



PATIENT

Happy Leslie

SPECIES

Canine

BREED

Saluki Mixed

SEX

Neutered Male

AGE

5 Years

WEIGHT

38.3

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Doctor Valentina

HOSPITAL NAME

The Veterinary Surgery

REFERRING VET

Valentina Fresta

INVOICE

21870

DATE

4/5/23

PRESENTING CLINICAL SIGNS

History: Presented for vomiting ,since last night otherwise no others concerns. The owner report that Happy has gained weight since the castration procedure. Eating many treats during the day. At the clinical presentation the patient is BAR .Overweight with fat distribution on the thorax and abdomen .MMC are pink Very excited could conduct a normal examiantion.HR 140 RR 44.

Abnormal PE/Chem/CBC/UA Results: The CBC reveals policetemia and neutrophilia .The comprehensive reveals slight lower phosphorus.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The urine presented some echogenicity consistent with suspended debris, at mild to moderate repletion. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out with=out histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time. Wall thickness measured 1.0 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 5.7 cm. The right kidney measured 5.7 cm.

Adrenal Glands

The **adrenal glands** were not overtly visible.

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

Gastrointestinal



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The **stomach** revealed a minor amount of fluid in the lumen and gastric wall thickening. The small intestine and colon were unremarkable. No overt evidence of foreign bodies noted, however, underlying gastritis is likely.

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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.

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Saluki Mixed

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered Male

- Urinary bladder thickening- assess for cystitis
- Minor fluid filled lumen in the stomach with gastric wall thickening- no overt evidence of foreign bodies noted, however, underlying gastritis is likely.

AGE

5 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A clinical trial of the following may prove effective, otherwise endoscopy is indicated. Screening for Addisons is warranted given the breed, age and the fact that the adrenals were not overtly visible.

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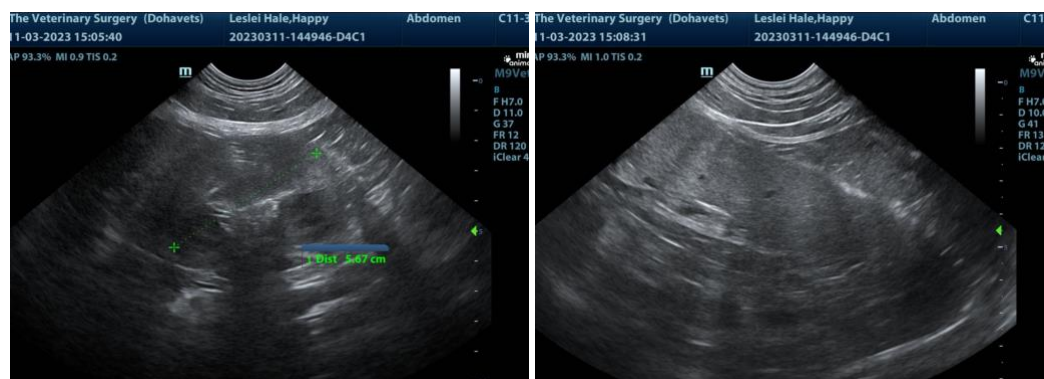
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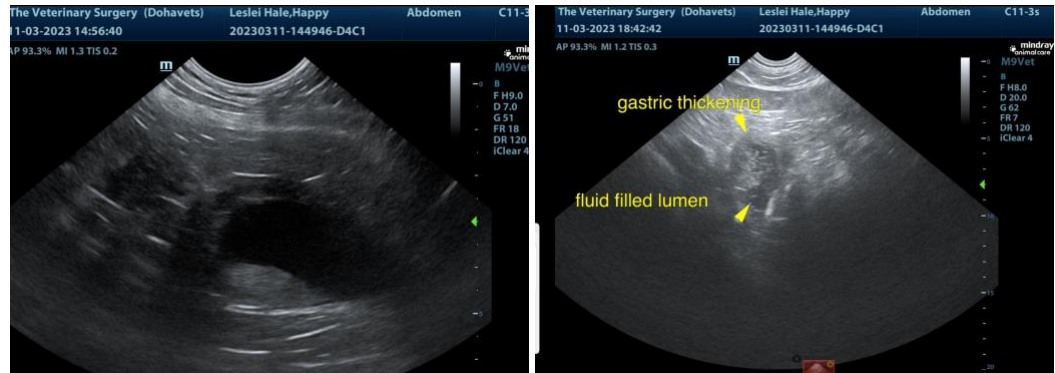
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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