



PATIENT

Maxie Cappello

SPECIES

Canine

BREED

Standard Poodle

SEX

Spayed Female

AGE

13 years

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Butler Vet

REFERRING VET

Dr. Sereda

INVOICE

99946

DATE

4/26/22

PRESENTING CLINICAL SIGNS

Mild azotemia, weight loss, chronic GI signs.

Chronic Anaplasma +, SDMA 17, BUN 34

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 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight mineralization was noted in the kidney. The right kidney measured 5.09 cm and the left kidney measured 5.0 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 2.13 x 0.7 cm.

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.

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.



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Gastrointestinal

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The **pylorus** and gastric fundus were thickened in this patient. There was no overt loss of mural detail. Hyperperistalsis is noted with fluid accumulation. The pyloric wall measured 0.95 cm. The gastric fundus measured up to 1.7 cm.

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Pancreas

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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.

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ULTRASONOGRAPHIC FINDINGS

Chronic gastritis pattern.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a minor potential for emerging neoplasia. A clinical trial of the following is recommended. Recheck sonogram is recommended in 3-4 weeks. Otherwise, endoscopy is indicated. Coverage for parasites is also indicated.

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Helicobacter/Gastritis protocol

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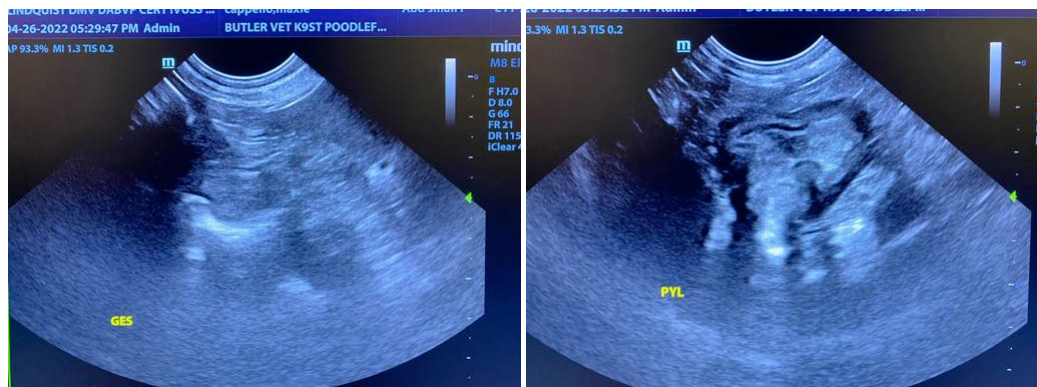
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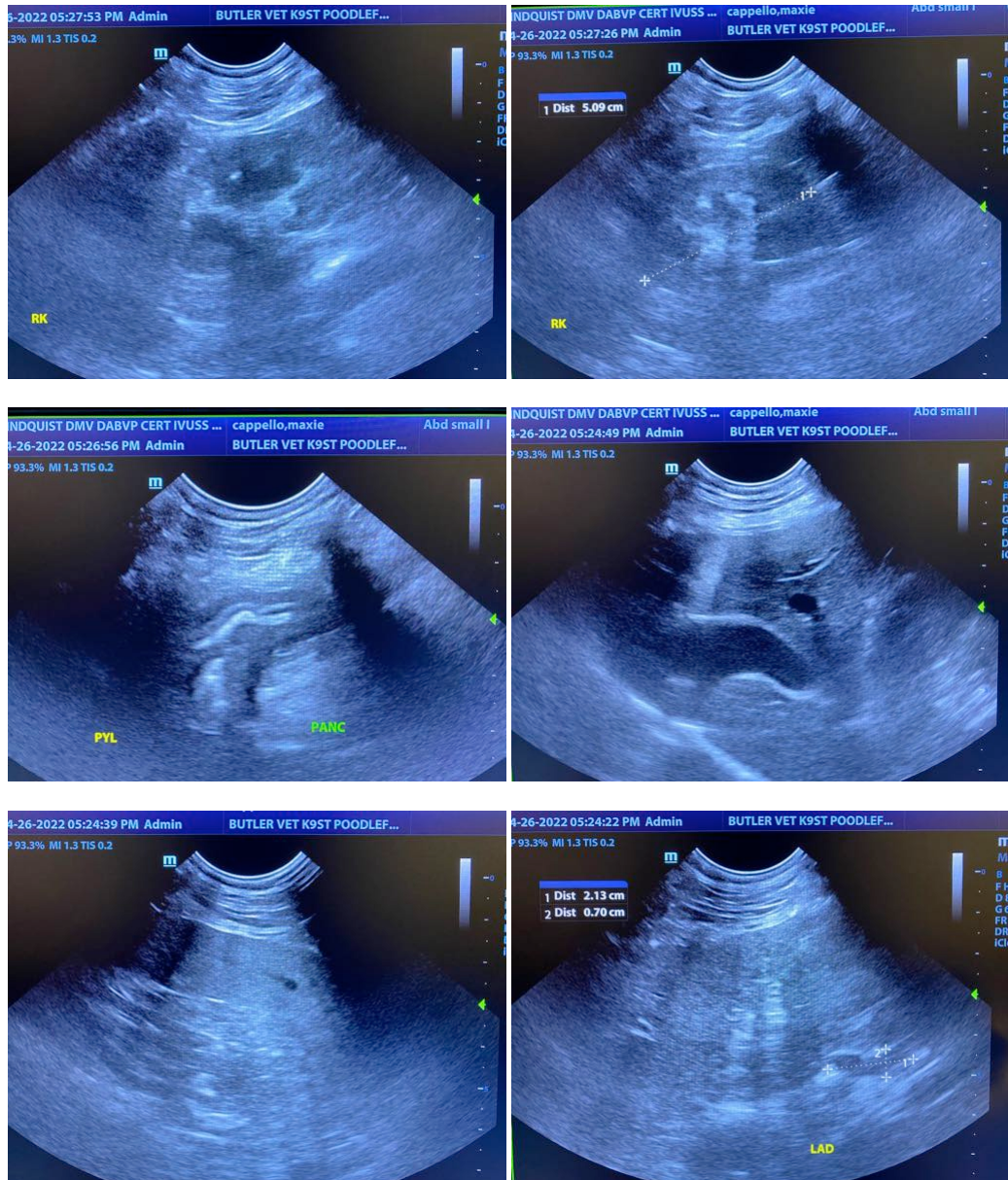
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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