



PATIENT PRESENTING CLINICAL SIGNS

Sensei Bojda

History: Ultrasound for neighboring clinic. Chronic intermittent vomiting since Nov. Eats well, good energy level. Was not fasted this am Sucralfate helped with vomiting.

SPECIES

Abnormal PE/Chem/CBC/UA Results: No fever. Hc t - 60%, Hgb elevated as well. Na 161 (141-152). TP 108 (55-70). GGT 341 (0-14), Tbili 152 (0-9). ALT and AlkP normal.

Canine

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Sheltie

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.

SEX

Neutered male

AGE

6 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 left kidney measured 4.2 cm. The right kidney measured 4.4 cm.

WEIGHT

11.5 kg

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 0.67 cm. The region of the right adrenal gland was unremarkable.

IMAGING PERFORMED BY

Dr. Biederbeck

Spleen

HOSPITAL NAME

Lomsnes VH

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. Biederbeck

Liver

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The **liver** revealed slightly increased portal markings. The gallbladder and common bile duct were unremarkable.

DATE

3/9/23

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. Retention of ingesta was noted. This is consistent with end post prandial presentation. Transit of chyme into the



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small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

SPECIES

Canine

Pancreas

BREED

Sheltie

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

Neutered male

ULTRASONOGRAPHIC FINDINGS

Minor cholangitis pattern.

AGE

6 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the bilirubin and GGT elevation if persistent then FNA of the liver is indicated. Leptospirosis titers are warranted. However, this would be odd to not have ALT or AST elevations. There was no evidence of masses or shunts. There was no evidence of significant disease. Fecal exam a clinical trial of the following may prove effective. Broad spectrum anti parasitic protocol, change to a hydrolyzed diet may be appropriate. Otherwise, endoscopy can be considered. Reassessment of the bilirubin value is warranted to ensure that there is no hemolysis or artifact.

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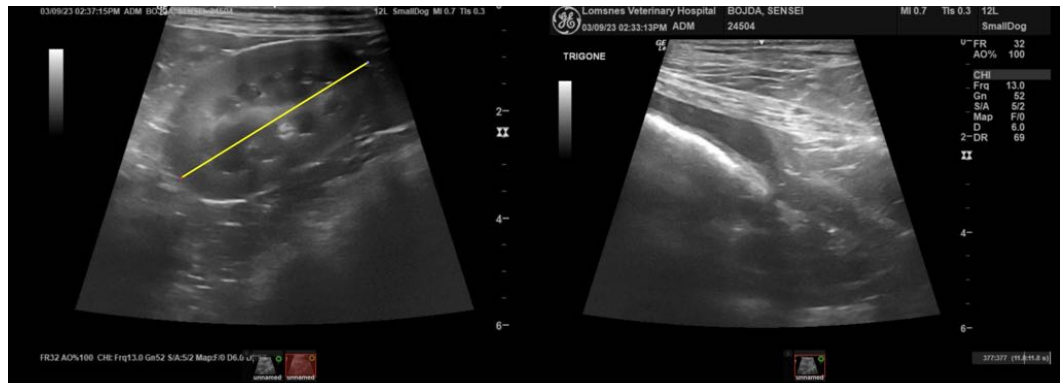
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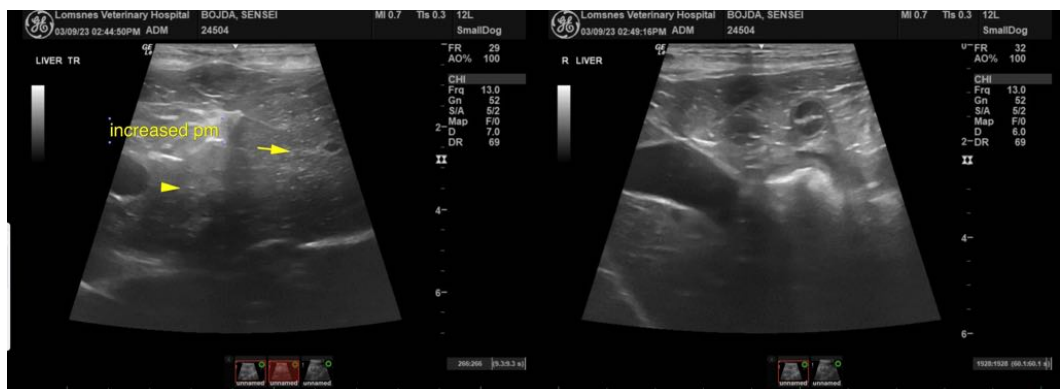
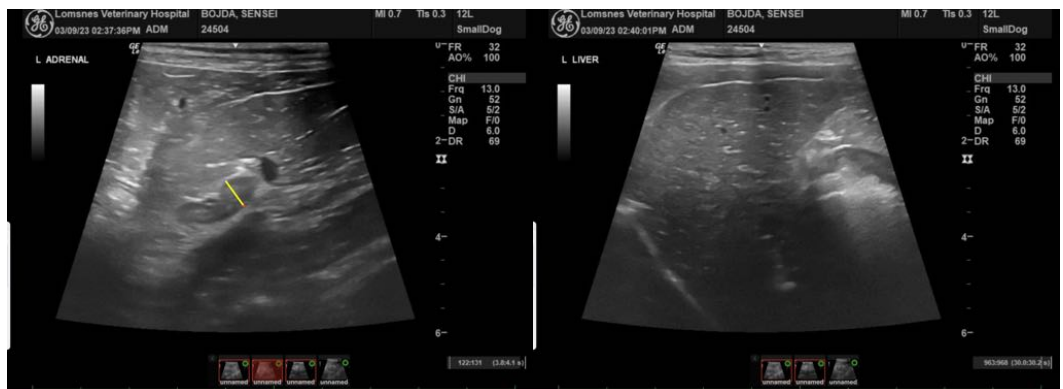
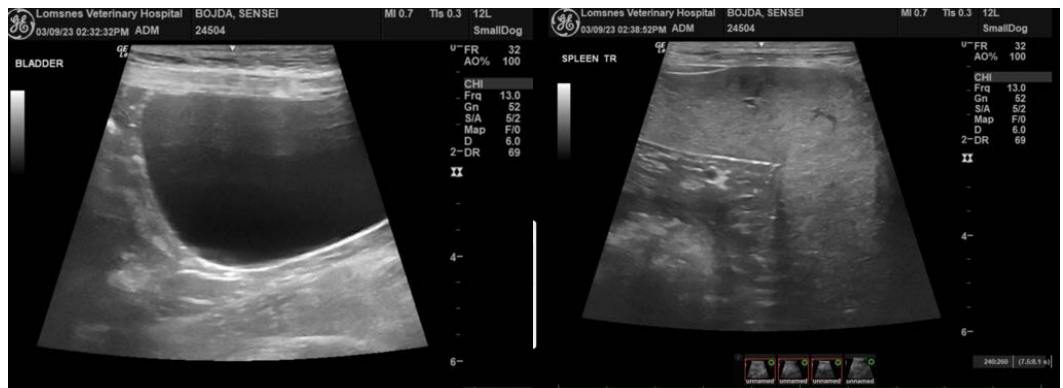
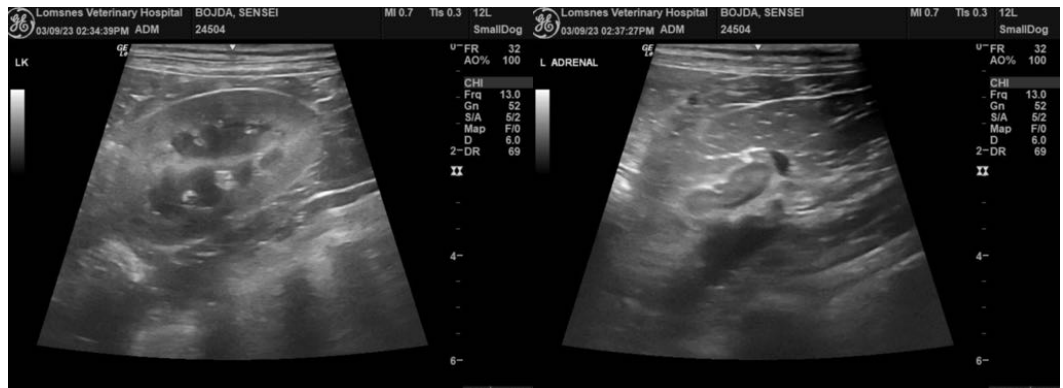
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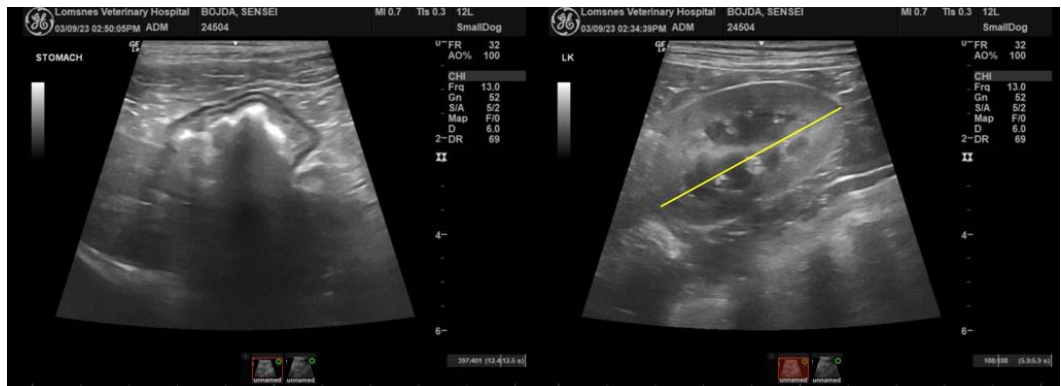
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com