**DATE**

2/27/23

PATIENT

Bow Horrigan

SPECIES

Canine

BREED

Boston Terrier Mix

SEX

Neutered male

AGE**PRESENTING CLINICAL SIGNS**

Severe stomach issues last week - at AEH Thurs to sat - Started vomiting tonight- licking lips, swallowing, seems uncomfortable --> Vomited 3x in evening Food then unsure - Hear stomach noises - Normal stool- little off since last week - Food: Chicken + Rice, little purina EN- ate some sticks outside- use dog food for treats. Previous hx: 2/15/23- vomiting, shaking, whimpering, rDvm xrays, fluids, app stimulant 2/16/23- not moving, not defecating- went to rDvm- radiographs, BW, cpl, 4dx, UA, radiographs, had fever, started on IVF and cerenia. 2/16/23- presented to AEH as referral for continued care: Heart murmur, PCV/TP: 45/8, PLT wnl, Had ultrasound - Ingesta > foreign material in stomach, fecal negative, did well in hospital. Sent home on amoxicillin, omeprazole, maropitant, gabapentin Abdominal ultrasound 2/17/23: See attached report. According to owner in room: - Vomited started last night, licking lips and paws, heard stomach - Left last saturday (8 days ago) did very well- cerenia stopped Tuesday. Eating, not vomiting, defecating well from Tuesday to Saturday - On amoxicillin and metoclopramide? - Leash walk but he still grabs stuff on his walks- eats by a tree - O ordered a muzzle and is on his way - Yesterday ate sticks and grass - Has been defecating pooped 2x yesterday- slightly loose - Given EN - Hx of stomach issues in past- never to this extent - Pet insurance, starts March 11.

Current Medications: Pending.

Date of Previous IntraPet Ultrasound: 2/17/23. See attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****WEIGHT**

20.1 ls

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.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS

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 4.81 cm. The left kidney measured 5.33 cm.

HOSPITAL NAMEAnimal Emergency
Hospital**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 left adrenal gland measured 2.24 x 0.54 cm at the cranial pole and 0.53 cm at the caudal pole. The right adrenal gland measured 1.79 x 0.67 cm at the cranial pole and 0.75 cm at the caudal pole.

REFERRING VET

Dr. Kalwa

Spleen**INVOICE**

42995

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** revealed slightly increased portal markings. 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 **stomach** revealed minor hypertrophy without loss of mural detail and an empty lumen. There is no evidence of foreign bodies. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. The mesenteric lymph nodes were reactive and measured 3.0 x 1.11 cm.

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.

ULTRASONOGRAPHIC FINDINGS

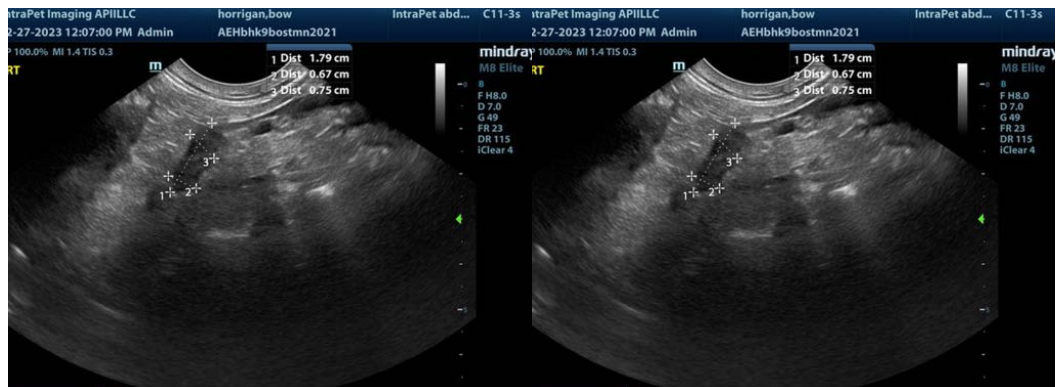
Minor hypertrophied stomach with empty lumen. No loss of mural detail
Reactive mesenteric lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion, food intolerance, structurally significant inflammatory bowel or occult parasitism and occult Addison's are all potentials. A clinical trial for the following may prove fruitful.

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.







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
Eric.Lindquist@SonoPath.com