

**DATE**

3/25/22

PRESENTING CLINICAL SIGNS

Not eating well for the last 2 weeks, intermittent vomiting episode. She generally has a good appetite. There has been no diet changes. Decreased BM's and owner has been having to hand feed her. Owner had given antibiotic for her teeth and Meloxicam. She seemed to vomit more with the antibiotic and the Meloxicam. Owner is concerned because she is increasingly weak and this am she was wobbly in her back end. RDVM has done BW, fecal, Xrays.

PATIENT

Lilah Squires

Current Medications: Buprenorphine.

Lab Results: See attached.

Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Canine

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

Maltese

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 was noted. Ureteral papillae were normal.

AGE

11/8/17

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.

WEIGHT

5.8 lbs

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 1.54 x 0.47 cm at the cranial pole and 0.46 cm at the caudal pole. The left adrenal gland measured 1.28 x 0.43 cm at the caudal pole and 0.36 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Animal Emergency
Hospital

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 was noted.

REFERRING VET

Dr. Ruby

Liver

The **liver** revealed increased portal markings and coarse architecture. The portal vein to vena cava ratio was 1:1. There was no evidence of extrahepatic shunting. The gallbladder and common bile duct were unremarkable.

INVOICE**Gastrointestinal**

The pylorus was mildly thickened with no loss of mural detail. However, some mucosal remodeling was noted.

Pancreas

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.

ULTRASONOGRAPHIC FINDINGS

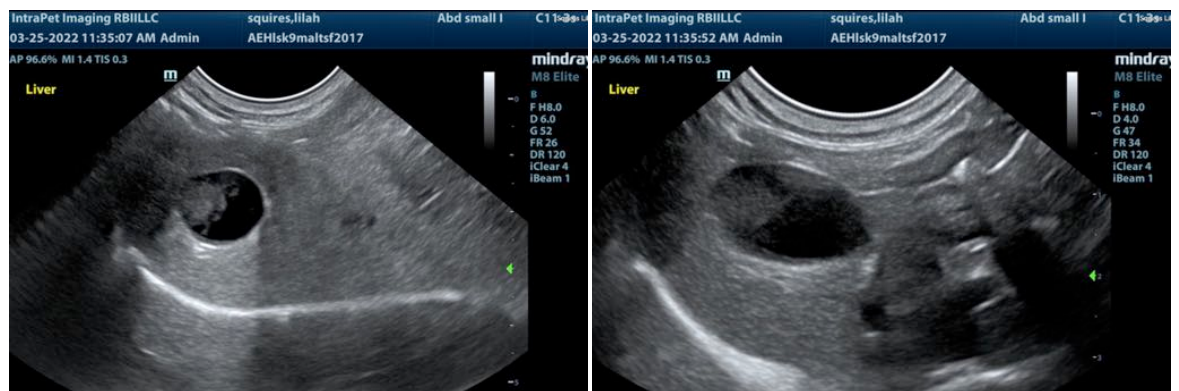
Mild pyloric hypertrophy. Chronic gastritis, occult parasitism, and *Helicobacter* are all potentials. Mild hepatic remodeling. Otherwise, unremarkable abdomen.

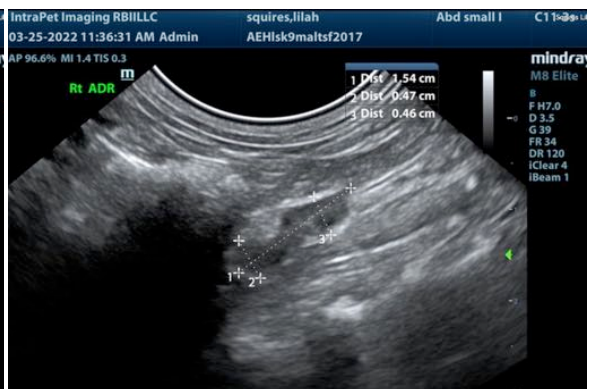
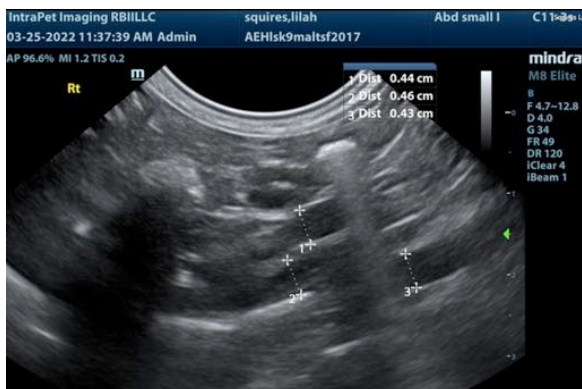
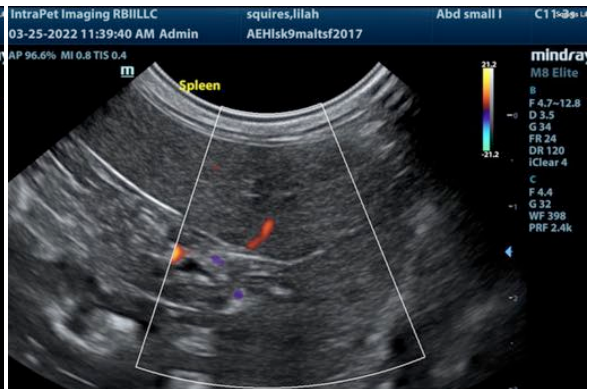
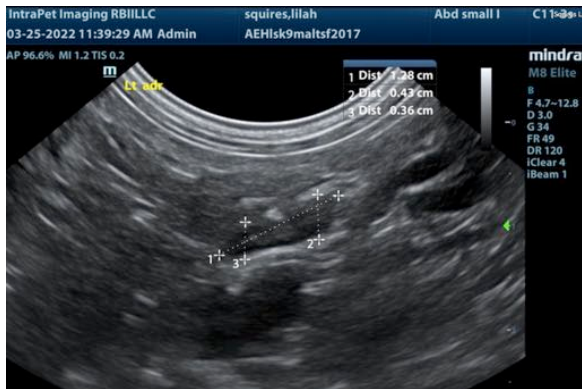
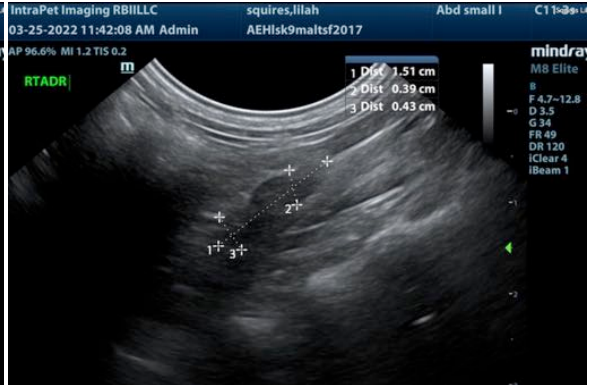
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's history endoscopy would be ideal for mucosal biopsies. However, a clinical trial of the following may prove effective. Underlying food intolerance may be an issue. Canned hydrolyzed diet may be in the patient's best interest long term. Recheck sonogram is recommended after 3-4 weeks of therapy primarily regarding the pylorus.

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.







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.

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