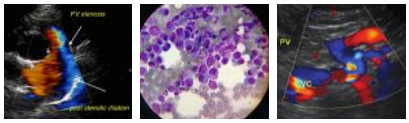
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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**DATE**
3/11/22

**PATIENT**
Frisco Psihogios

**SPECIES**
Canine

**BREED**
Chihuahua

**SEX**
Neutered Male

**AGE**
7/15/10

**WEIGHT**
14.6 Pounds

**INTERPRETED BY**
Eric Lindquist, DMV
DABVP, Cert. IVUSS

**HOSPITAL NAME**
Chadwell AH

**REFERRING VET**
Dr. Gold

**INVOICE**
14288

## PRESENTING CLINICAL SIGNS

History: Intermittent vomiting.

Current Medications: Cerenia, Thyroid, Galliprant, Hydrocodone, Gabapentin, Proin, Dasuquin.
Lab Results: WNL
Radiographs: Cannot evaluate stomach well. Mild hepatomegaly- no evidence of pathology
Date of Previous IntraPet Ultrasound:
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, RDMS.

## 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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.47 cm. The left kidney measured 4.45 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 1.78 cm x 0.51 cm. The left adrenal gland measured 1.62 cm x 0.58 cm at the caudal pole and 0.68 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** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. Occasional, nondisruptive nodular hepatic changes noted.

### *Gastrointestinal*

Some retention of ingesta was noted in the **stomach**. The small intestine and colon were unremarkable.

### *Pancreas*

The **pancreas** was mildly enlarged, hypoechoic and swollen. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas.

## ULTRASONOGRAPHIC FINDINGS

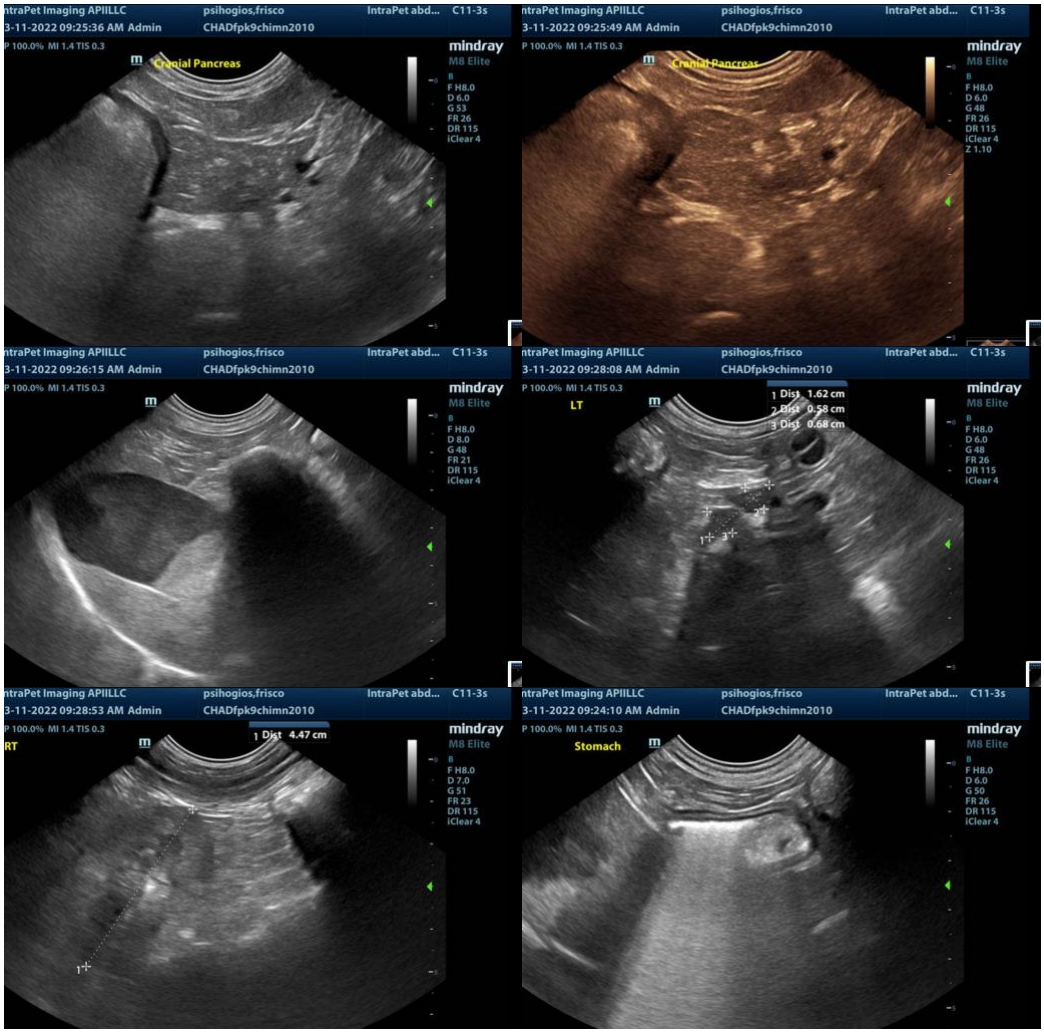
- Prominent pancreas, possible low-grade inflammation
- Age-related vacuolar hepatopathy with nodular hepatic changes
- Age-related renal changes
- Stomach ingesta

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Antiparasitic protocol warranted. Diet change to hydrolyzed geriatric diet may prove effective. Ursodiol therapy would be warranted to enhance bile flow over the next 6 weeks. A clinical trial of the following may prove effective.

**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
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