



PATIENT

Leo Berthier

PRESENTING CLINICAL SIGNS

gagging coughing for one month, severe gastric dilation inter vomiting

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Poodle X

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

SEX

Neutered Male

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 5.5 cm. The left kidney measured 5.9 cm.

AGE

8 Years

Adrenal Glands

WEIGHT

64 Pounds

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 2.62 cm x 1.15 cm at the cranial pole and 0.91 cm at the caudal pole. The left adrenal gland measured 1.88 cm x 0.44 cm at the caudal pole and 0.46 cm at the cranial pole.

Spleen

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Jenn

Liver

The **liver** presented slight coarse architecture. Mild increased portal markings noted. The gallbladder was unremarkable.

HOSPITAL NAME

Rockaway AH

Gastrointestinal

The **gastric** wall presented concentric thickening, measuring up to 1.4 cm. Anechoic fluid noted. Some loss of mural detail present. The small intestine and colon were unremarkable.

REFERRING VET

Dr. Maniar

Pancreas

Minor hyperechoic, ill-defined inflammation noted at the **pancreatic** base, deriving from the gastric wall.

INVOICE

37607

ULTRASONOGRAPHIC FINDINGS

- Concentric gastric wall thickening – chronic gastritis versus emerging carcinoma or lymphoma are primary concerns. No evidence of foreign body.
- Unremarkable abdomen otherwise

DATE

5/11/22



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Endoscopy and gastric biopsies could be considered. However, full thickness would be ideal from a surgical perspective. A clinical trial of the following could be considered and recheck sonogram in 7-10 days.

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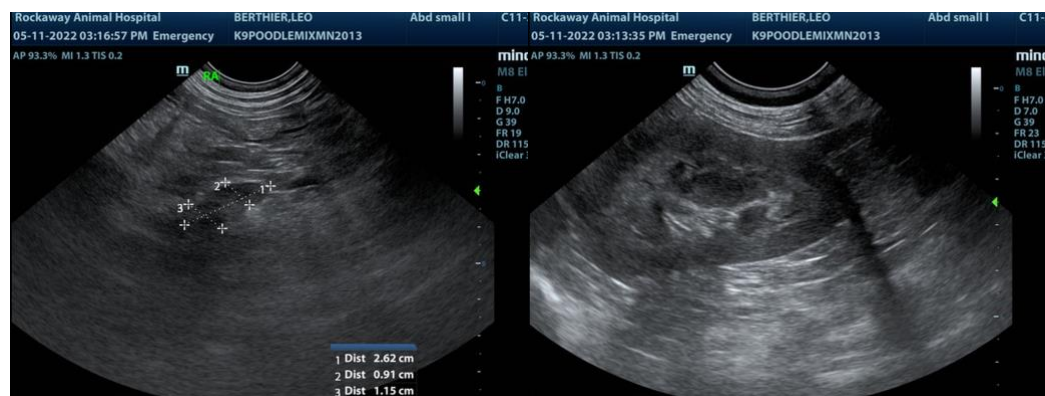
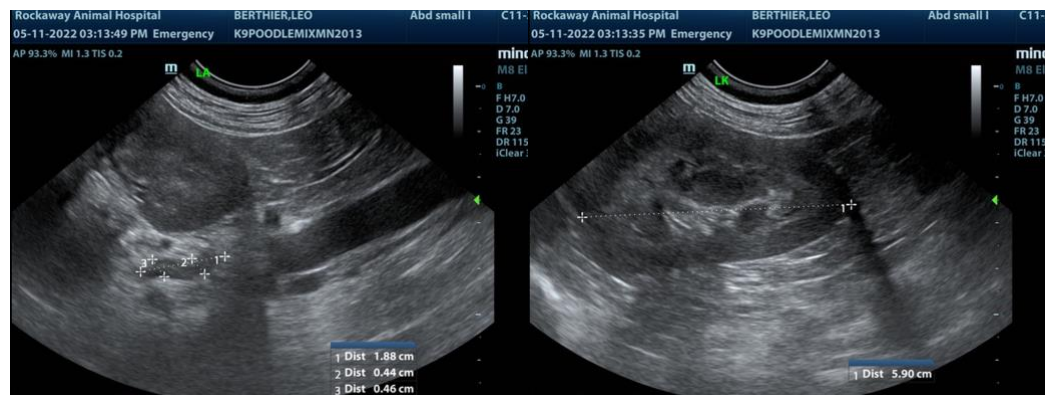
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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

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