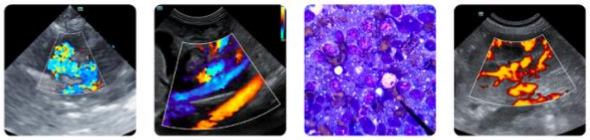

PATIENT

Katie Bautista

SPECIES

Canine

BREED

Cavalier King Charles Spaniel

SEX

Spayed Female

AGE

5 Years

WEIGHT

5.7

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY

Dr. Carver

HOSPITAL NAME

AEH Volusia

REFERRING VET

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INVOICE

36737

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4/24/26

PRESENTING CLINICAL SIGNS

History: P presented for v/d. P was normal at 12pm on 4/23. Around 1-2pm, pet sitter came home to V+ consisting of it is brown mucous or grass. She is having soft stool. She had an ultrasound done a month ago with the rDVM that showed something in/near the stomach that was suspected to pass successfully. She was on Clavamox for a UTI until Monday. She is known to eat things and has foreign body surgery here when she was 9 months old. P was hospitalized for fasted repeat radiographs. Initial set at 9 PM on 4/23 showed A functional condition, such as gastroenteritis (due to infection, inflammation, toxin, parasitic causes, or dietary discretion), chronic enteropathy, or extra gastrointestinal causes (such as pancreatitis, endocrine-related disorders, hepatopathy, among others), is suspected. As asymmetry of small intestinal diameters is present, mechanical obstruction is not excluded. P remained on IVF and showed no clinical signs for about 12 hours. Repeat radiographs showed resolution of the previously seen discrepancy of jejunal diameter. Abnormal PE/Chem/CBC/UA Results: CPL Abnormal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a minimal amount of urine. Subtle micronodular changes were noted, consistent with chronic cystitis. Cannot absolutely rule out the potential of underlying carcinoma, though not suspected.

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 right kidney measured 4.1 cm. The left kidney measured 4.2 cm.

Adrenal Glands

The **right 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 right adrenal gland measured 0.5 cm.

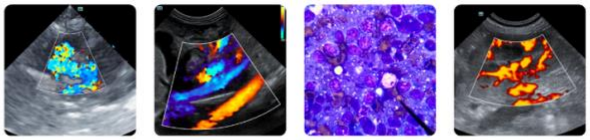
The region of the **left adrenal gland** was imaged, no evident pathology.

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 **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



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

Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. Minor hypertrophy of the pylorus was noted. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable. This is a mild change.

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

- Cystitis pattern- cannot rule out deep pelvic urethral pathology.
- Nonspecific gastroenteritis pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BRAF testing and cytospin of a free catch urine sample is recommended with immediate cytospin and slide preparation to assess for carcinoma cells. No evidence of foreign bodies. No overt pancreatic pathology was noted, however, cannot rule out minor low-grade inflammation.

Chronic UTI Protocol

I recommend **Enrofloxacin** (5-10 mg/kg SID PO) (In patients > 1 year of age) in late pm after urination to maximize urinary concentrations overnight. This assumes that culture supports this use. Repeat **culture** at 3-4 weeks and continue treatment at least 7-10 days post negative urinary sediment and negative culture. *Note: Negative culture does not necessarily mean lack of UTI.* Other favorite antibiotics for chronic UTI include third generation Cefa (Ceftiafur or similar s.i.d. injectable) or Clavamox. If suspicion of occult urinary incontinence is present then **phenylpropanolamine (PPA)** (1-2 mg/kg BID) can be employed long term to enhance urethral tone.

A clinical trial of following may prove effective:

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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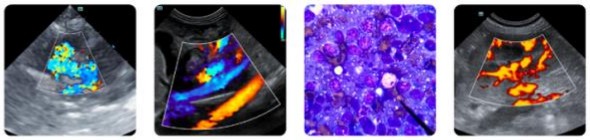

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SonoPath.com info@sonopath.com 1.800.838.4268

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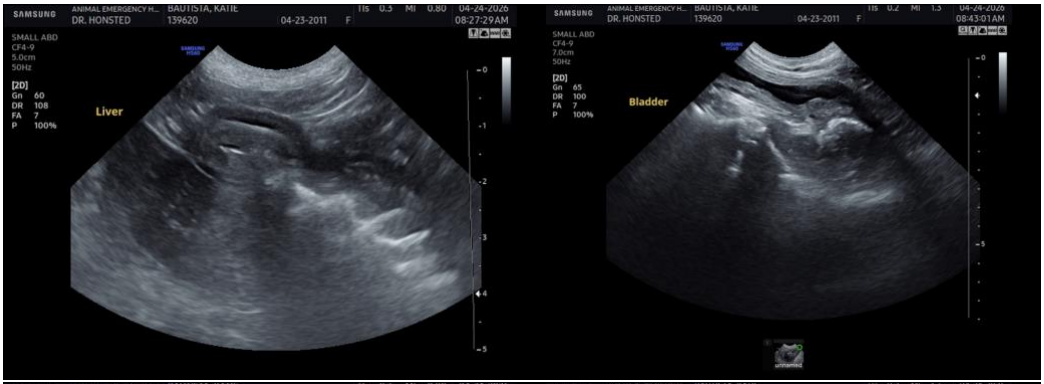

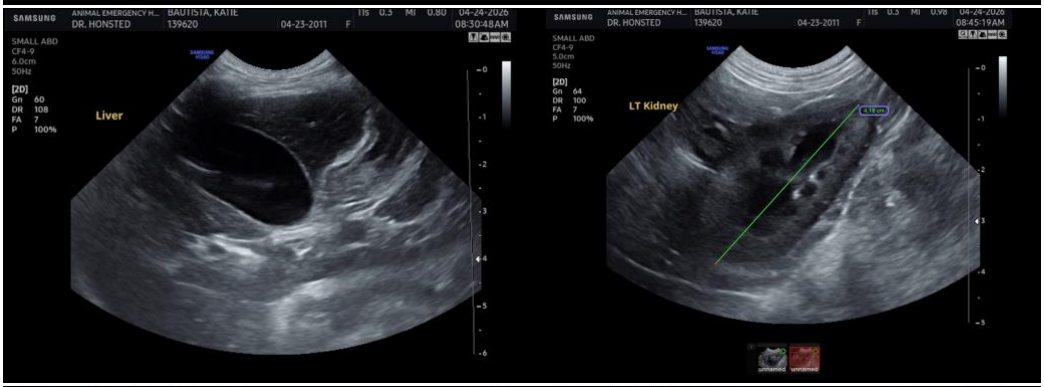

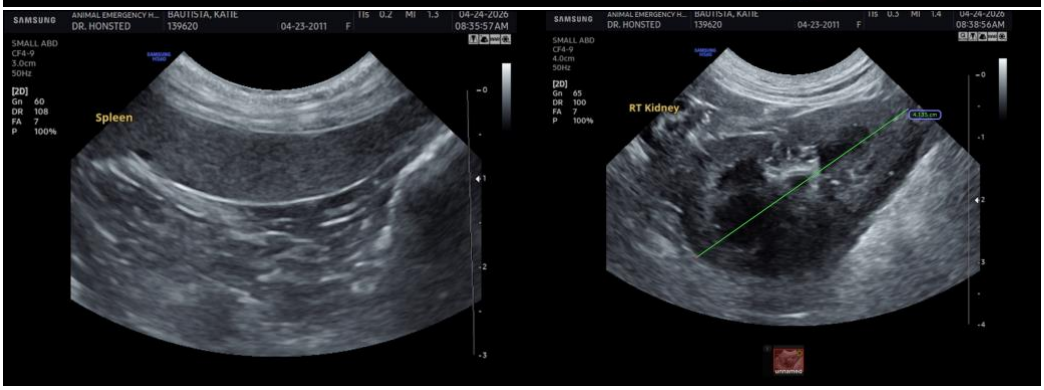

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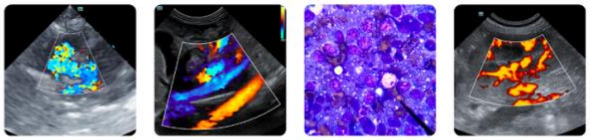

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com