SonoPath
Clinical Sonography & Telecytology
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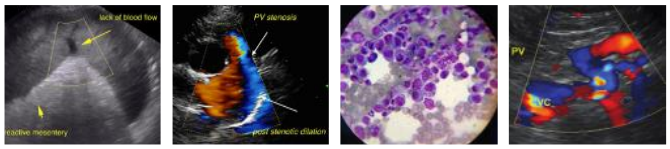


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Haze Strachan

SPECIES

Canine

BREED

Yorkshire Terrier X

SEX

Neutered Male

AGE

6 Years

WEIGHT

7.7

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Donna Markland, DVM

HOSPITAL NAME

Island Mobile Paws VS

REFERRING VET

Central Island Vet ER

INVOICE

20261

DATE

12/26/22

PRESENTING CLINICAL SIGNS

History: Persistent vomiting and anorexia, beginning on 12/22. Presented to rDVM on 12/23. History of recent diet change. New 1.5 cm erythematous mass on abdomen. On PE, he was splinting on abdominal palpation. Bloodwork from rDVM showed neutrophilia with left shift, monocytosis, stress hyperglycemia, hyponatremia, hypochloremia, and hypokalemia. Sent home with cerenia and bland diet. Presented to emerg on 12/24 with persistent clinical signs. Normal resting cortisol. Radiographs show possible splenomegaly. IV fluids, cerenia, pantoprazole, methadone, and KCl added to fluids since. Has eaten only a small amount in hospital.

Abnormal PE/Chem/CBC/UA Results: Bloodwork from 12/23: Neuts=16.53 Na=134 K=3.2 Cl=96 Glu=14.68 Bloodwork from 12/26 attached UA pending

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 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. Slight pyelectasia was noted in both kidneys. The right kidney measured 5.0 cm. The left kidney measured 4.46 cm.

Adrenal Glands

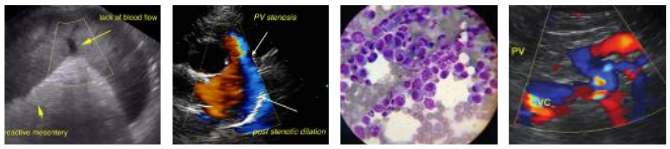
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.58 cm at the caudal pole and 0.48 cm at the cranial pole. The left adrenal gland measured 0.63 cm.

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. Caudal folding of the spleen was noted, uniform.

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



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

Gastrointestinal

The **stomach** revealed fundic stasis with anechoic fluid and undigested chyme. The pyloric wall revealed mild thickening with echogenic mucosal remodeling. The submucosa, muscularis and serosa were unremarkable. Two separate areas of ulcerative changes were noted in the mucosa. Reactive mesentery was noted around the pyloric outflow. The small intestine and colon were unremarkable.

Pancreas

The right limb of the **pancreas** was mildly heterogenous and hypoechoic, particularly in the right pancreatic base.

ULTRASONOGRAPHIC FINDINGS

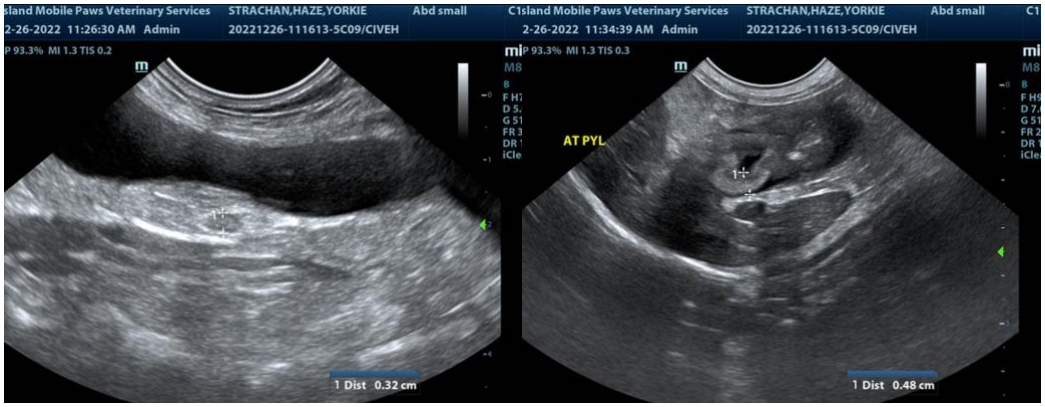
- Ulcerative gastritis with delayed outflow pattern
- Low grade pancreatitis is suspected.
- Age-related renal changes with bilateral pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Endoscopy would be ideal in this patient. The ulcerative changes appear to occupy the mucosa and submucosal layers yet muscularis and serosa appeared to be intact. Surgical correction is not necessary at this point, however, may be in the near future. GI protectant protocol is warranted, such as the following. Recheck sonogram in 3-5 days. Slurry feeding is indicated. Promotility medications could also be considered, such as Metoclopramide.

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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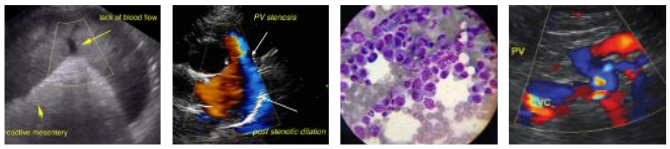

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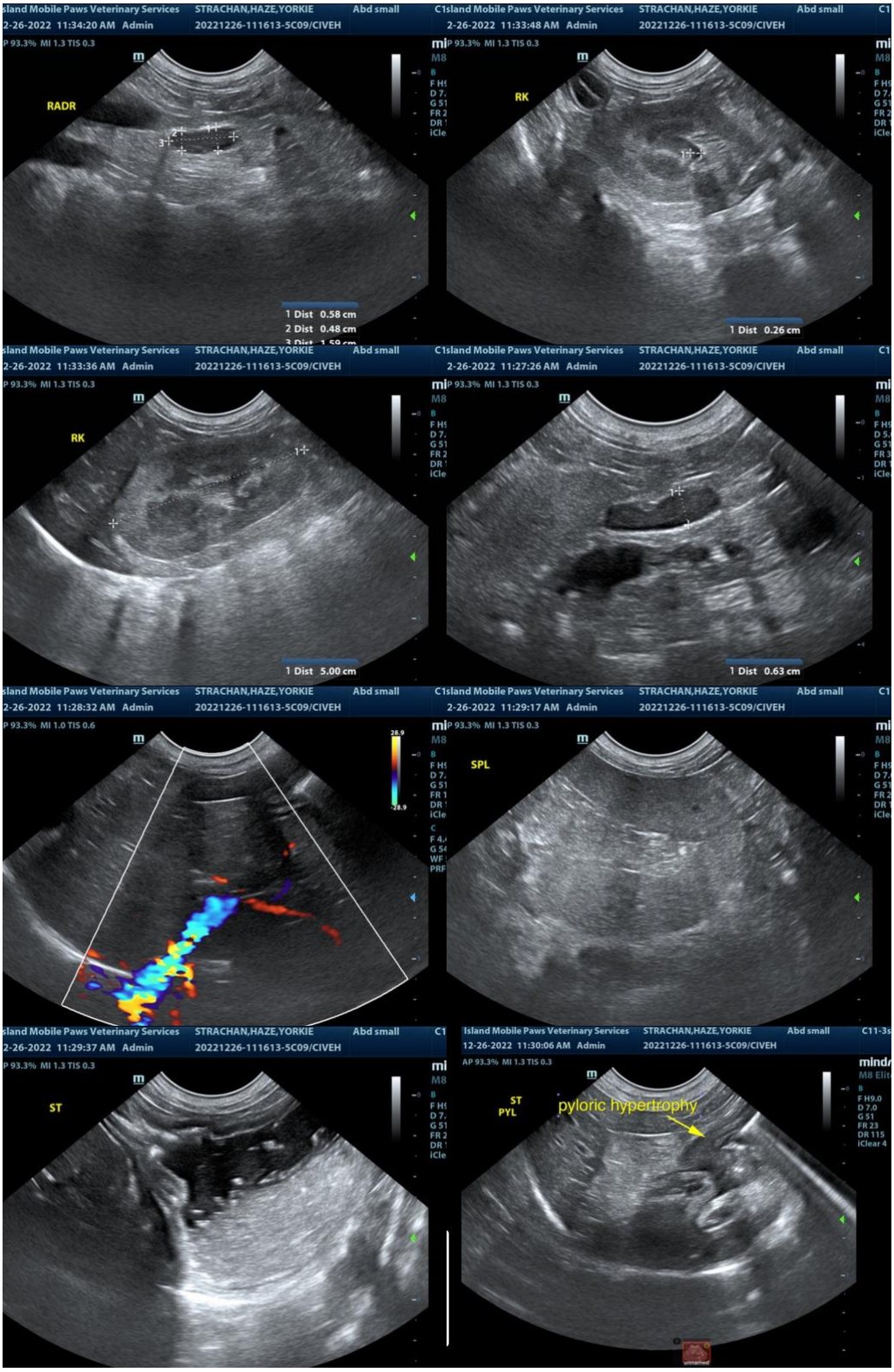

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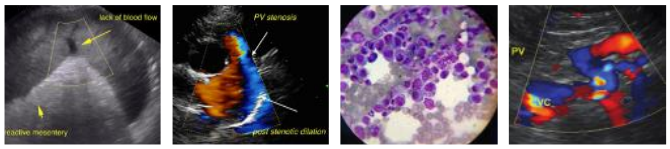

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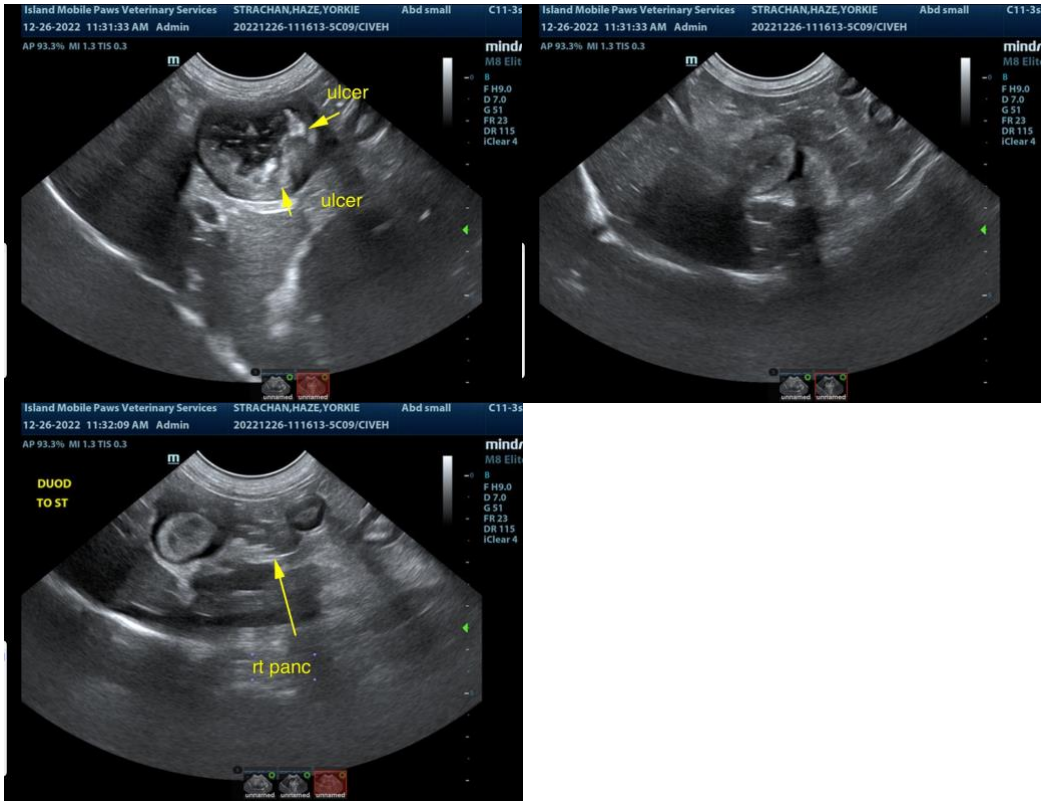

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com