



**PATIENT**

Sammy Coleman

**SPECIES**

Canine

**BREED**

Pointer X

**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

47 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

All Creatures Great & Small Deville

**REFERRING VET**

Dr. Ashmore

**INVOICE**

36646

**DATE**

4/1/22

**PRESENTING CLINICAL SIGNS**

presented 3 weeks ago for hind end paralysis; Had to wean off meds (pred) because started to vomit within 2 days. Presented yesterday again with vomiting and lethargy; Hx of elevated liver values and pancreatitis; chronic interstitial disc disease and has been on pred for it; R/O iatrogenic cushings vs other

Abnormal PE/Chem/CBC/UA Results: CPL abnormal; elevated PSL; very elevated liver values;

**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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 6.47 cm. The left kidney measured 6.54 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 2.52 cm x 1.21 cm at the cranial pole and 0.63 cm at the caudal pole. The left adrenal gland measured 2.44 cm x 0.56 cm at the caudal pole and 0.64 cm at the cranial pole.

**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 were noted.

**Liver**

The left lateral **liver** revealed an isoechoic to hypoechoic, 3.5 cm x 1.8 cm non-disruptive nodule. The gallbladder and common bile duct were unremarkable.

**Gastrointestinal**

The **pylorus** was mildly thickened with a minor amount of luminal fluid present. Reactive surrounding mesentery noted. The small intestine and colon were unremarkable. Curvilinear patterns were maintained.

**Pancreas**

Minor heterogeneous **pancreatic** changes noted.



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**ULTRASONOGRAPHIC FINDINGS**

- Geriatric abdomen with gastritis pattern and minor pancreatitis
- Undefined hepatic nodule – likely benign hyperplasia.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the hepatic nodule could be considered for further definition. A clinical trial of the following should prove effective. A clinical trial of the following should prove effective. No evidence of foreign body or organs with neoplastic criteria other than the potential hepatic nodule.

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**Helicobacter/Gastritis protocol**

**SEX**

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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.

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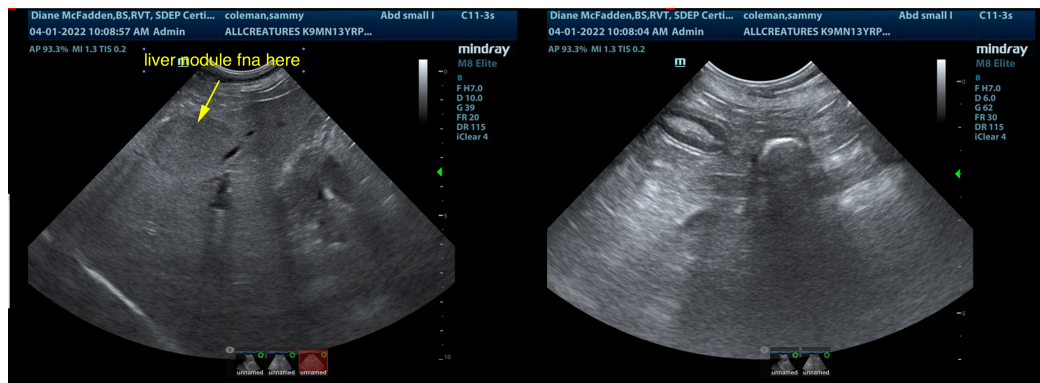
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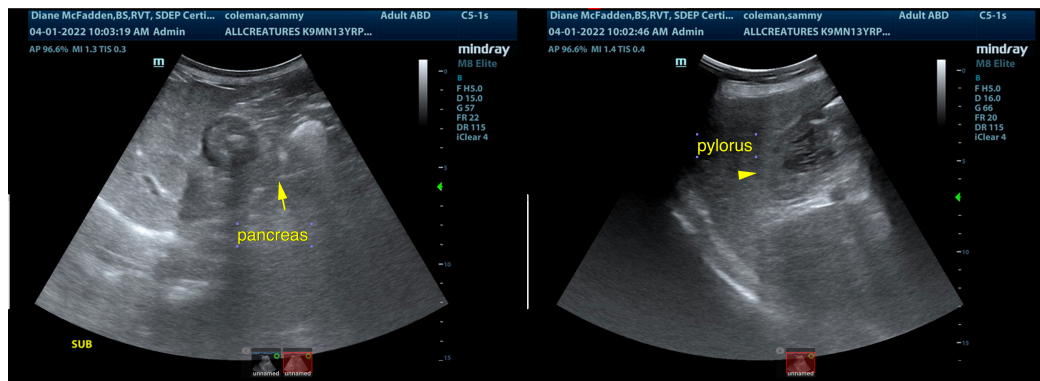
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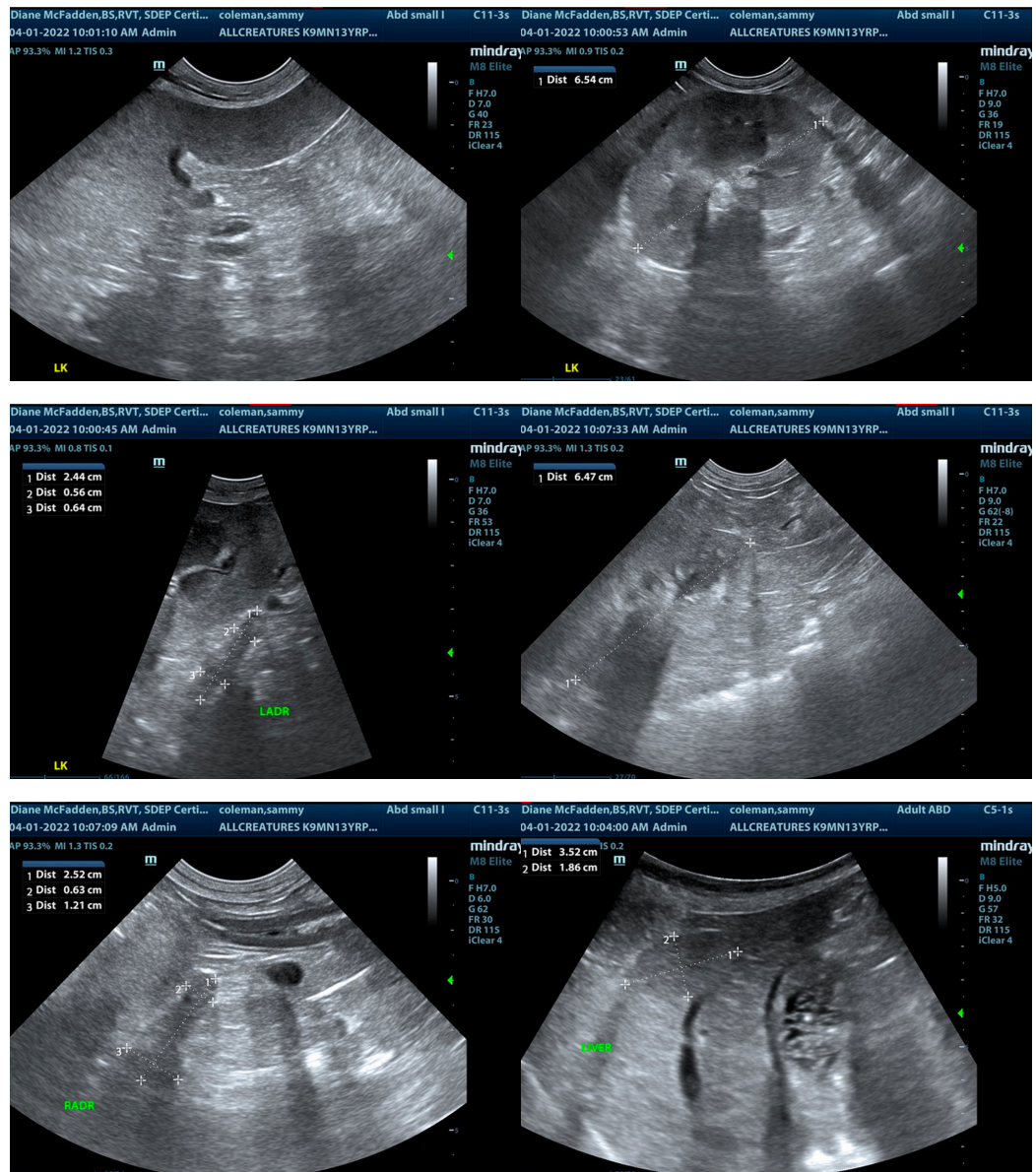
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**

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