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Clinical Sonography & Telecytology
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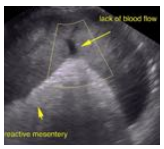

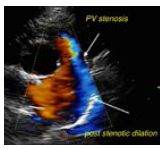

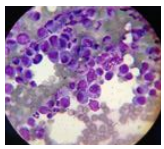
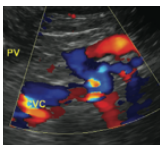

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Orr Hay

SPECIES

Canine

BREED

Poodle Cross

SEX

Neutered male

AGE

11 years

WEIGHT

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Turner

HOSPITAL NAME

Pennsauken Animal Hospital and Urgent Care

REFERRING VET

Dr. Turner

INVOICE

42887

DATE

12/6/22

PRESENTING CLINICAL SIGNS

History: Vomiting and regurgitation since 11/25/22. No history of toxin/fb ingestion, no other abnormalities
Abnormal PE/Chem/CBC/UA Results: Chem 17, CBC, electrolytes, UA WNL but cPL abnormal.
Physical exam: intermittent cranial abdominal pain. Estimate 7% dehydration.

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 4.31 cm. The left kidney measured 4.22 cm.

Adrenal Glands

The left **adrenal gland** was uniform and measured 1.43 x 0.51 cm at the cranial pole and 0.4 cm at the caudal pole. The right adrenal gland was mildly enlarged and slightly irregular measuring 1.27 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 was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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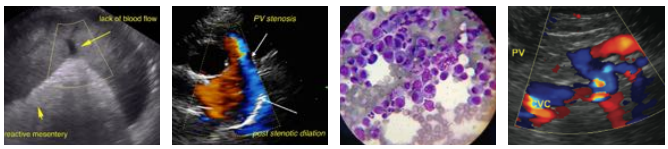

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Gastrointestinal

The **stomach** was thickened with some shadowing material measuring 1.5 cm. This may be medications. Concentric wall thickening was noted and measured 0.8 cm. The lumen was fluid filled. The small intestine and colon were unremarkable. The curvilinear patterns are respected.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

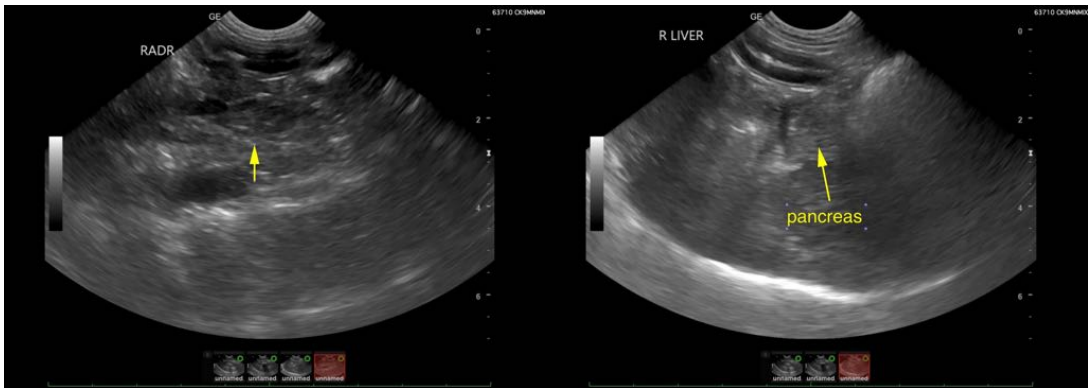
ULTRASONOGRAPHIC FINDINGS

Pyloric thickening with 1.0 cm shadowing structure. This may be oral medications or soft foreign matter.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Treatment for gastritis is indicated. Endoscopy would be ideal. GI protectant protocol and recheck sonogram is recommended in 3-5 days if the patient is stable to assess if the material is still present, yet it does not appear overtly obstructive. Helicobacter type protocol can be considered in this patient. The pyloric structure may be irritative or simple medications. Recheck is recommended in 3-5 days if the patient is stable or earlier if vomiting progresses.

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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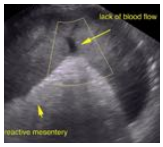
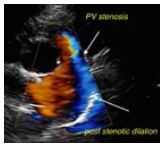
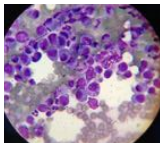
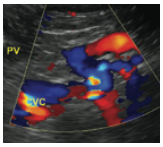

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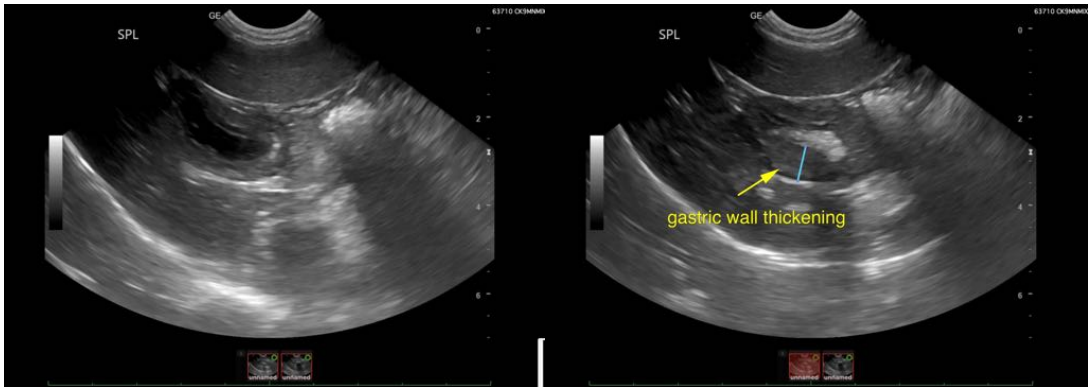

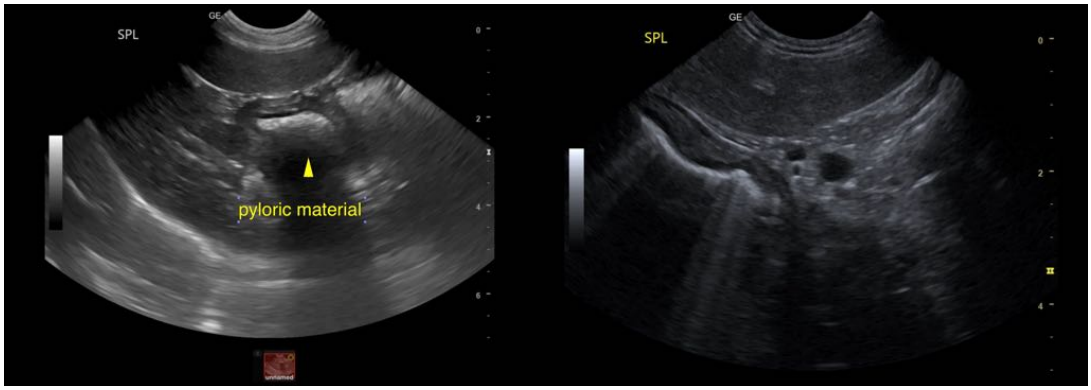

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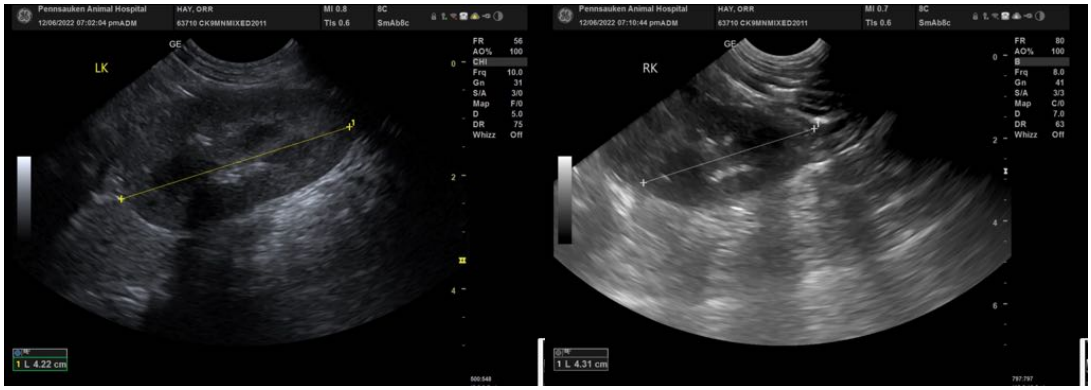

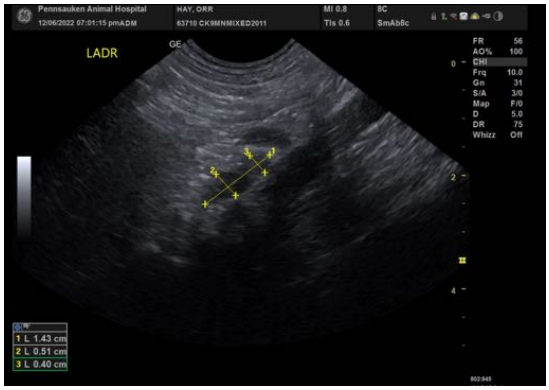

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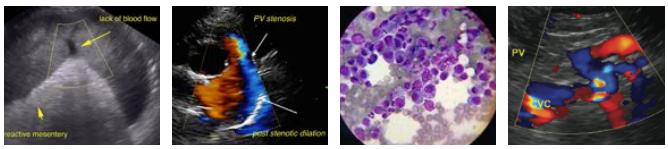

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com