



PATIENT PRESENTING CLINICAL SIGNS

Tazi Ihli

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

2 Years

WEIGHT

6 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Jessie Evoniuk

HOSPITAL NAME

State Ave Vet Clinic

REFERRING VET

Dr. Jessie Evoniuk

INVOICE

44713

DATE

2/2/23

Not pooping right. Temp dropping 99 Vomiting - yesterday at 3 am. Drinking water, not a lot and sporadic O gave 2 syringes of Pedialyte, hasn't ate since night before. Stools have blood in them, seems formed O has picture. Another one had dark black tarry look. Vaccines 2 weeks ago - has a lump on back Downward dog positions a lot Doesn't want to sit with O Not on meds. O is stress so she thinks the dog is also stressed. T 100.7 General Appearance: QAR, BCS 5/9 CRT/MM: pink, mildly injected Eyes: Corneas clear, pupils normal size, symmetrical, sclera white, mild medial canthus ocular discharge Ears: No exudate observed, no redness present Oral Cavity: Mild tarter/gingivitis; Grade 2 Nasal Cavity: No nasal drainage, nares WNL Cardiovascular: Regular rhythm; no murmur detected Respiratory: Lungs auscultate clear bilaterally; trachea clear Abdomen: Abdomen palpates normally; no pain, tenderness or masses on palpation; gas on palpation Rectal: Did not perform rectal exam Musculoskeletal: Normal ambulation/no lameness reported Integument: Normal amount of shedding; skin/coat WNL Lymph Nodes: Lymph nodes normal in size Urogenital: External genitalia appears normal Neurologic: No apparent abnormalities noted Images of hemorrhagic stool, vomitus appeared bright yellow bile Abnormal PE/Chem/CBC/UA Results: GLU 126, HGB 20.1, MCH 24.8

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 2.8 cm. The right kidney measured 3.8 cm.

Adrenal Glands

Both **adrenal glands** appeared subnormal in size and isoechoic to surrounding fat. The right adrenal gland measured 0.40 cm. The left adrenal gland measured 0.30 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.

Liver

The **liver** was slightly subnormal in size. 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

Tazi Ihli

The **pylorus** was mildly hypertrophied. Echogenic mucosal remodeling noted in the pylorus, suggestive for chronicity. Minor luminal fluid present. The small intestine and colon were unremarkable.

SPECIES

Pancreas

Canine

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.

BREED

Chihuahua

ULTRASONOGRAPHIC FINDINGS

SEX

- Gastritis/gastroenteritis presentation with pyloric hypertrophy – likely subacute on chronic gastropathy.
- Subnormal adrenal size

Spayed Female

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

2 Years

Endoscopy would be ideal in this patient. Screening for Addison's indicated with baseline cortisol or ACTH stimulation. I recommend a fresh fecal smear and fecal floatation analysis. BID canned feeding recommended after 24 hour NPO. A clinical trial of the following may prove effective as well as broad-spectrum antiparasitic protocol. Underlying food intolerance and chronic gastritis with secondary hypertrophy likely the underlying issue.

WEIGHT

6 Pounds

INTERPRETED BY

Helicobacter/Gastritis protocol

Eric Lindquist, DMV

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.

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Jessie Evoniuk

HOSPITAL NAME

State Ave Vet Clinic

REFERRING VET

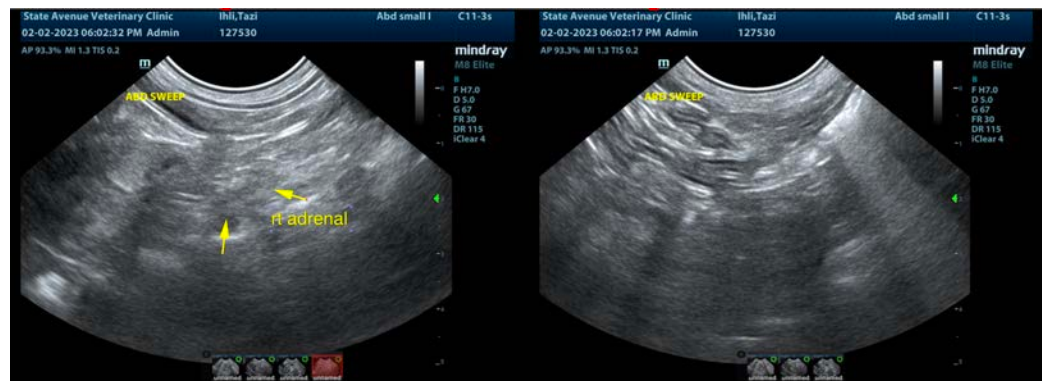
Dr. Jessie Evoniuk

INVOICE

44713

DATE

2/2/23





PATIENT

Tazi Ihli

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

2 Years

WEIGHT

6 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Jessie Evoniuk

HOSPITAL NAME

State Ave Vet Clinic

REFERRING VET

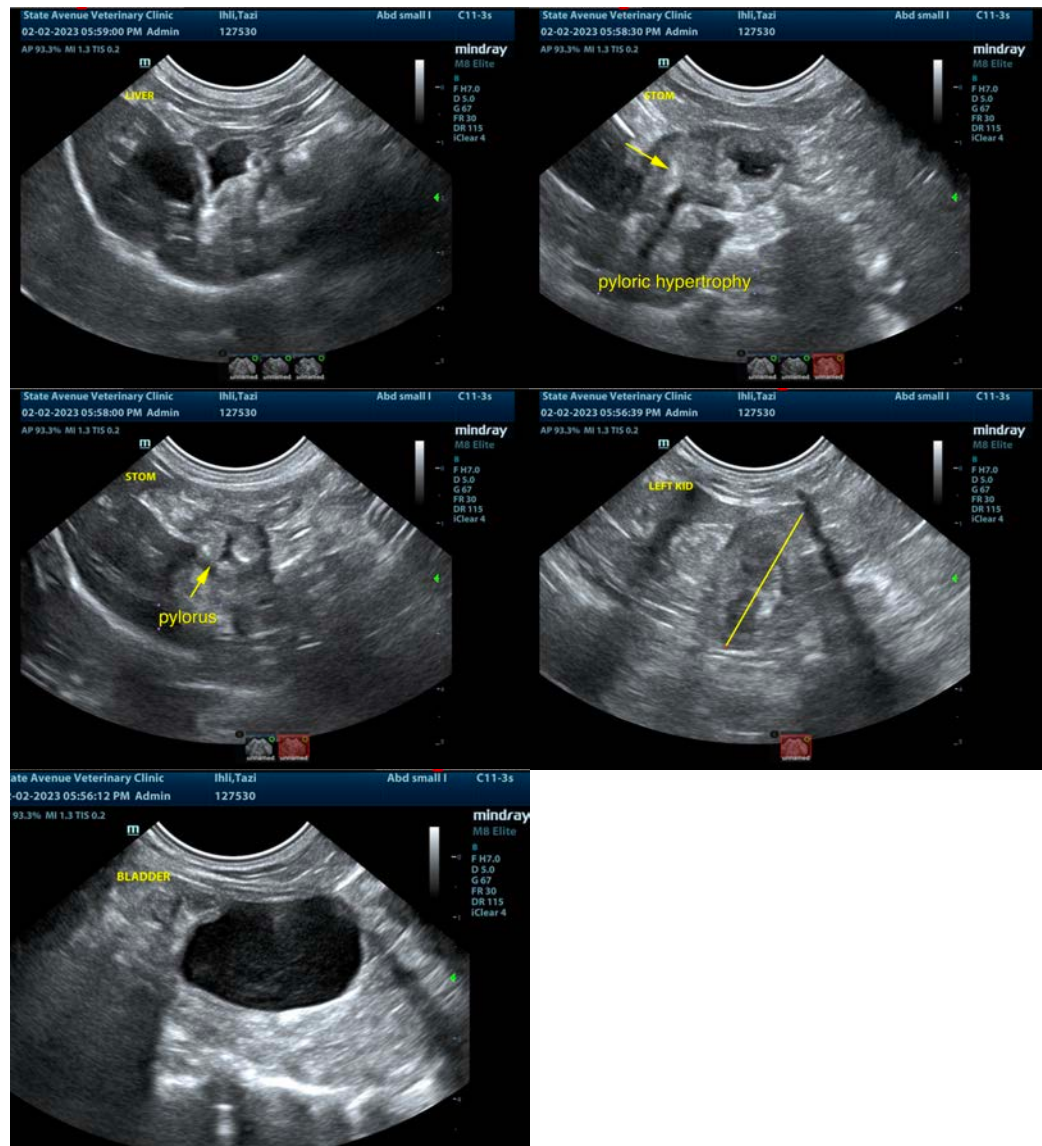
Dr. Jessie Evoniuk

INVOICE

44713

DATE

2/2/23



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