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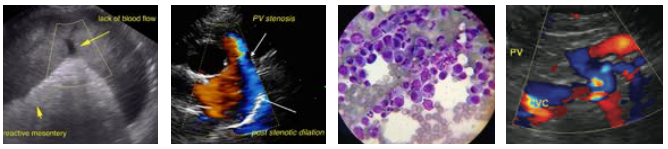

PATIENT

Rosie Race

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Spayed Female

AGE

8 years

WEIGHT

20 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Leal

HOSPITAL NAME

Blairstown AH

REFERRING VET

Dr. Leal

INVOICE

30011

DATE

4/28/22

PRESENTING CLINICAL SIGNS

Dog referred for endoscopy for gastric foreign body. Owner had noted vomiting for several days. Owner also noted polydipsia over past year. Endoscopy done, did not reveal any foreign body in stomach or proximal duodenum. Bloodwork all WNL. Ultrasound done for further diagnostics

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. The right kidney measured 4.86 cm. The left kidney measured 4.9 cm.

Adrenal Glands

The right **adrenal gland** was normal in size and contour. The right adrenal gland measured 2.0 x 0.6 cm. The left adrenal gland was enlarged and measured 3.03 x 1.19 cm at the caudal pole and 0.91 cm at the cranial pole. Capsular expansion was noted along with heterogenous parenchymal changes without capsular escape or vascular invasion.

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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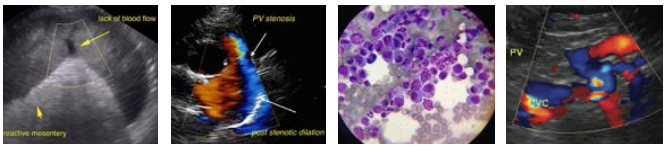

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Gastrointestinal

The **stomach** revealed hyperperistalsis with a minor amount of fluid and gas accumulation. There was no evidence of foreign body. Mildly increased submucosal echogenicity and thickening was noted. This is suggestive for chronicity. Echogenic mucosal remodeling was noted. Mucosal hypertrophy was noted in the pylorus.

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.

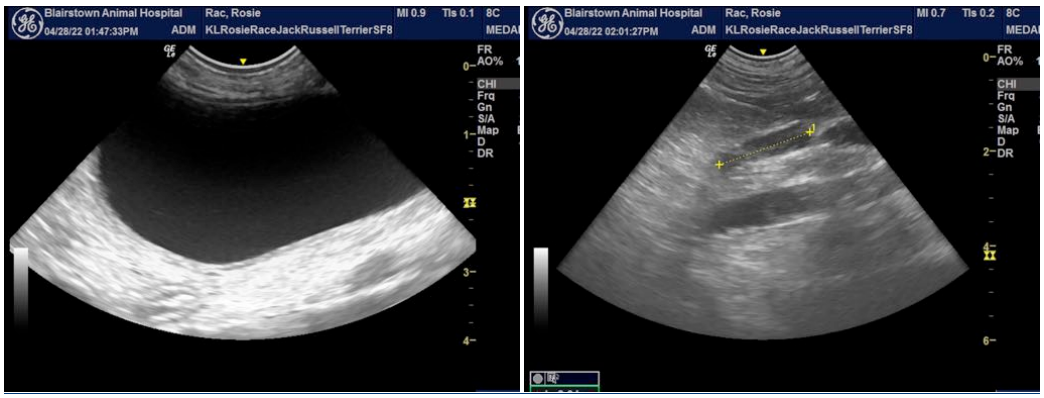
ULTRASONOGRAPHIC FINDINGS

Chronic gastritis pattern with enlarged, nodular left adrenal gland. Non-functional adenoma, adenocarcinoma, pheochromocytoma are all possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left adrenal gland appears resectable. Serial blood pressure measurements are warranted. If the patient appears Cushingoid then work-up for adrenal dependent Cushing's would be indicated. Otherwise, left adrenalectomy and gastric biopsy could be considered in this patient. A clinical trial of the following may prove effective. Canned b.i.d. feedings are recommended in this patient as dry bulk may be irritative.

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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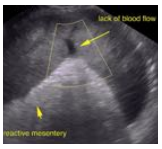
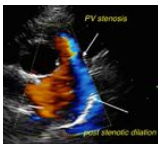
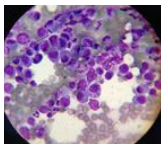
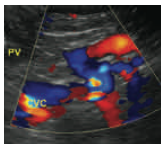

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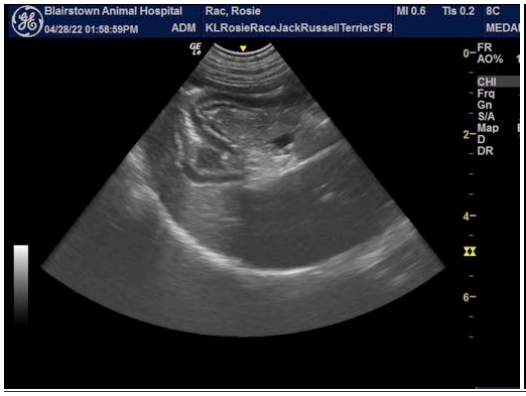

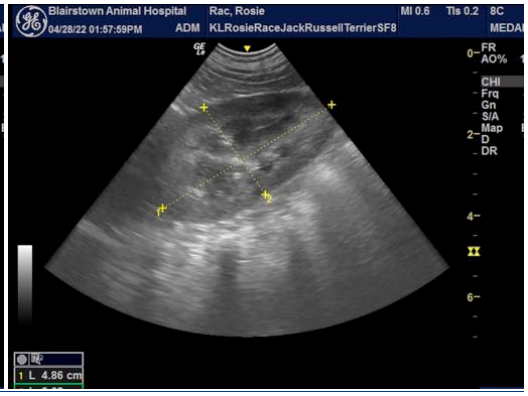

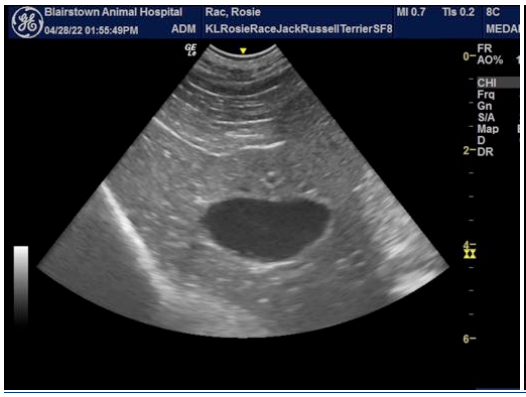

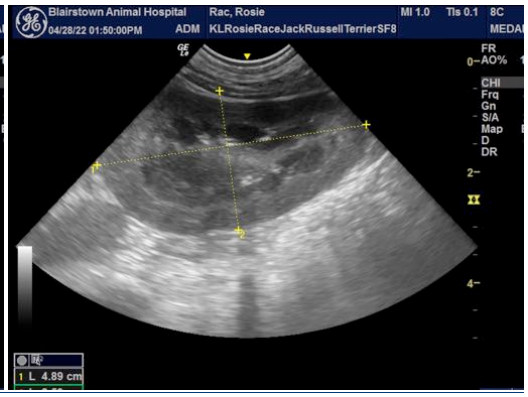

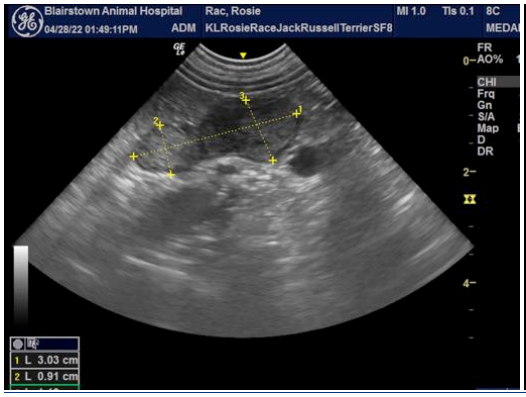

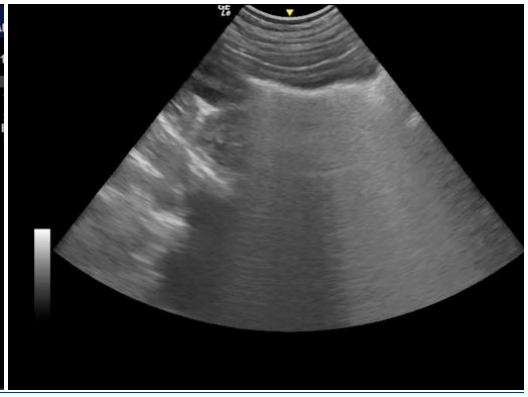
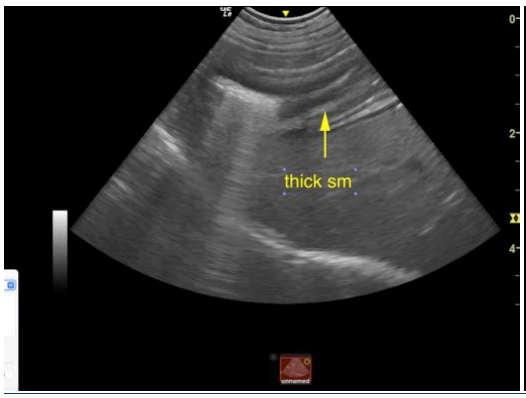

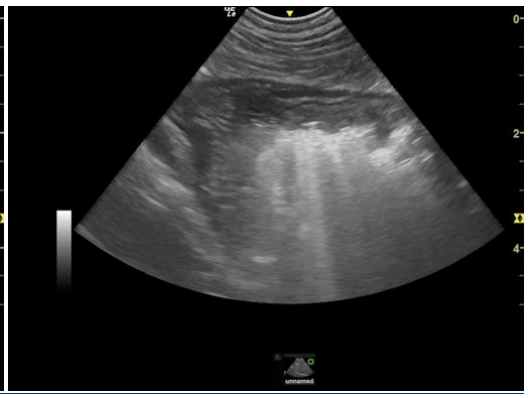

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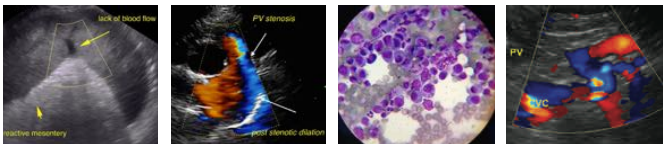

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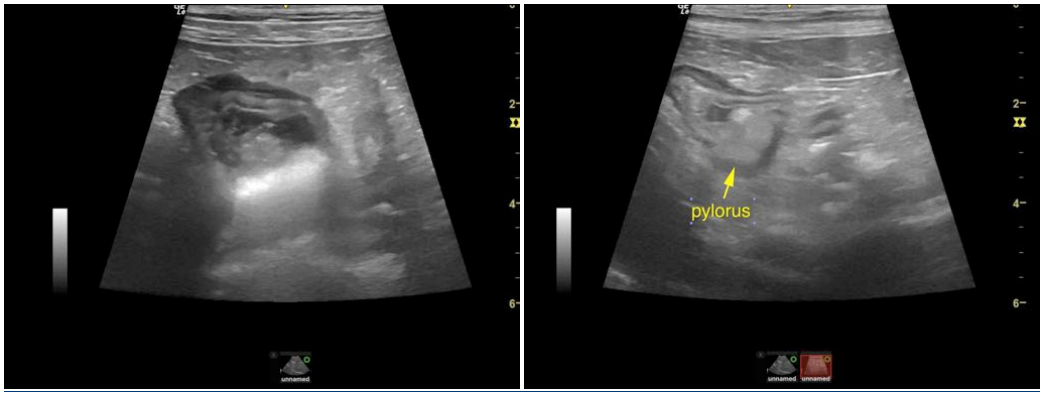

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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