


**PATIENT**

Toby Paws of All Kinds

**PRESENTING CLINICAL SIGNS**

 History: Pancreatitis, HGE. Current meds: LRS IV, Metro, Unasyn, Pantoprasole  
 Abnormal PE/Chem/CBC/UA Results: CPL abnormal

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**
**Urinary System**
**BREED**

Australian Cattle Dog

 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. 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

 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 6.0 cm. The right kidney measured 5.5 cm.

**AGE**

9 years

**WEIGHT**

54 lbs

**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 2.8 x 1.69 cm at the cranial pole and 0.92 cm at the caudal pole. The left adrenal gland measured 2.37 x 0.51 cm at the cranial pole and 0.7 cm at the caudal pole.

**INTERPRETED BY**

 Eric Lindquist, DMV  
 DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**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.

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

Dr. Maniar

**Liver**

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

**INVOICE**

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**Gastrointestinal**

The **stomach** presented concentric wall thickening, primarily mucosal; however, early submucosal involvement appeared to be present. The gastric wall measured up to 1.5 cm. Reactive mesentery was noted around the stomach. The small intestines and colon appeared unremarkable.

**Pancreas**

Minor, heterogenous **pancreatic** changes were noted. This is consistent with secondary inflammation deriving from the stomach.

**ULTRASONOGRAPHIC FINDINGS**

Gastric wall thickening.

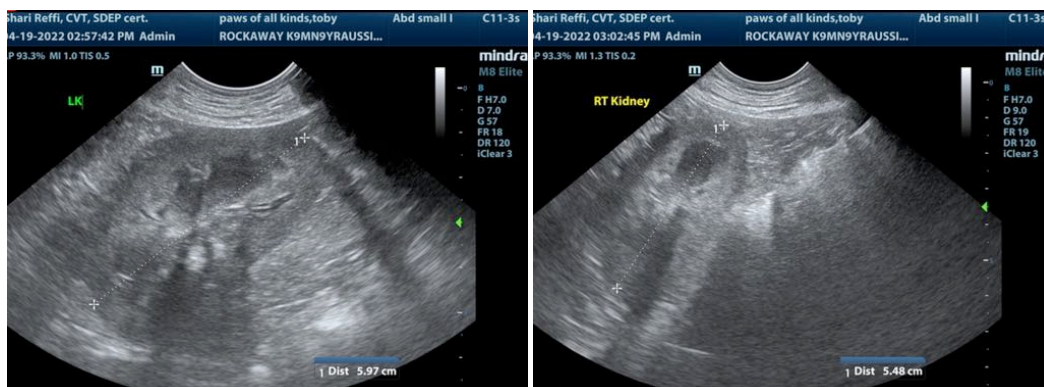
Heterogenous pancreas.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Endoscopy and mucosal biopsies are recommended to assess gastric lymphoma versus chronic gastritis +/- Helicobacter. Gastric carcinoma is less likely. If sampling is not an option then a clinical trial of the following can be considered with a recheck sonogram in 5-7 days.

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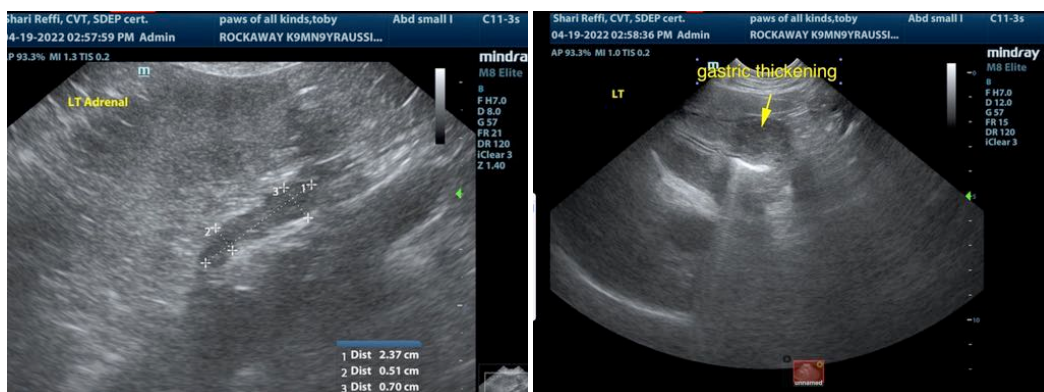
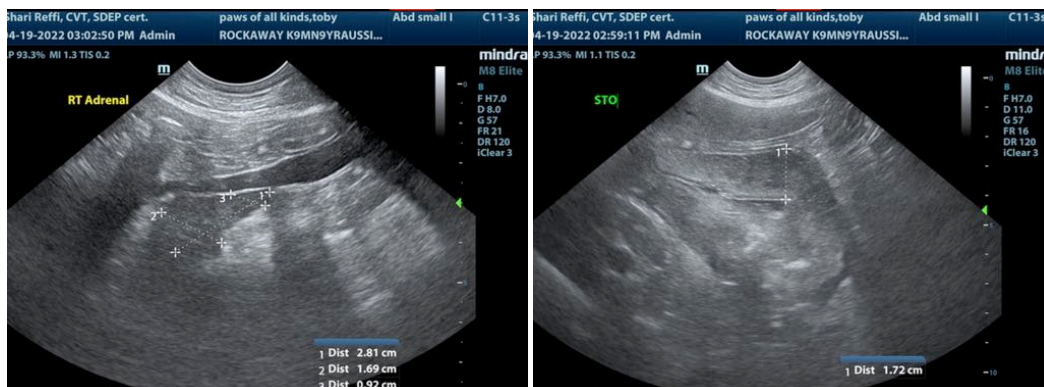
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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