



PATIENT

Maya Adelman

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

Spayed Female

AGE

8 Years

WEIGHT

19.4 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gardner

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Gardner

INVOICE

21636

DATE

3/14/23

PRESENTING CLINICAL SIGNS

History: P presented for vomiting with hematemesis starting last night (14x vomited, 4 x with blood). Had been traveling with O from California. Gets carprofen as needed for arthritis. O felt she was painful and doubled her dose in the AM and PM.

Abnormal PE/Chem/CBC/UA Results: Preanesthetic panel: Hct 64.5 (H), retic 58.9, WBC 6.34, lymph 1.01 (L), eos 0.03 (L), plt 354 EPOC: pH 7.429, K 4.0, Ca 1.43 (H), lact 3.34 (H), BUN 16, creat 0.66, gluc 108, Hct 58 (H) PT/PTT: 14/84

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 left kidney measured 6.9 cm. The right kidney measured 6.2 cm.

Adrenal Glands

The **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 0.6 cm. The right adrenal gland measured 0.75 cm at the cranial pole and 0.6 cm at the caudal pole.

Spleen

The **spleen** was mildly enlarged with swollen contour and subtle micronodular changes.

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 **gastric** wall revealed concentric mucosal hypertrophy. The submucosal and muscularis layers were unremarkable. The lumen was empty. 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

- Gastritis
- Splenic enlargement with micronodular changes- reactive spleen, splenitis and emerging round cell neoplasia are all possible

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen is indicated in this patient, to ensure this is a benign change. NSAID treatment should be stopped until 5-7 days after resolution of the clinical signs, otherwise endoscopy is indicated. GI protectant protocol is warranted such as the following.

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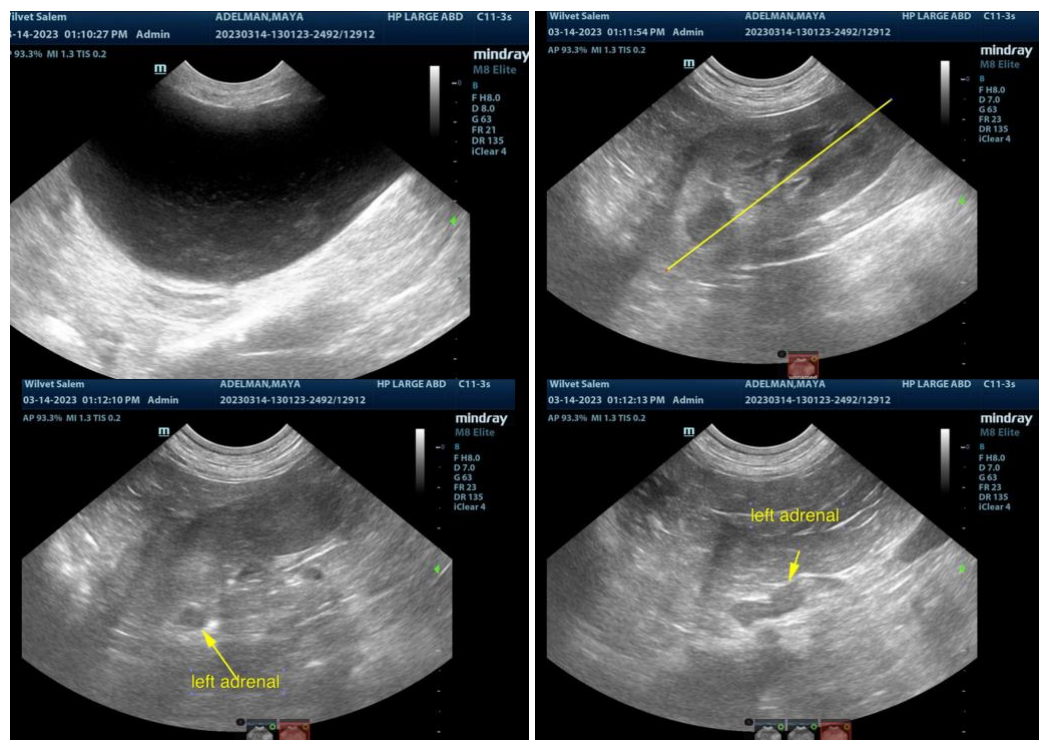
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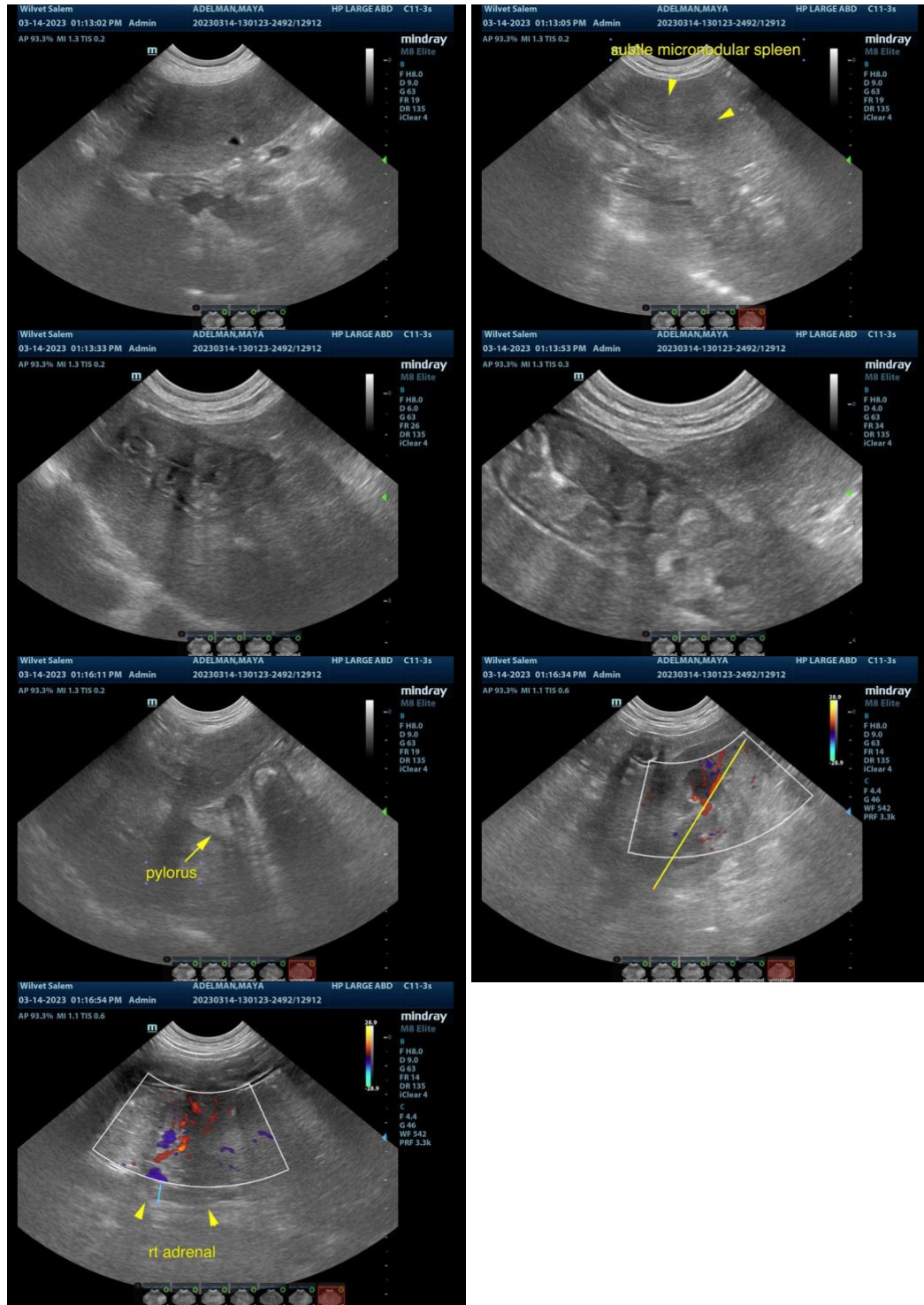
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance please contact me.

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Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com

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