



PATIENT

Zainie Kinney

PRESENTING CLINICAL SIGNS

History: recheck prev u/s 3/24 showed undefined ascities slightly swollen spleen mild hepatic remodeling heterogeneous pancreas age related renal changes dog continues to vomit in hospital

SPECIES

Canine

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.

BREED

Dachshund Mix

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 and no evidence of pelvic dilation was present. The right kidney measured 5.2 cm. The left kidney measured 4.27 cm.

SEX

Female

AGE

10 years

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 1.61 x 0.84 cm at the caudal pole and 0.86 cm at the cranial pole. The left adrenal gland measured 1.83 x 0.38 cm at the caudal pole and 0.69 cm at the cranial pole.

WEIGHT

14.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

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.

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

REFERRING VET

Dr. Maniar

INVOICE

43536

DATE

3/28/23



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Gastrointestinal

Zainie Kinney

The stomach revealed fluid filled lumen and mild mucosal remodeling in the pyloric outflow. Excessive gas was noted. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. Soft stool was noted in the colon.

SPECIES

Canine

Pancreas

BREED

Dachshund Mix

Minor, heterogenous **pancreatic** changes were noted.

SEX

Female

Free Abdomen

Reactive mesentery was noted around the stomach and pancreas.

AGE

10 years

ULTRASONOGRAPHIC FINDINGS

Subacute on chronic gastritis pattern.

Minor pancreatitis.

WEIGHT

14.8 lbs

Age related abdominal changes otherwise.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

There was no evidence of ascites. Persistent treatment for gastritis is indicated. Endoscopy is warranted if clinical signs persist despite medical measures such as the following. There was no evidence of neoplasia or foreign bodies.

IMAGING PERFORMED BY

Jenn

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.

HOSPITAL NAME

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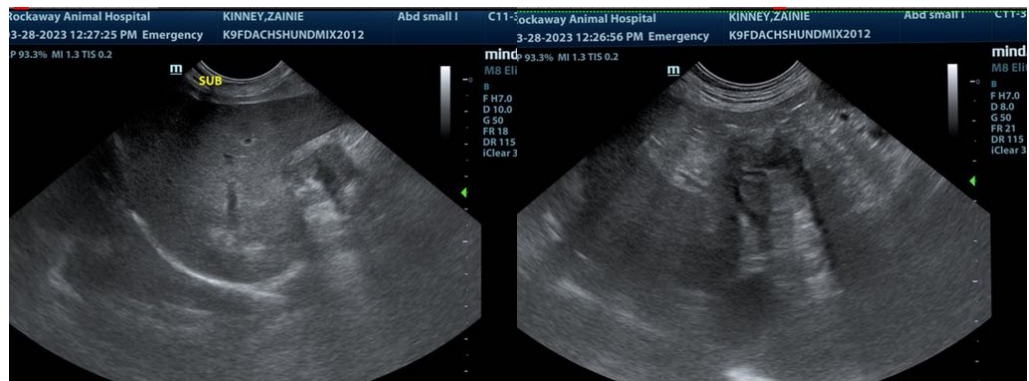
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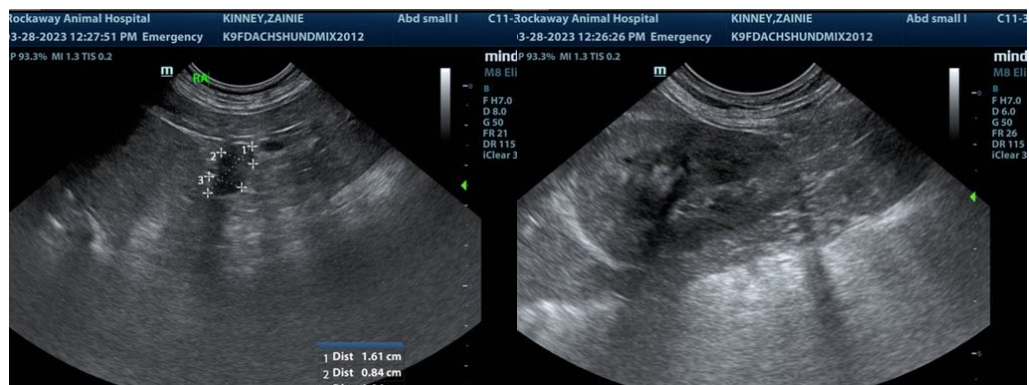
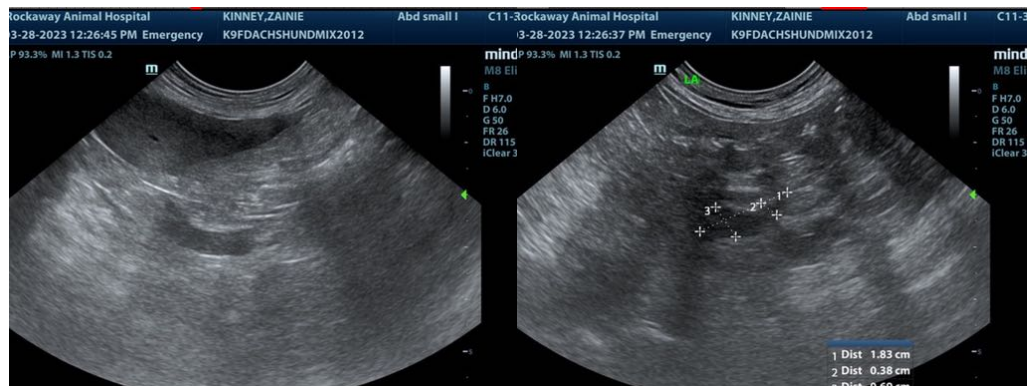
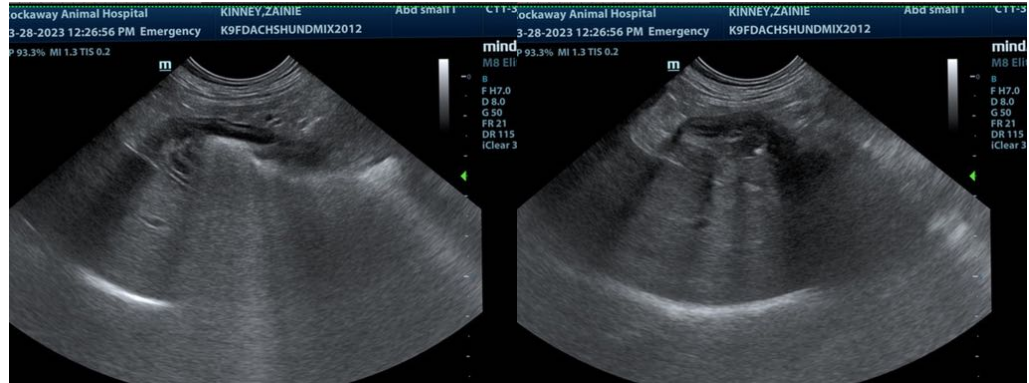
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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