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Clinical Sonography & Telecytology
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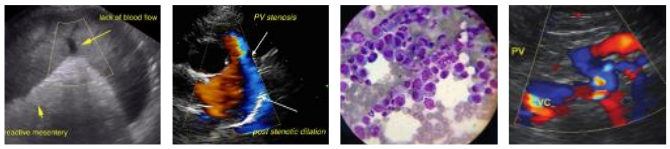

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Hobbes Parikh

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Neutered Male

AGE

9 Years

WEIGHT

14.8 Lbs.

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Englewood Vet Center

REFERRING VET

Dr. Ezik

INVOICE

13772

DATE

2/4/22

PRESENTING CLINICAL SIGNS

History: Waxing and waning bloody vomiting and bloody diarrhea. Condition is chronic and happens 3-4 times a year, especially when stressed.

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. Slight pinpoint mineralization was noted at the corticomedullary junction of the caudal pole of the left kidney, the calculus measured 0.28 cm. The right kidney measured 3.63 cm. The left kidney measured 3.63 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 1.12 cm x 0.49 cm at the caudal pole and 0.49 cm at the caudal pole and 0.78 cm at the cranial pole. The left adrenal gland measured 1.82 cm x 0.6 cm at the caudal pole and 0.34 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. The portal vein to vena cava ratio was 1:1. No evidence of portosystemic shunting.

Gastrointestinal

The **stomach** was empty. Minor excessive gastric gas was present. Soft stool was noted in the colon.

Pancreas

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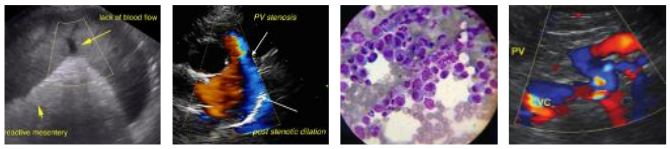

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The **pancreas** revealed minor heterogeneous changes in the right limb, suggestive for low-grade inflammation.

ULTRASONOGRAPHIC FINDINGS

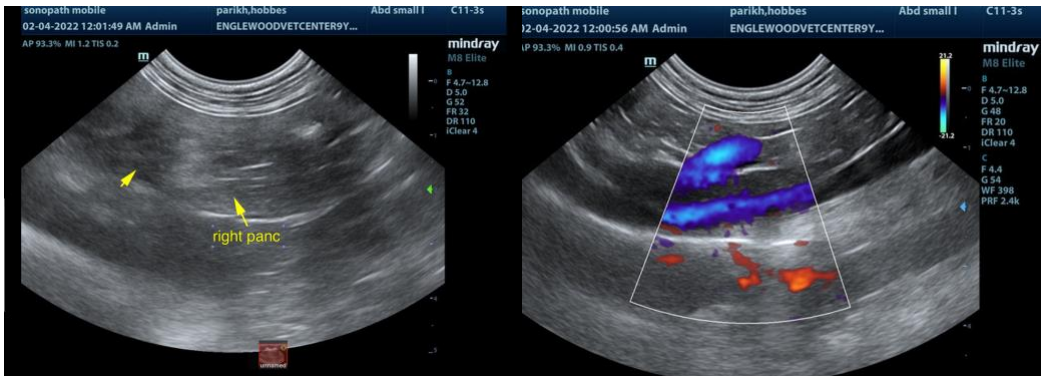
- Minor gastric gas and soft stool in the colon
- Minor pancreatic remodeling in the right limb. Low grade pancreatitis suspected.

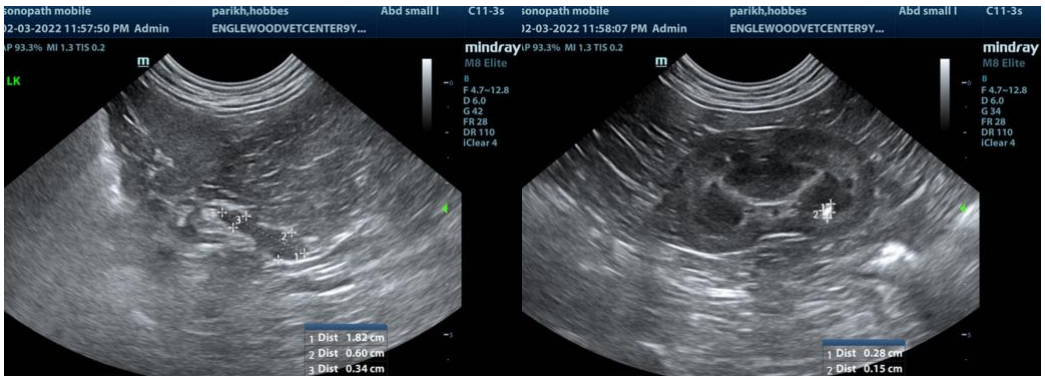
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary intolerance likely in this patient. Hydrolyzed diet should be considered for long term management. A clinical trial of the following may prove effective. Otherwise endoscopy indicated during clinical episodes to obtain mucosal biopsies.

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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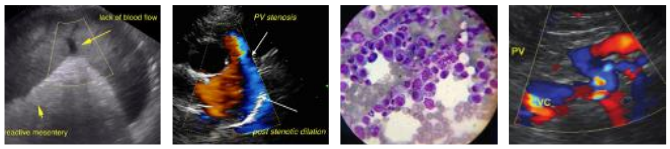

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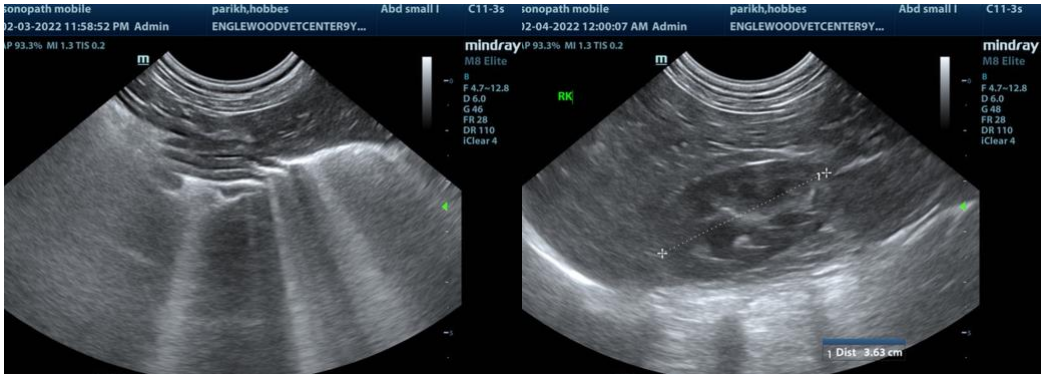

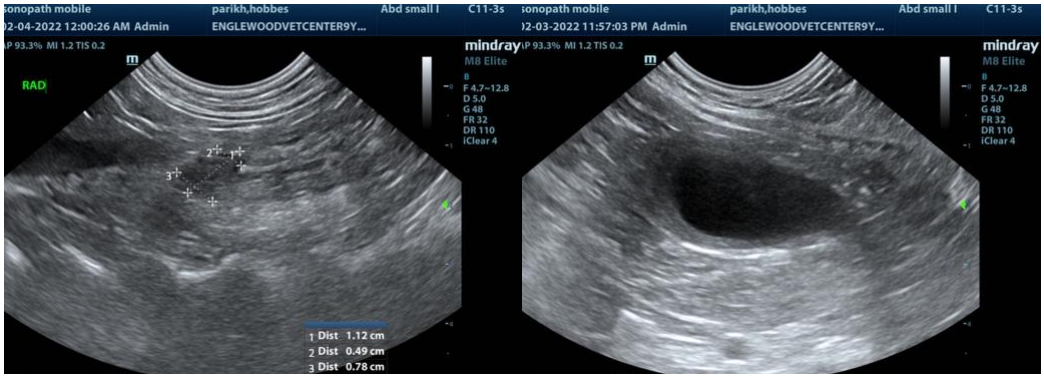

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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