



PATIENT

Cowboy Nixon

SPECIES

Canine

BREED

French Bulldog

SEX

Neutered male

AGE

12 ½ years

WEIGHT

10.2 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Alejandro Vargas

HOSPITAL NAME

Central Island VEH

REFERRING VET

Dr. Bell

INVOICE

30313

DATE

5/12/22

PRESENTING CLINICAL SIGNS

History: Recurrent episodes of aspiration pneumonia due to regurgitation/vomiting.
Abnormal PE/Chem/CBC/UA Results: Normal PE, CBC, CHEM. Sedated w 0.2 mg/kg Methadone and 2 mg/kg Alfaxalone IM.

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 was noted. Ureteral papillae were normal.

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 4.5 cm. The right kidney measured 4.0 cm.

Adrenal Glands

Both **adrenal glands** were subjectively flattened and isoechoic to the surrounding fat. The left adrenal gland measured 0.5 cm and the right adrenal gland measured 0.4 cm.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

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

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool



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consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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Pancreas

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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.

BREED

French Bulldog

ULTRASONOGRAPHIC FINDINGS

SEX

Adrenal glands appeared subjectively flattened.

Neutered male

Full stomach structurally unremarkable abdomen.

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

12 ½ years

Screening for Addison's is indicated given the breed predisposition and the vague clinical signs. Baseline cortisol or ACTH stimulation is recommended. B.I.D. canned food feedings is recommended given the vomiting. A clinical trial of the following may prove effective.

WEIGHT

10.2 kg

Helicobacter/Gastritis protocol

INTERPRETED BY

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.), **Sucralfate** (0.5-2 g/dog PO) and **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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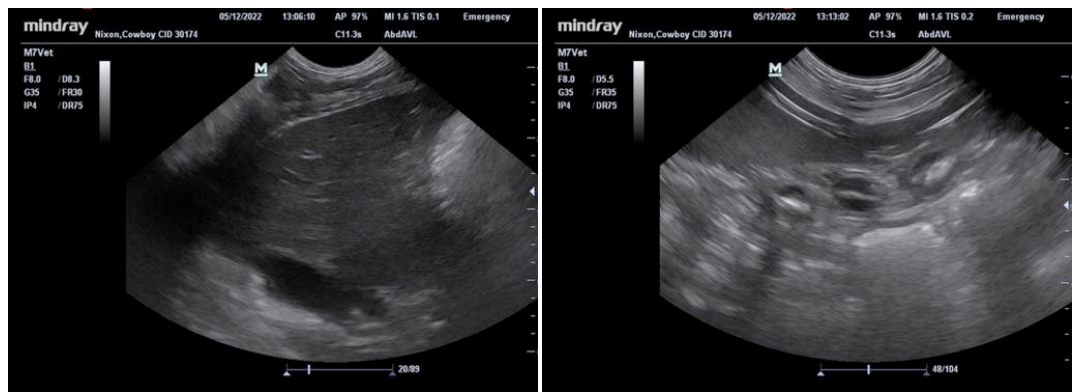
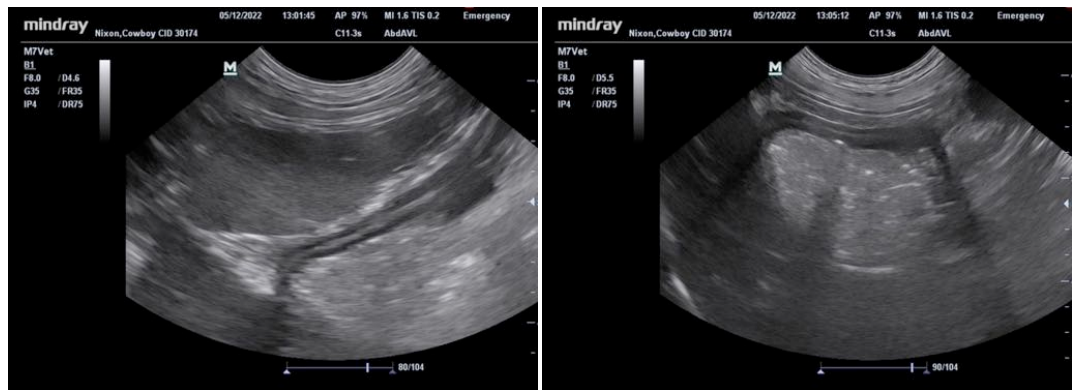
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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