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Clinical Sonography & Telecytology
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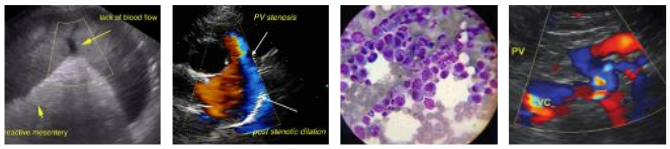

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Caishen Fong

SPECIES

Canine

BREED

Bernese Mtn. Dog

SEX

Neutered Male

AGE

3 Years

WEIGHT

31.6 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Stan Gira

HOSPITAL NAME

Resolution VU, LTD

REFERRING VET

Dr. Vanessa Gruffydd

INVOICE

14565

DATE

4/4/22

PRESENTING CLINICAL SIGNS

History: Vomiting, anorexia, lethargy. Concerned about GI obstruction

Abnormal PE/Chem/CBC/UA Results: Borderline elevation of ALT 211 (10-125), Na/K ratio 39, electrolytes normal.

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 were noted. Ureteral papillae were normal.

The residual **prostate** was uniform, measuring 1.57 cm.

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 7.8 cm.

Adrenal Glands

The **left adrenal gland** was flattened yet hypoechoic with technically normal width (0.4 cm at the caudal pole and 0.36 cm at the cranial pole).

The **right adrenal gland** revealed similar changes as the left. The right adrenal gland measured 0.38 cm at the caudal pole and 0,35 cm at the cranial pole.

Spleen

The **spleen** was slightly heterogeneous.

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.

Gastrointestinal

The **stomach** was essentially empty with minor luminal gas and chyme interface. Some reactive mesentery was noted around the pyloric outflow, extending to the pancreas. The jejunum appeared slightly thickened adjacent to the enlarged mesenteric lymph nodes.

Pancreas

The right and left limbs of the **pancreas** were slightly heterogeneous yet no evidence of significant inflammation.

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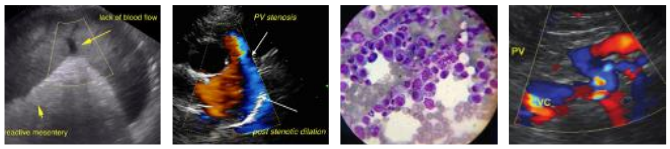

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Free Abdomen

The mesenteric **lymph node** (up to 1.0 cm in width) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. Reactive mesentery was noted.

ULTRASONOGRAPHIC FINDINGS

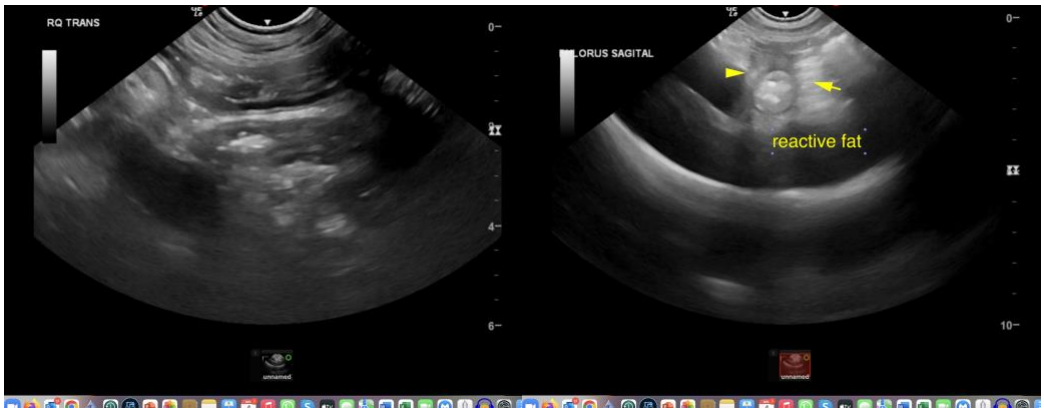
- Gastritis
- Minor reactive mesentery around the pyloric outflow and pancreas
- Mesenteric lymphadenitis and enteritis likely
- Flattened adrenal glands
- Heterogeneous pancreas
- Heterogeneous spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening for Addisons warranted. Treatment for gastritis and the following protocol warranted. No overt neoplastic criteria. Antiparasitic protocol, screening for Addisons and baseline cortisol or ACTH stimulation, GI protectant protocol all indicated.

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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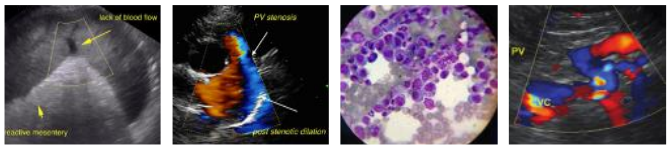

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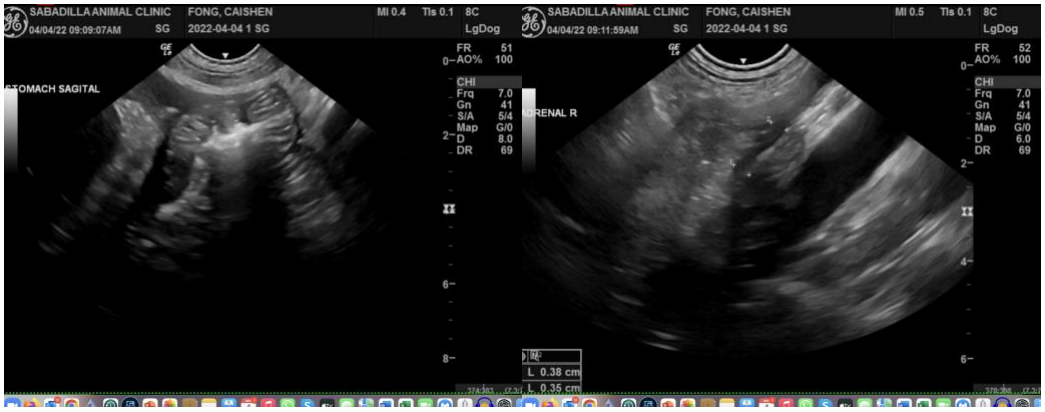

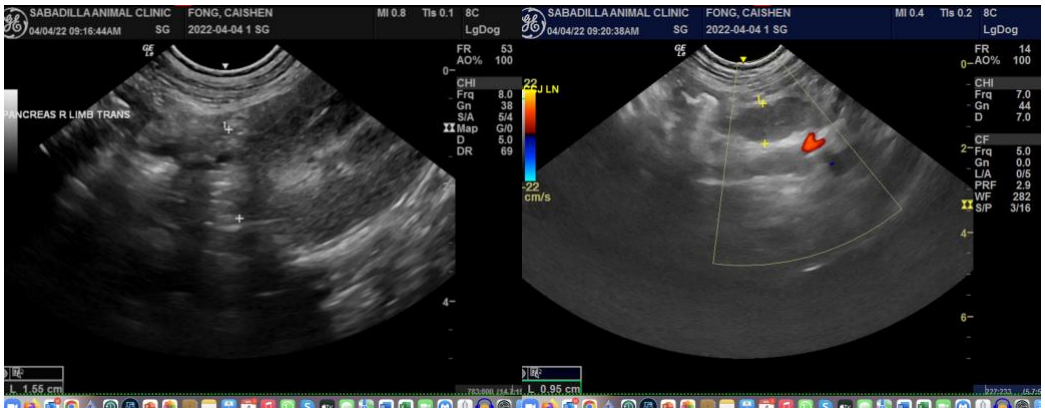

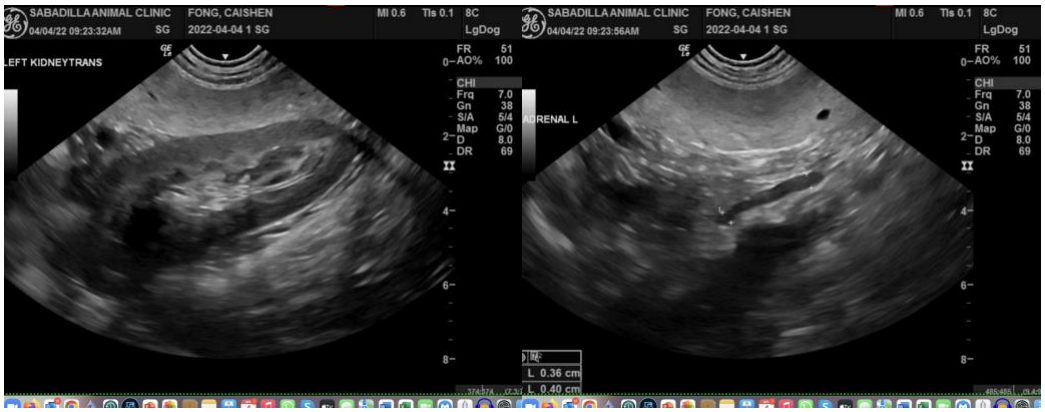

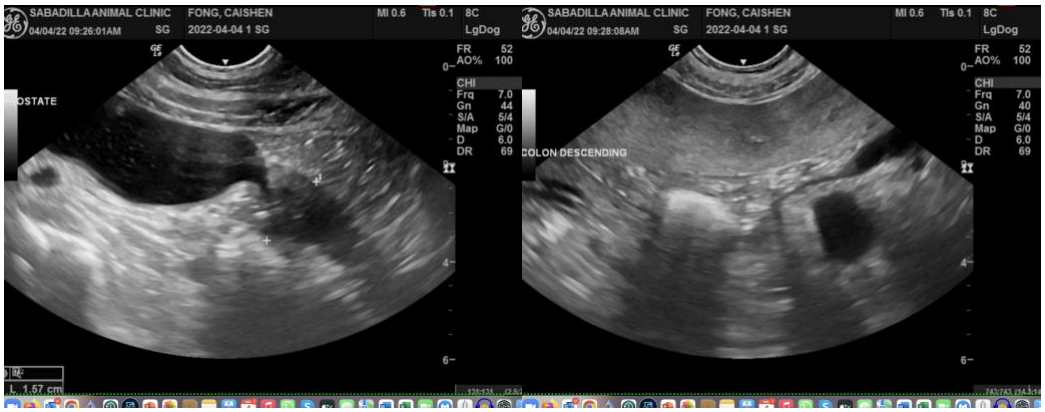

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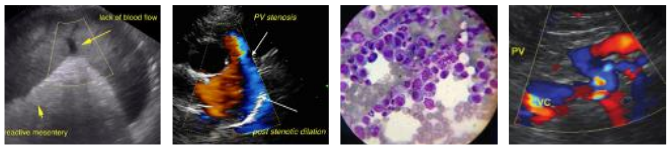

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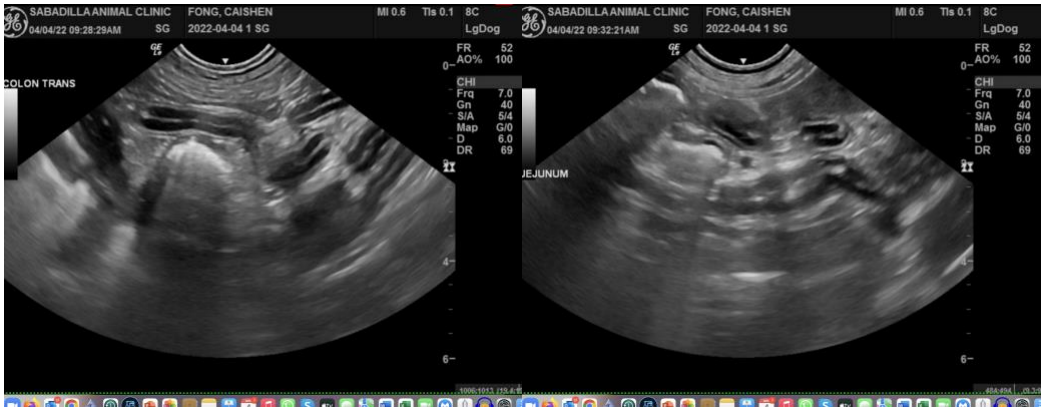

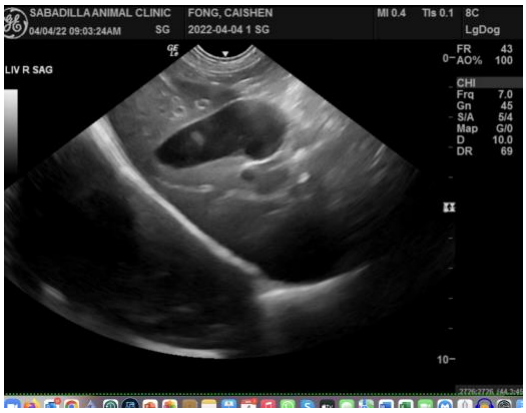

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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