

PATIENT

Georgie Heidenberg

SPECIES

Canine

BREED

Golden Retriever

SEX

Intact Male

AGE

7 Months

WEIGHT

46.2 Lbs.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vasquez

HOSPITAL NAME

Englewood Cliffs VH

REFERRING VET

Dr. Rachel Park

INVOICE

13771

DATE

2/4/22

PRESENTING CLINICAL SIGNS

History: Chronic, intermittent diarrhea. Tried probiotic, currently on GI diet and Tylan powder. GI panel-normal Vit B12, slightly elevated folate, TLI; spec cpl normal. History of giardia - neg now. Dewormed with Panacur and Metro.

Abnormal PE/Chem/CBC/UA Results: Mild anemia (non-regenerative); cortisol 0.7 (low). ACTH 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 normal size and structure, corticomodular 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 5.75 cm. The left adrenal gland measured 5.46 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 2.81 cm x 1.05 cm at the cranial pole and 0.58 cm at the caudal pole. The left adrenal gland measured 2.12 cm x 0.52 cm at the caudal pole and 0.47 cm at the cranial pole.

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.

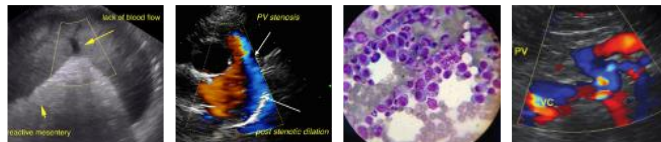
Liver

The **liver** 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.

Gastrointestinal

The **stomach** in this patient was empty yet mucosal hypertrophy was noted in the pylorus. Some stasis was noted in the stomach with gas accumulation. The small intestine and colon were unremarkable.

Pancreas



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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.

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ULTRASONOGRAPHIC FINDINGS

- Pyloric hypertrophy without foreign bodies. Gastric stasis, gastritis likely

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Antiparasitic protocol recommended. Canned BID feedings recommended with GI protectants, such as the following protocol. Endoscopy warranted, if clinical signs persist. No evidence of foreign body. Hydrolyzed diet may be in this patient's best interest long term.

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Helicobacter/Gastritis protocol

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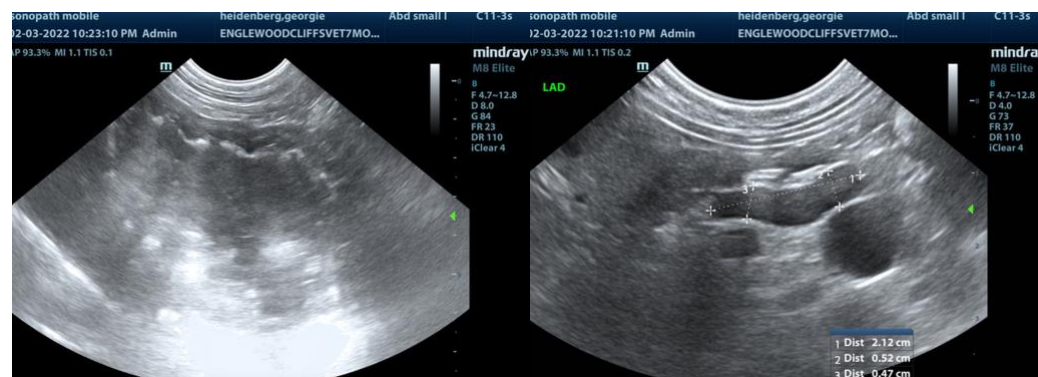
A clinical trial of **Zithromax (Dogs: 5-10 mg/kg p.o. q24h. May increase dosing interval to q48h after 3-5 days of treatment), Metronidazole (10-20 mg/kg p.o. b.i.d.), Pepcid (0.5-1 mg/kg s.i.d.) and Sucralfate (0.5-2 g/dog PO) or Omeprazole (1 mg/kg p.o. s.i.d.)** over the next 3 weeks along with a **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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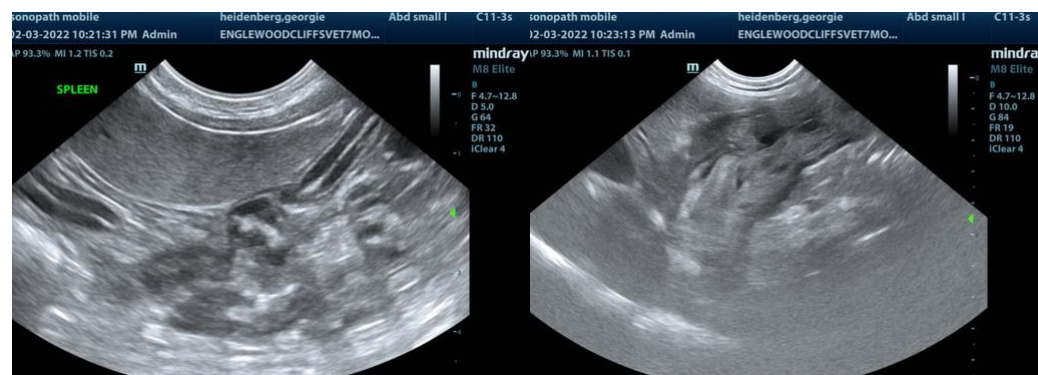


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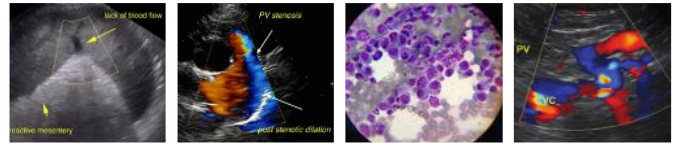
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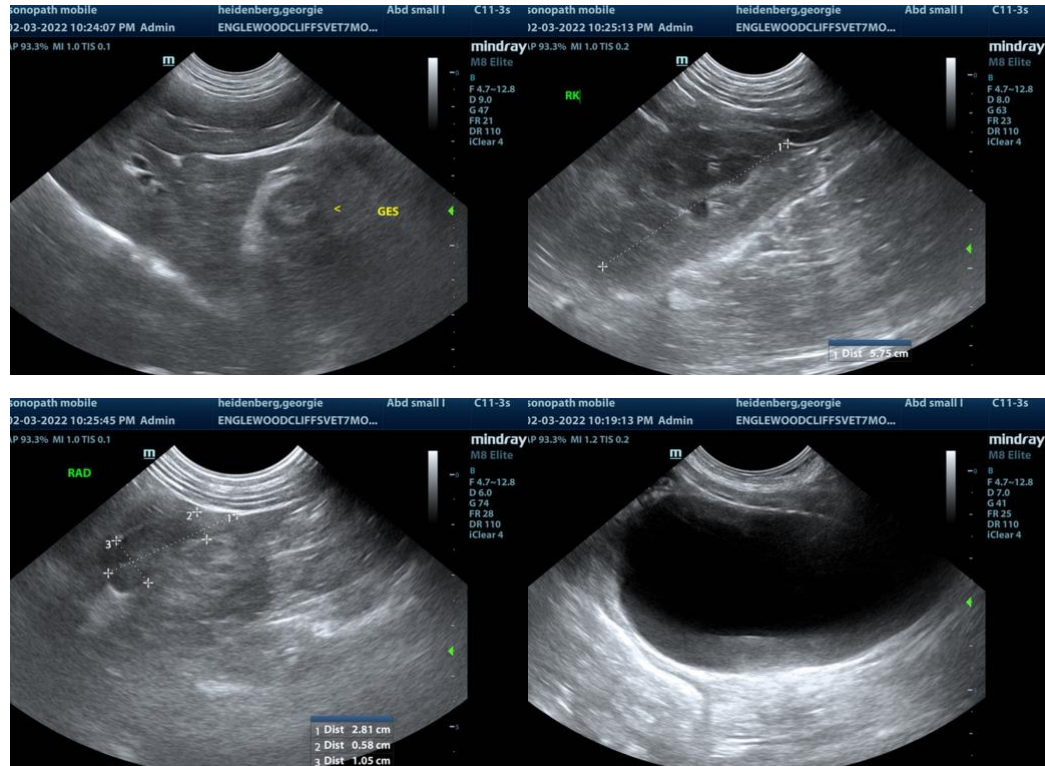
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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