



**PATIENT PRESENTING CLINICAL SIGNS**

**PJ Cutler**  
History: History intermittent, waxing and waning gastroenteritis signs - flatulence, episodes of vomiting, inappetence, soft stool/diarrhea. Does have a history of dietary indiscretion when outside on walks. O also used to give human food but has since been discontinued for 1-2 weeks. Pet tends to respond to supportive care/medications, but this time not as well, soft stool still lingering even while on bland diet boiled chicken/white rice. Has also tried few different GI rx diets. Also has history of arthritis, and is currently on NSAID - rimadyl, but GI episodes and issues occurred long before starting NSAID and did not increase after starting, in fact, pet had some episodes while off NSAID and we suspected may have been pain related that triggered anorexia initially. Have done trial stopping NSAID to see if signs improved and not the case. Also recent history of STT (spindle cell proliferation) of dermal growth on lower abdomen 1-2cm raised growth diagnosed on FNA. On Omeprazole, fortiflora, rimadyl. Has been on metro/cerenia in past when needed.

**Canine**

**Pointer Mix**

**Abnormal PE/Chem/CBC/UA Results:** ALP - 731, NOSF. U/A - Pending (obtained sample today)

**SEX**

Neutered male

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**AGE**  
13 years

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.

**WEIGHT**

78 lbs

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 6.9 cm. The left kidney measured 7.0 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Adrenal Glands**

**IMAGING PERFORMED BY**

Amy Priest and Dr. Welch

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 0.5 cm. The right adrenal gland was not visualized.

**HOSPITAL NAME**

Long Valley AH

**Spleen**

**REFERRING VET**

Dr. Welch

The **spleen** was superimposed on the stomach. This may be creating a summation effect on radiographs.

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**Liver**

**DATE**

3/6/23

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



**PATIENT**

lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

PJ Cutler

**SPECIES**

***Gastrointestinal***

Canine

Minor **gastric** wall irregularity was noted with a minor amount of chyme present. There was no evidence of overt masses or foreign bodies. Given the patient's history treatment for gastritis such as the following would be recommended. The small intestine and colon were unremarkable. There was no evidence of foreign bodies.

**BREED**

Pointer Mix

***Pancreas***

**SEX**

Neutered male

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.

**AGE**

13 years

**ULTRASONOGRAPHIC FINDINGS**

Minor gastric wall irregularity.

**WEIGHT**

78 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Fecal exam is recommended. Endoscopy is indicated. Microulcerative disease is a potential in this case. If adrenal disease is suspected then full sedation and further imaging of the right adrenal gland is indicated.

**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.), **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.

**IMAGING PERFORMED BY**

Amy Priest and Dr.  
Welch

**HOSPITAL NAME**

Long Valley AH

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PJ Cutler

**SPECIES**

Canine

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**AGE**

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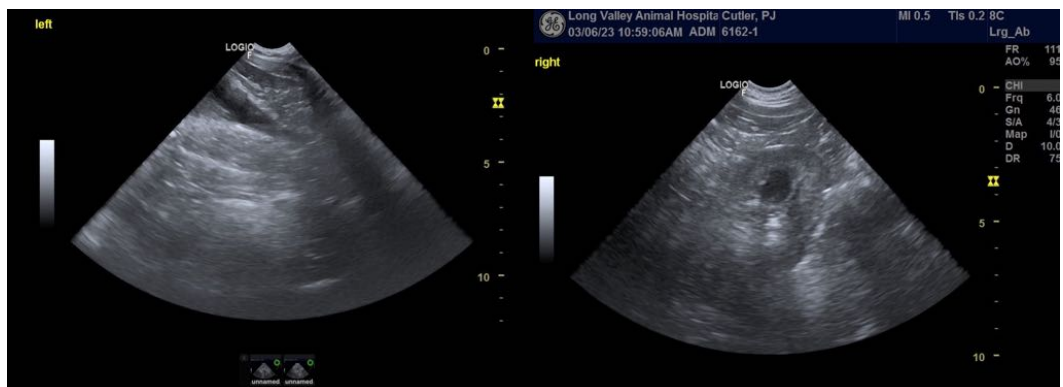
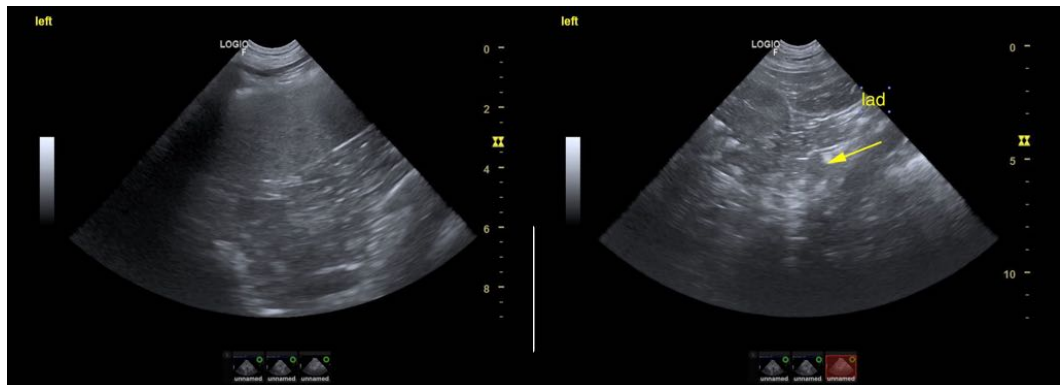
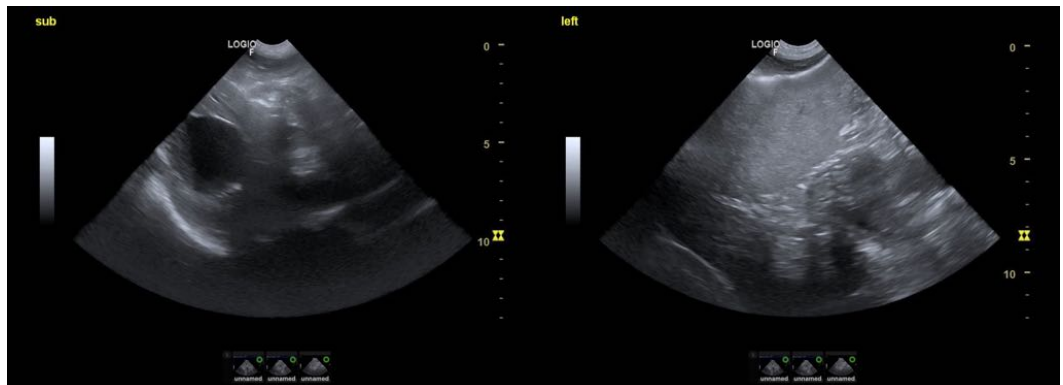
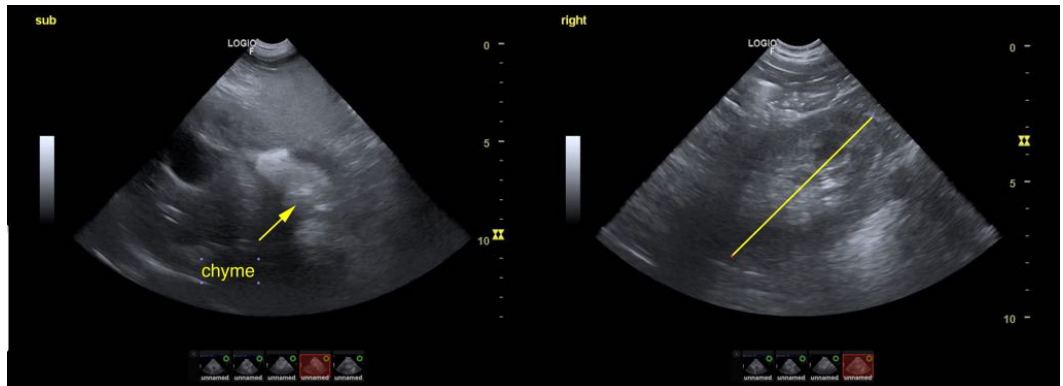
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**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**

Pointer Mix

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

**SEX**

Neutered male

**AGE**

13 years

**WEIGHT**

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