



**PATIENT**

Nala Burgo

**SPECIES**

Canine

**BREED**

Pit Bull X

**SEX**

Spayed Female

**AGE**

12.5 Years

**WEIGHT**

24 kg

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Wendy Turner

**HOSPITAL NAME**

Pennsauken AH

**REFERRING VET**

Dr. Wendy Turner

**INVOICE**

36164

**DATE**

3/14/22

**PRESENTING CLINICAL SIGNS**

Vomiting food +/- stomach acid x 2 weeks (intermittently). Weight loss 15lbs over 2 months. Appetite mostly WNL but recently declining.

Abnormal PE/Chem/CBC/UA Results: ALT 446 (10-125), ALP 1018 (23-212), Cr 1.9 (0.5-1.8), all else WNL. UA not performed. Physical exam unremarkable except for weight loss.

**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. Minor micropolypoid changes noted at the apex. 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 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. Degenerative changes considered moderate. The right kidney measured 7.57 cm. The left kidney measured 7.14 cm with slight pyelectasia noted.

**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 2.3 cm x 0.65 cm at the caudal pole and 0.69 cm at the cranial pole. The right adrenal gland measured 2.78 cm x 0.74 cm at the caudal pole and 1.0 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** presented increased portal markings and coarse, hyperechoic nodular changes, non-disruptive. The gallbladder was unremarkable.

**Gastrointestinal**

The **stomach** was overdistended with anechoic fluid. Minor gastric wall hypertrophy noted. The pylorus revealed minor polypoid thickening without evidence of foreign body. Mucosal hypertrophy noted. The small intestine and colon were unremarkable.

**Pancreas**

The right limb of the **pancreas** revealed a hypoechoic area measuring approximately 2.0 cm with enhanced surrounding hyperechoic mesentery, consistent with pancreatitis.



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**ULTRASONOGRAPHIC FINDINGS**

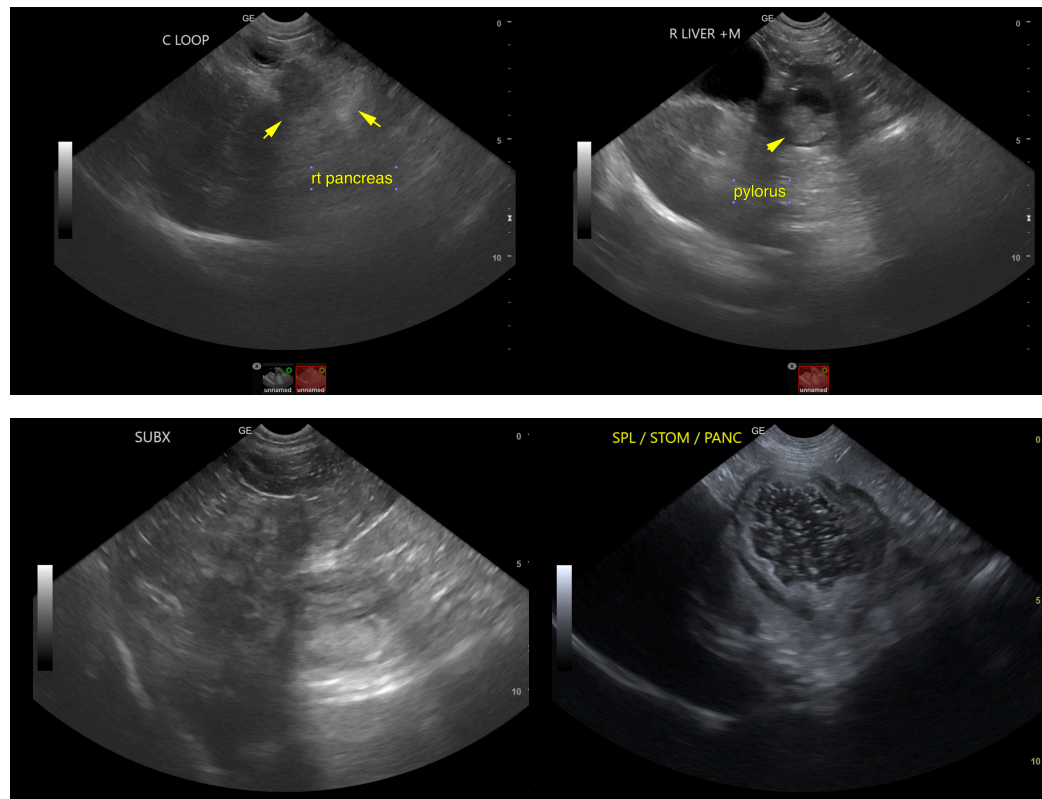
- Gastritis/pancreatitis pattern with mild pyloric hypertrophy

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

24-hour NPO, GI protectant protocol, plasma expanders all indicated. 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.





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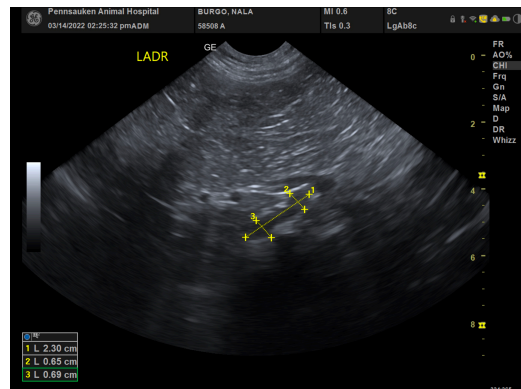
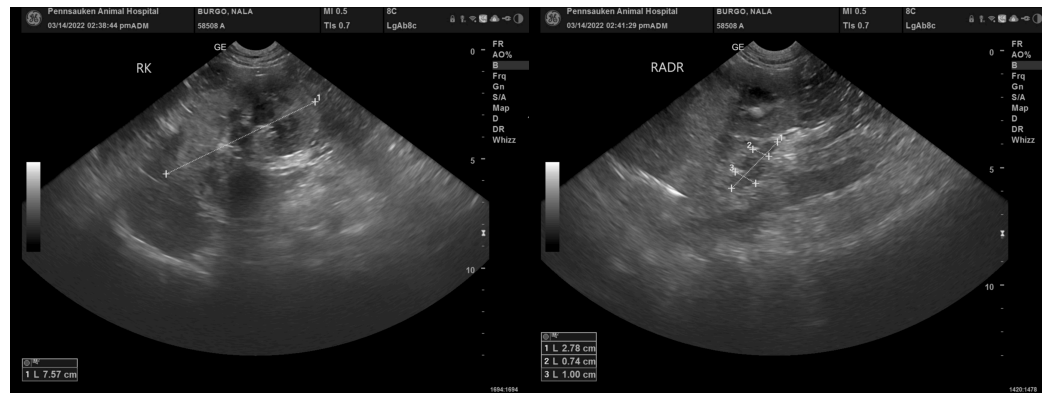
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)