



PATIENT

Oreo Roca

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Intact Male

AGE

3 Years

WEIGHT

9.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Ridge Road AH

REFERRING VET

Dr. Pathak

INVOICE

36723

DATE

4/5/22

PRESENTING CLINICAL SIGNS

History of pancreatitis/vomiting/diarrhea and anorexia. Did eat at 10 a.m. this morning, but threw everything up. Current meds: Cerenia and famotadine.
Abnormal PE/Chem/CBC/UA Results: Monocytosis, amylase >2500, lipase >6000.

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 prostate was uniform at 1.92 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 right kidney measured 4.02 cm. The left kidney measured 3.92 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 right adrenal gland measured 1.56 cm x 0.59 cm at the cranial pole and 0.29 cm at the caudal pole. The left adrenal gland measured 1.31 cm x 0.41 cm at the caudal pole and 0.38 cm at the cranial pole.

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** was slightly subnormal in size, unremarkable otherwise. The gallbladder was unremarkable. Portal vein/vena cava ratio was 1:1. No evidence of extrahepatic shunting.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. The stomach was overdistended with chyme. Gastric stasis noted with excessive gastric gas. 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

Pancreas

The **pancreas** was hypoechoic with mild undulating contour.



PATIENT

Free Abdomen

Oreo Roca

The right testicle was uniform at 2.02 cm. The left testicle measured 1.83 cm.

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ULTRASONOGRAPHIC FINDINGS

- Gastroduodenitis with delayed outflow pattern – pyloric dysfunction suspected
- Concurrent pancreatitis

BREED

Yorkshire Terrier

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt foreign body. Recommend clinical trial of the following. Pro motility medications such as Metoclopramide may be considered in this patient. BID hydrolyzed canned diet would be appropriate. Otherwise, endoscopy indicated. No evidence of neoplasia. Recheck sonogram in 10-14 days, earlier if clinical signs worsen.

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Helicobacter/Gastritis protocol

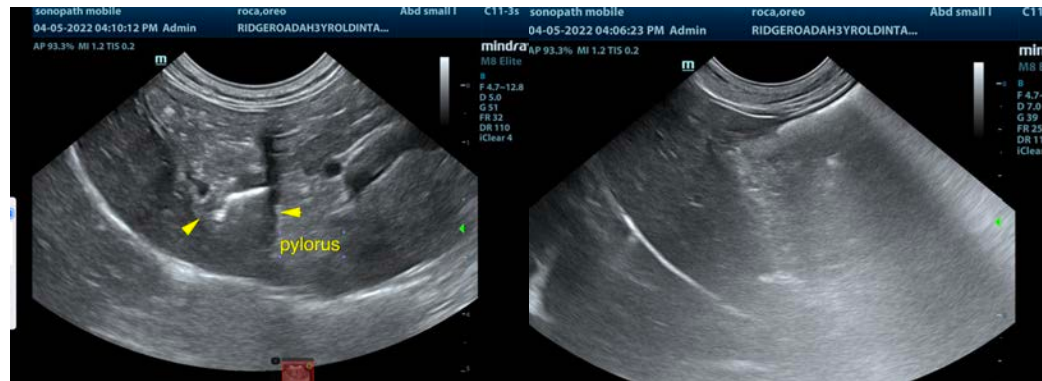
A clinical trial of **Zithromax** (Dogs: 5-10 mg/kg p.o. q24h. May increase dosing interval to q48h after 3-5 days of treatment), **Metronidazole** (10-20 mg/kg p.o. b.i.d.), **Pepcid** (0.5-1 mg/kg s.i.d.) and **Sucralfate** (0.5-2 g/dog PO) or **Omeprazole** (1 mg/kg p.o. s.i.d.) over the next 3 weeks 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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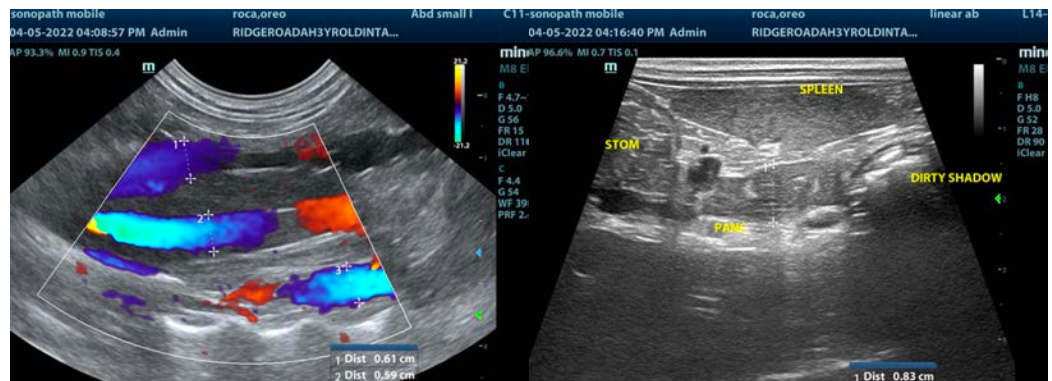
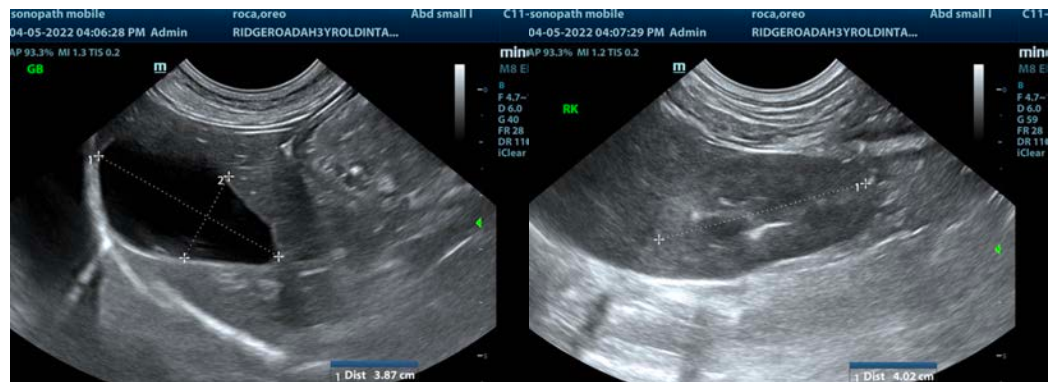
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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