



PATIENT PRESENTING CLINICAL SIGNS

Dex Wilson

History: Chronic allergies including skin infection and ear infections. Over the past year has had chronic reoccurring vomiting consisting of bile and odourous brown digesta. Has not improved with metoclopramide trials, or diet trials. Vomiting will subside with cerenia. Owner has also seen blood spotting on the floor of unknown source - no signs of external injuries or obvious source of bleeding. Abnormal PE/Chem/CBC/UA Results: Dec 2022 bloodwork mildly elevated ALKP, otherwise NSF.

SPECIES

Canine

BREED

American/English
Bulldog Mix

SEX

Neutered male

AGE

7 years

WEIGHT

46 kg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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.

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 6.4 cm. The right kidney measured 6.4 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 0.6 cm. The left adrenal gland measured 0.5 cm.

Spleen

The **spleen** was mildly enlarged and folded upon itself with uniform parenchyma.

Liver

The **liver** revealed increased portal markings and relatively normal size. Portal vein to vena cava ratio was 1:1. 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

Minor gastric hypertrophy was noted without loss of mural detail. There was no evidence of foreign body or neoplasia. The small intestine and colon were unremarkable.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Celine Ward

HOSPITAL NAME

Kenora VC

REFERRING VET

Dr. Ward

INVOICE

43357

DATE

3/20/23



PATIENT

Pancreas

Dex Wilson

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.

SPECIES

Canine

Free Abdomen

BREED

The iliac trifurcation was unremarkable.

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Bulldog Mix

ULTRASONOGRAPHIC FINDINGS

SEX

Hepatic remodeling with chronic inflammatory hepatopathy pattern.

Neutered male

Otherwise, unremarkable abdomen.

AGE

7 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile is warranted in this patient given the hepatic remodeling. Fecal exam and a clinical trial of the following is recommended. Hydrolyzed diet may be in this patient's best interest, otherwise, endoscopy is indicated.

WEIGHT

46 kg

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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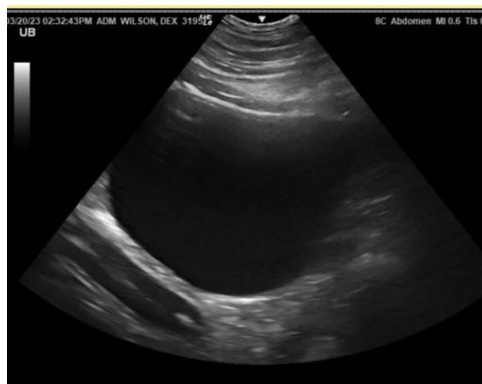
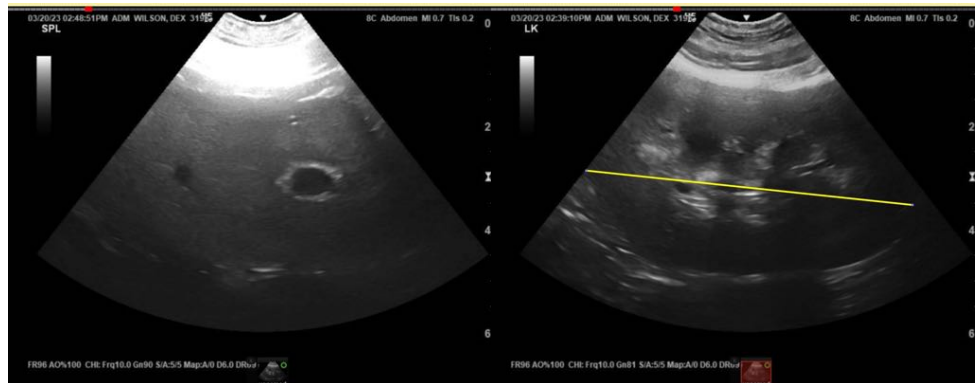
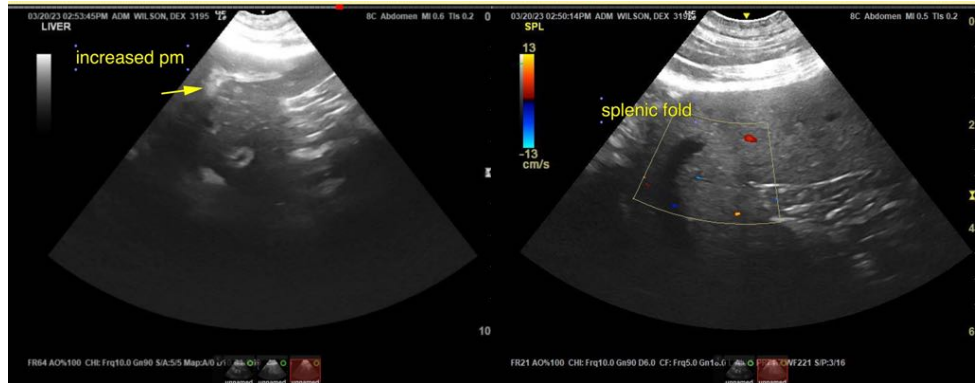
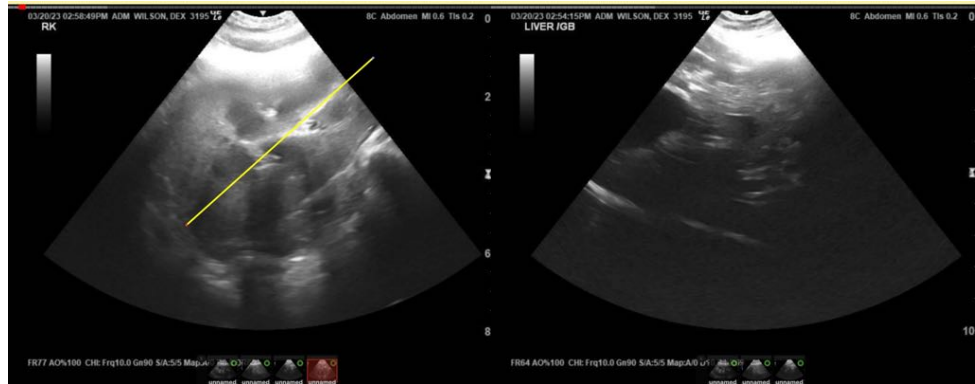
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PATIENT

Dex Wilson

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.

SPECIES

Canine

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.

BREED

American/English
Bulldog Mix

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

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