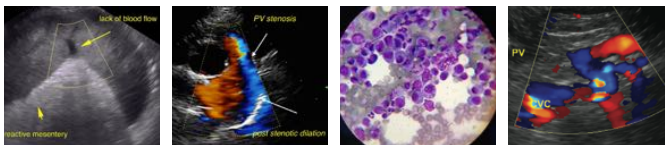

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1-800-838-4268 info@sonopath.com

PATIENT

Oscar Thorstraten

SPECIES

Canine

BREED

Australian Shepherd

SEX

Neutered male

AGE

12 ½ years

WEIGHT

53 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Bray

HOSPITAL NAME

Taylorsville VC

REFERRING VET

Dr. Bray

INVOICE

42590

DATE

2/6/23

PRESENTING CLINICAL SIGNS

History: Previous AUS 10/27/2022 read by SonoPath. Believed to have possible neoplastic process vs just healed intestinal rupture. P has been relatively stable since last scan but recently losing his appetite. Owner uses Omeprazole and occasionally Cerenia which helps somewhat. Owner wanted to recheck AUS.
Abnormal PE/Chem/CBC/UA Results: P is uncomfortable with cranial abdominal palpation. Has gained a few pounds (owner trying to feed p what he will eat but tries to stick with more bland diets and EN). We are currently waiting on lab results. P had a positive murphy. P was mildly sedated with Torb.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed minor apical thickening. The cystourethral junction and urethra were unremarkable.

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 6.1 cm. The left kidney measured 5.7 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 left adrenal gland measured 0.55 cm at the caudal pole and 0.45 cm at the cranial pole. The right adrenal gland measured 0.8 cm at the cranial pole and 0.6 cm at the caudal 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 was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Isoechoic, non-disruptive nodular changes were noted. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder and common bile duct were unremarkable.

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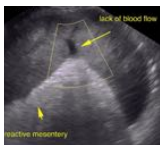
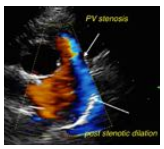
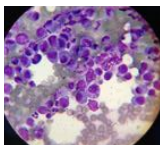
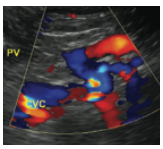

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Gastrointestinal

Minor gastric thickening was noted in the pyloric outflow without loss of detail. However, this region should be monitored carefully. Spastic duodenum was noted without loss of mural detail. The remainder of the intestinal tract was unremarkable.

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 gastric wall thickening. Most consistent with gastritis or chronic inflammatory disease. Changes were fairly minor. Emerging round cell neoplasia or carcinoma cannot be completely ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Endoscopy would be ideal in this patient. Medical management is recommended +/- endoscopy. A recheck sonogram is recommended in 10-14 days. The following protocol may prove effective. There was no evidence of associated lymphadenopathy or concurrent disease.

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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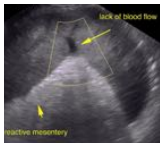
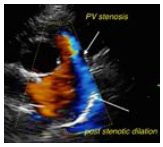
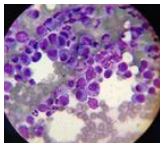
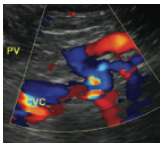

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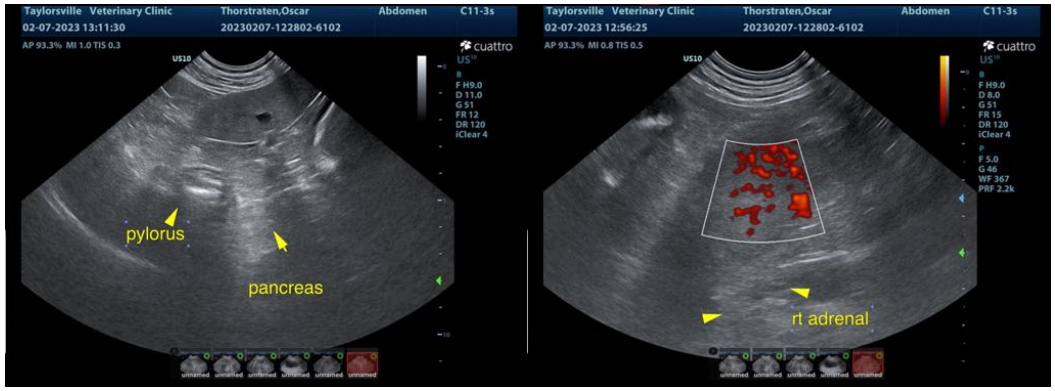

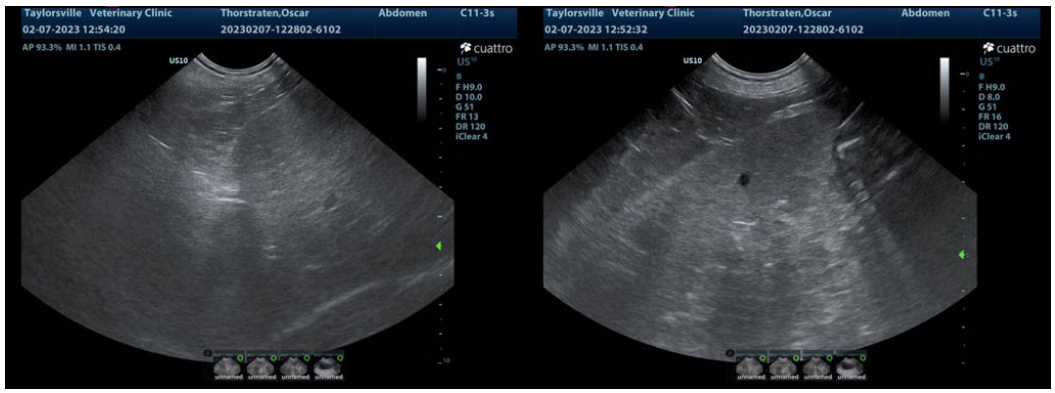

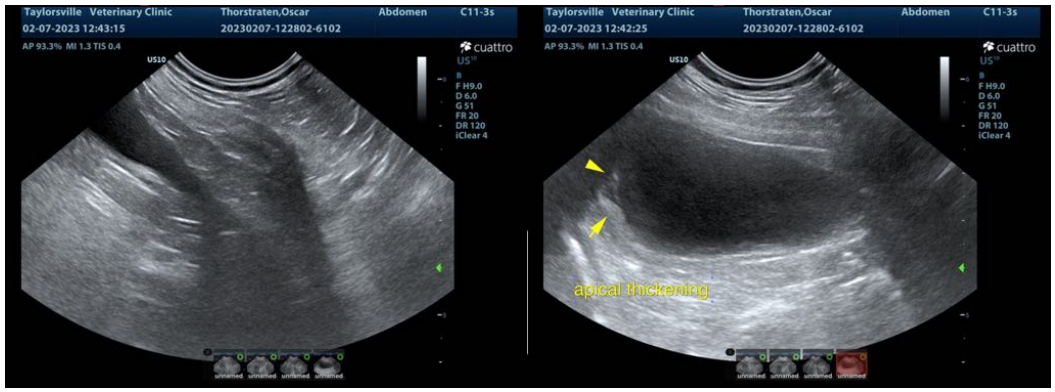

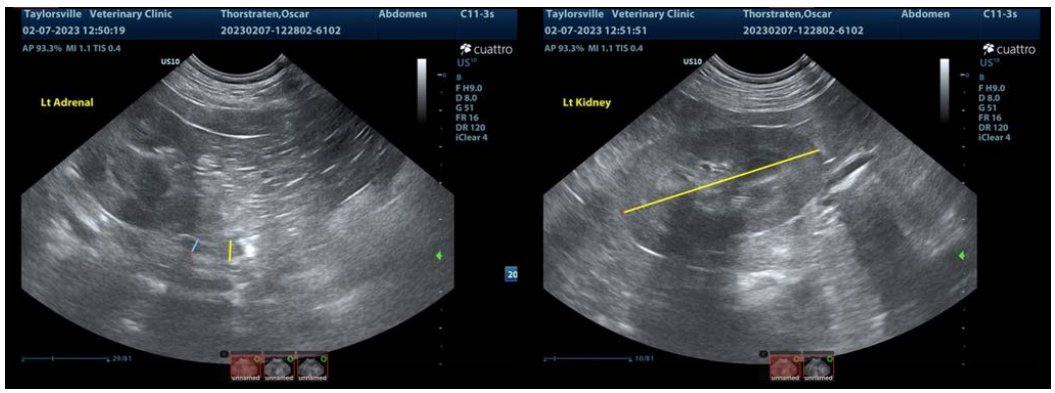

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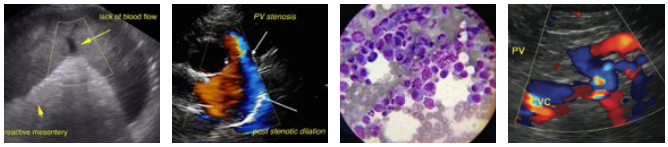

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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