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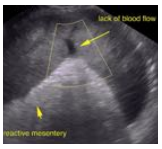
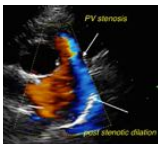
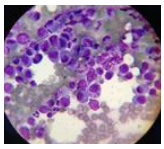
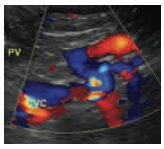

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1-800-838-4268 info@sonopath.com

PATIENT

Torre Mantzouratos

SPECIES

Canine

BREED

Pomeranian

SEX

Spayed Female

AGE

15 years

WEIGHT

22 lb

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Prescott

HOSPITAL NAME

Roundout Valley VA

REFERRING VET

Dr. Prescott

INVOICE

99198

DATE

4/11/22

PRESENTING CLINICAL SIGNS

Intermittent vomiting and anorexia. History of chronic low grade anemia and thrombocytosis. Splenectomy for splenic mass 2 years ago. Hemangioma, benign. Liver biopsy at that time benign vacuolization. On rimadyl, ursodial, hemp chews.
Abnormal PE/Chem/CBC/UA Results: Chronic anemia. See attached recent CBC

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.

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. An anechoic cyst was noted in the caudal pole of the right kidney. The right kidney measured 3.5 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 left adrenal gland measured 0.5 cm. The right adrenal gland measured 0.8 cm at the cranial pole and 0.6 cm at the caudal pole with minor, heterogenous parenchymal changes.

Spleen

The **spleen** was not visualized in this patient as it was previously removed.

Liver

The **liver** revealed coarse echotexture with heterogenous parenchymal changes and mildly increased portal markings. Minor, uniform swelling was noted. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele. However, the sludge appears to be mildly excessive. No adjunctive inflammation was noted. The gallbladder measured 5.0 x 4.0 cm and was fairly rounded.

Gastrointestinal

The **stomach** presented an edematous wall and anechoic luminal fluid. The small intestine and colon were unremarkable.

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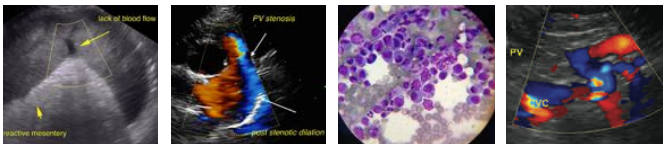

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Pancreas

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

Hepatic remodeling, subjectively benign hepatopathy with some remodeling owing to chronic inflammatory insult.

Emerging gallbladder mucocele.

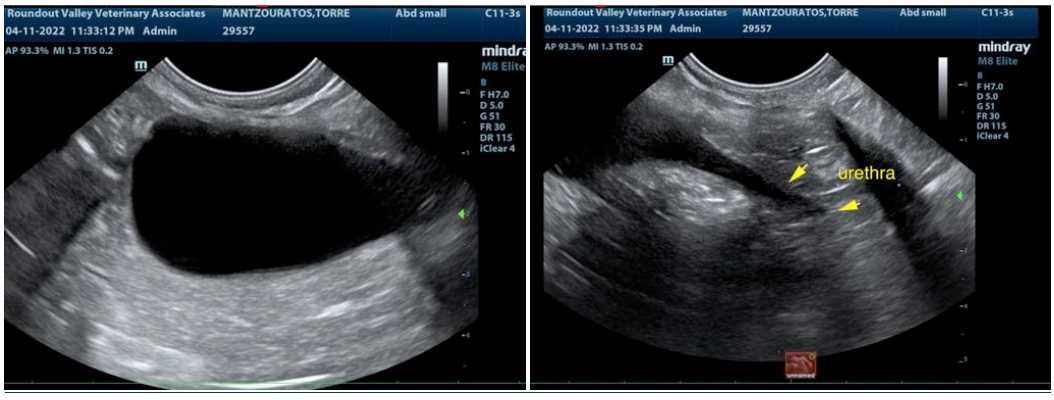
Age related renal changes.

Gastritis presentation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of metastatic disease from the prior splenic pathology. GI blood loss is a potential given the patient's history. GI protectant protocol such as the following would be recommended. The gallbladder may be contributing to anorexia in this patient. Gallbladder motility study is warranted. I recommend continuation of Ursodiol therapy. GI protectant protocol such as the following may prove effective. CBC path review +/- bone marrow aspirate may be appropriate.

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.



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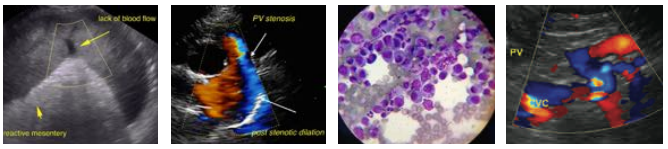

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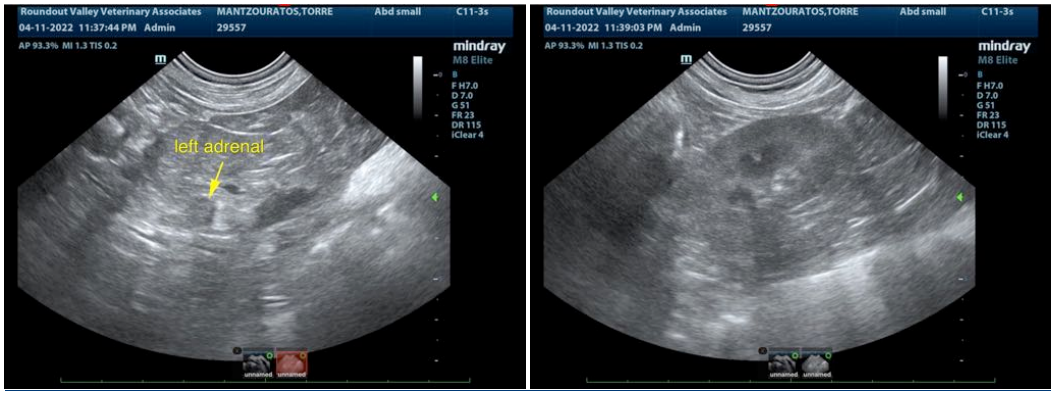

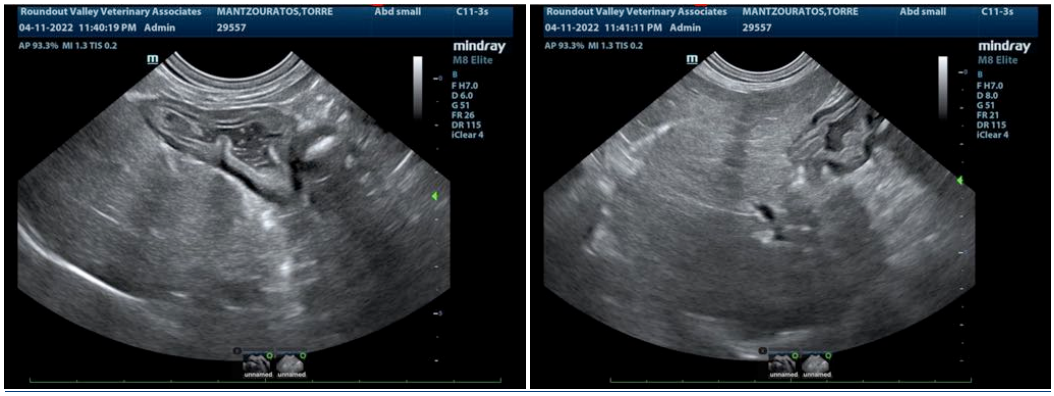

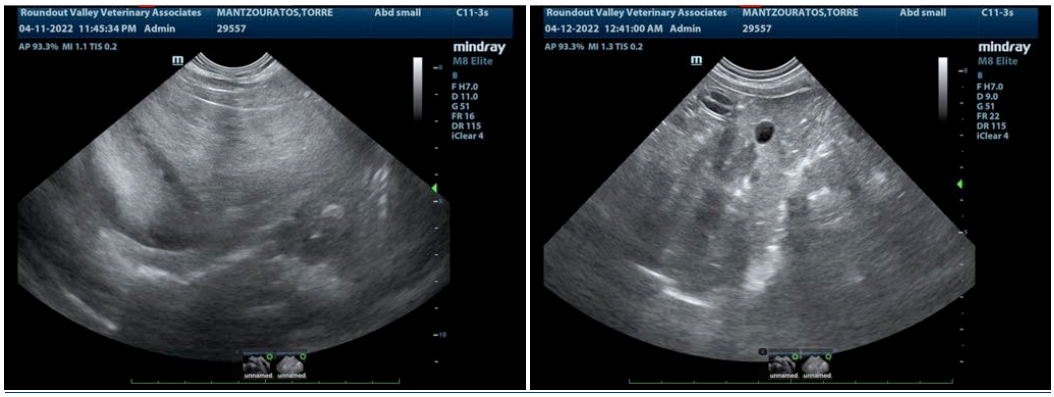

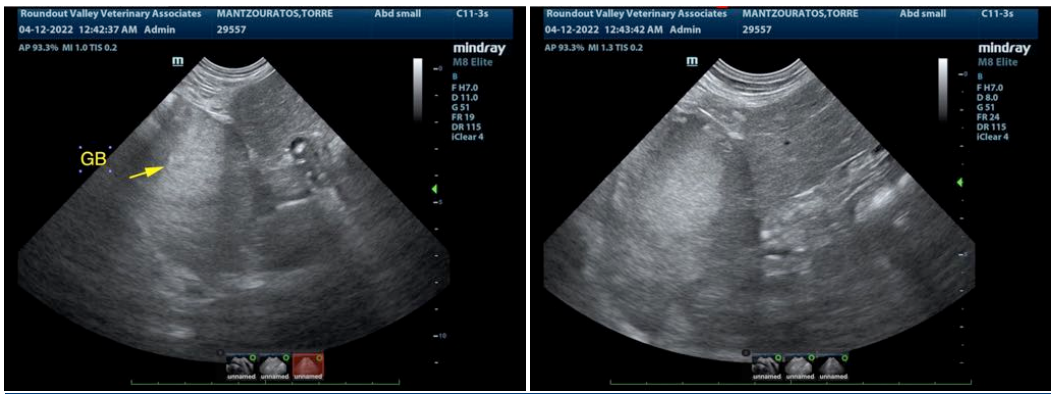

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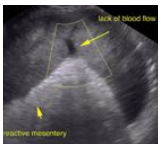
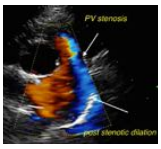
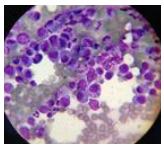
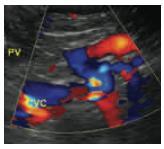

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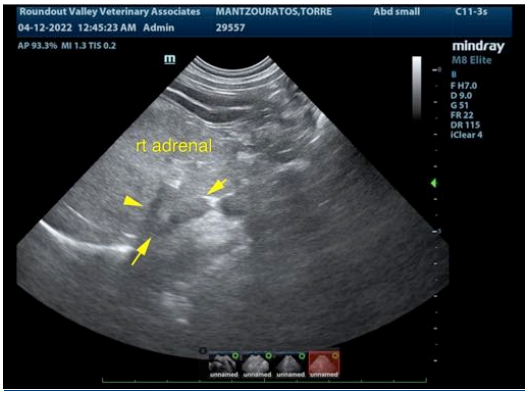

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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