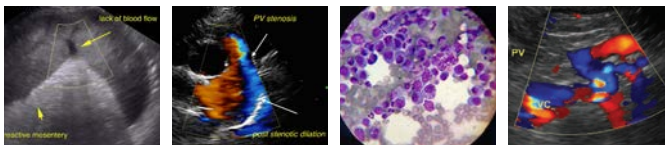
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Sadie Zocco

SPECIES
Canine

BREED
Havanese

SEX
Female

AGE
13

WEIGHT
8.5

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Salas

HOSPITAL NAME
Tenafly Vet Center

REFERRING VET
Dr. Salas

INVOICE
46518

DATE
4/8/23

PRESENTING CLINICAL SIGNS

Long history with rhinitis, periodontal disease, and hind limb paraparesis: not eating well, wbc 25k/neutrophilia and monocytosis primarily; globulin elev 5.1, elev alt 465, ast 60, alp 779, , urina has sp gr 1.025 1+ protein. Ultrasound done to better define elev liver enzymes and high white blood cell count. pet has very bad odor from her mouth. no gi signs other than poor appetite. nasal discharge and upper airway breathing. Xray report: RADIOGRAPHIC DIAGNOSIS • Possible discopathy T13/L1 • Chondroid disc degeneration L5/L7, L6/L7 and L7/S1 • Right sided nephrolithiasis • Normal cervical spine • Normal thoracic spine.

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 **kidneys** presented moderate degenerative changes with pyelectasia and echogenic debris. Irregular contour noted with infarcts. Corticomedullary calculi noted in both kidneys. The left kidney measured 3.64 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 0.38 cm. The right adrenal gland measured 0.47 cm at the cranial pole and 0.43 cm at the caudal 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. A hyperechoic lipogranulomatous change was noted. 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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. A hypoechoic 0.80 cm nodule was noted in the left media liver. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The **stomach** revealed pyloric hypertrophy with thickened muscularis and echogenic and thickened submucosal layer with empty lumen. Consistent with chronic hypertrophic gastropathy. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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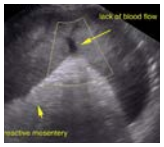
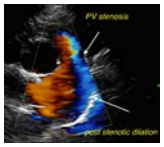
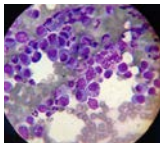
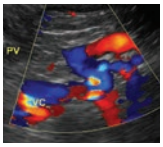

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

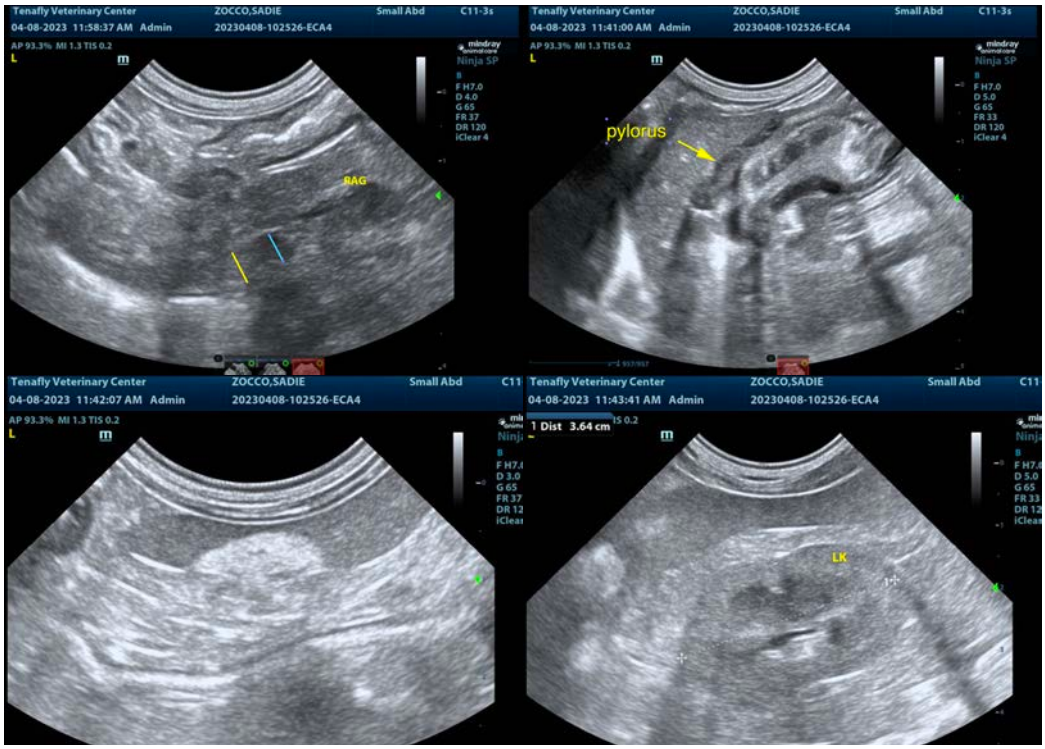
ULTRASONOGRAPHIC FINDINGS

- Moderate degenerative renal changes
- Chronic hypertrophic gastropathy pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full urinary workup warranted in this patient. Chronic gastritis is likely the underlying cause of the clinical signs. However, renal values should be monitored carefully. Geriatric hydrolyzed diet indicated with BID canned feedings. A clinical trial of the following may prove effective. Otherwise, endoscopy indicated. Full workup for UTI indicated as well, as well as blood pressure measurements. The hepatic changes should be monitored carefully for any progression, yet the nodule appears fairly benign.

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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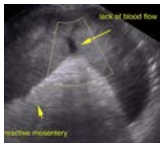
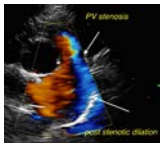
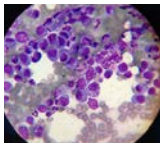
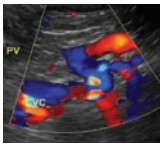

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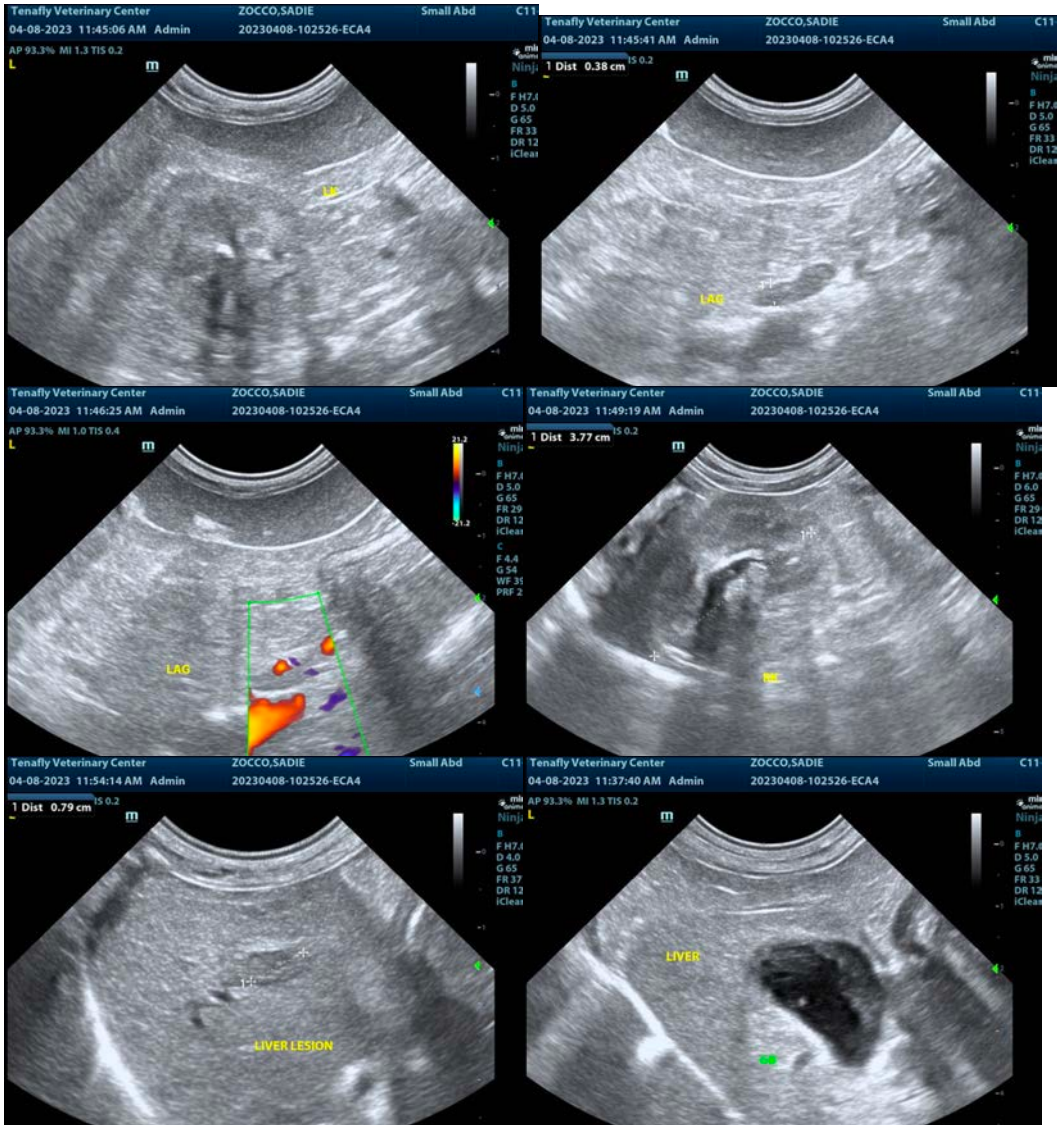

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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