



PATIENT

PRESENTING CLINICAL SIGNS

Emily Rosier

History: Chronic (years) intermittent history of acute borborygmi that starts overnight followed by inappetence. This usually results in vomiting, then several hours later will eat and return to normal on her own. Has received Gabapentin, probiotic, cobalamin oral and hypoallergenic diet long term.

SPECIES

Canine

Recently developed diarrhea and is currently being treated with metronidazole. Patient received Cerenia and carafate when inappetence continued after starting metronidazole, but this did not seem to help according to owner. Currently taking metronidazole and stools are still loose. Has also taken short courses of 0.6mg/kg metoclopramide in the past.

BREED

Shih Tzu

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed Female

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 was noted. Ureteral papillae were normal.

AGE

9 years

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 3.71 cm. The left kidney measured 3.6 cm.

WEIGHT

8.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The left **adrenal gland** was 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 0.36 cm. The region of the right adrenal gland did not reveal any pathology.

IMAGING PERFORMED BY

Emily Kirk

Spleen

HOSPITAL NAME

Shiloh AH

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.

REFERRING VET

Dr. Kirk

Liver

INVOICE

96532

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.

DATE

3/2/22



PATIENT

Gastrointestinal

Emily Rosier

Examination of the **gastrointestinal tract** revealed variable areas of increased submucosal echogenicity and thickness. There was a minor amount of gastric fluid present. Transit of chyme into the small intestine and colon were unremarkable. Soft stool was noted in the colon.

SPECIES

Canine

Pancreas

BREED

Shih Tzu

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.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

Chronic inflammatory bowel presentation.

AGE

9 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A clinical trial of the following may prove fruitful. Underlying gastritis/microulcerative disease may be an issue in this patient. Endoscopy would be ideal for further definition. A clinical trial of the following may prove effective with hydrolyzed diet. Screening for underlying occult Addison's would be appropriate and may be manifesting with GI signs.

WEIGHT

8.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.)**, **Sucralfate (0.5-2 g/dog PO)** and **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.

IMAGING PERFORMED BY

Emily Kirk

HOSPITAL NAME

Shiloh AH

REFERRING VET

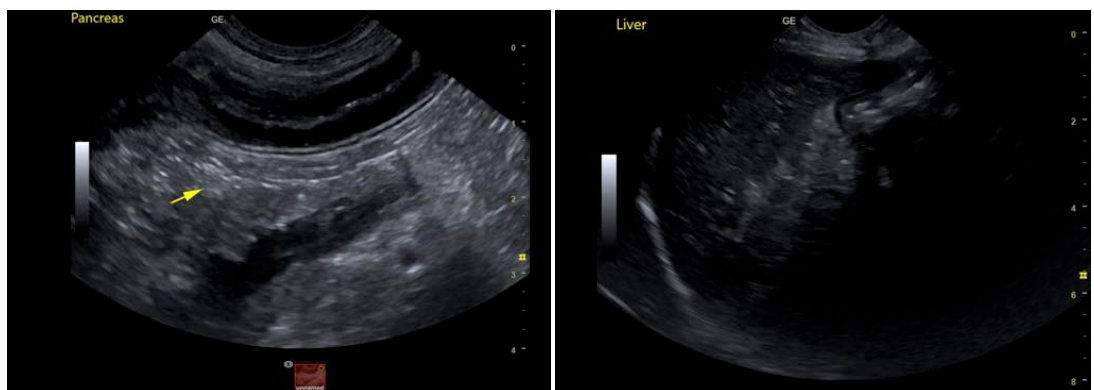
Dr. Kirk

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PATIENT

Emily Rosier

SPECIES

Canine

BREED

Shih Tzu

SEX

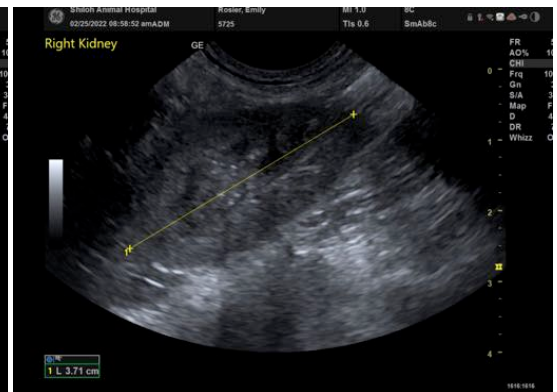
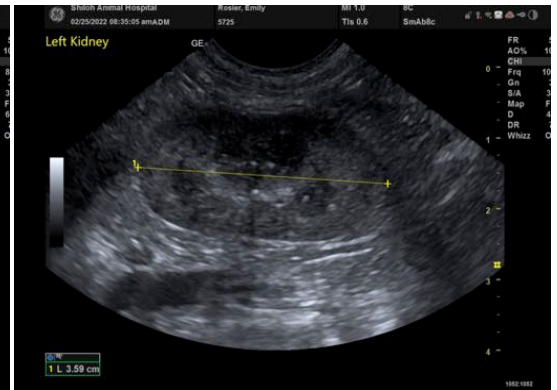
Spayed Female

AGE

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WEIGHT

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DATE

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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.

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