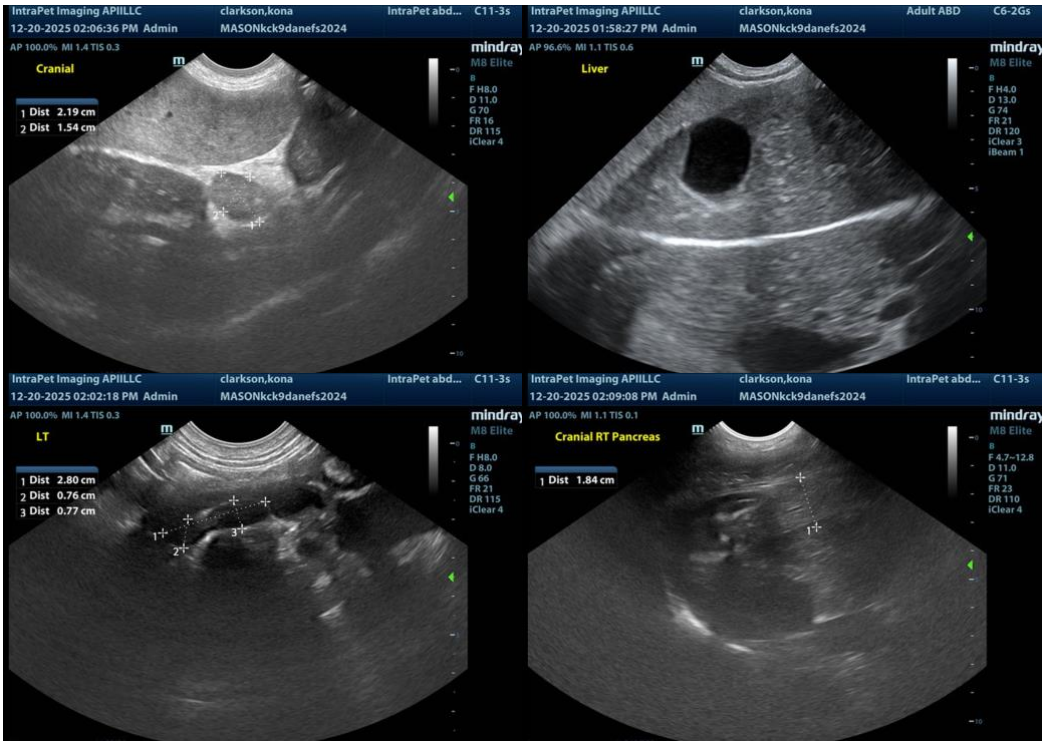

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,
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info@SonoPath.com