



PATIENT

Piper Jani

PRESENTING CLINICAL SIGNS

History: recheck from US 12/1/21. Piper is again anorexic and vomiting
Abnormal PE/Chem/CBC/UA Results: NSF

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Labrador Retriever Mix

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.

SEX

Spayed Female

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 6.08 cm with slight pinpoint mineralization. The left kidney measured 5.58 cm.

AGE

8 years

Adrenal Glands

WEIGHT

52 lbs

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 left adrenal gland measured 2.06 x 0.81 cm at the caudal pole and 0.65 cm at the cranial pole. The right adrenal gland measured 2.22 x 0.72 cm at the caudal pole and 1.69 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

IMAGING

PERFORMED BY

Diane McFadden, RVT

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.

HOSPITAL NAME

Rockaway

INVOICE

94405

Liver

DATE

12/8/21

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.



PATIENT **Gastrointestinal**

Piper Jani The **stomach** revealed minor soft shadowing material in the pylorus. This may represent medications or soft foreign matter. It measured approximately 2.0 cm. The material in the pylorus was non-obstructive. Variable small intestinal thickening was noted with minor muscularis hypertrophy. Soft stool was noted in the colon.

SPECIES

Canine

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Labrador Retriever Mix

Pancreas

The **pancreas** revealed a minor amount of remodeling in the right limb.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

Mild intestinal thickening. New development compared to the prior sonogram.

Minor soft material in the stomach, non-obstructive. Likely oral medications or soft foreign matter such as grass or similar. This is not a surgical presentation.

AGE

8 years

Minor heterogenous right pancreatic limb, potential low-grade pancreatitis.

WEIGHT

52 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Right subxiphoid palpation is recommended to assess for pain-solicited response. If pain is noted low grade pancreatitis is suspected. Supportive care should prove effective. A clinical trial of the following may prove effective.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.), **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.

IMAGING PERFORMED BY

Diane McFadden, RVT

HOSPITAL NAME

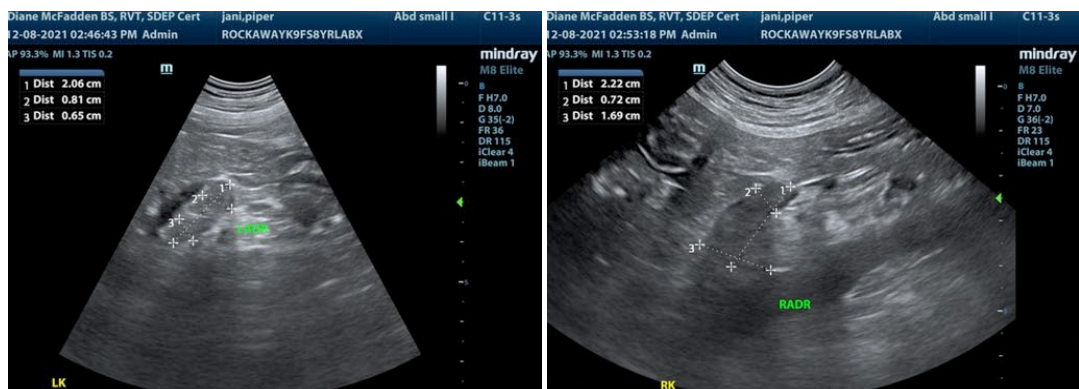
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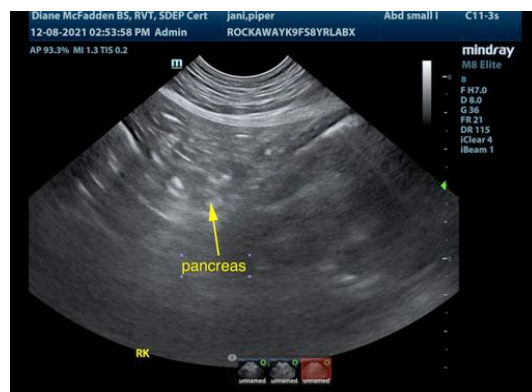
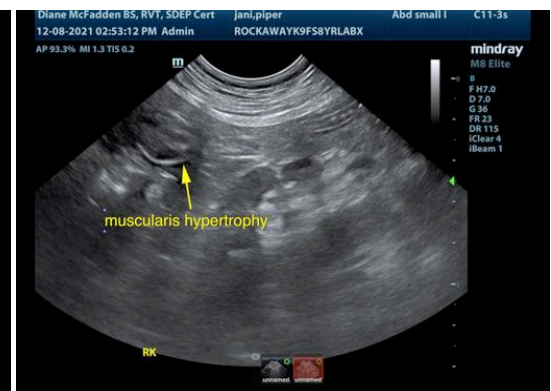
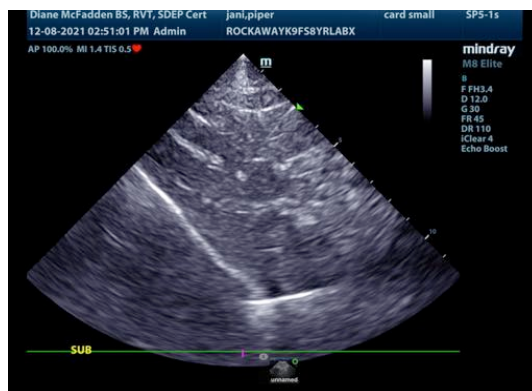
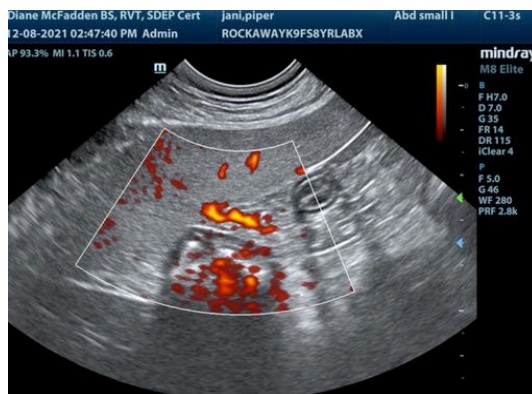
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PATIENT

Piper Jani

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.

SPECIES

Canine

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.

BREED

Labrador Retriever Mix

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

SEX

Spayed Female

AGE

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WEIGHT

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