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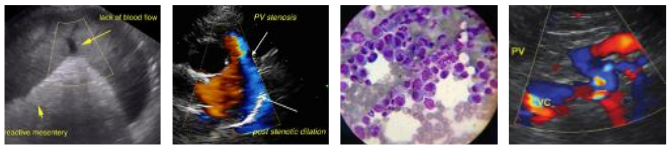
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Chewy Jostad

SPECIES
Canine

BREED
Dachshund

SEX
Neutered Male

AGE
6 Years

WEIGHT
6.48 kg

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Anna Wepprich

HOSPITAL NAME
Wilvet Salem

REFERRING VET
Dr. Anna Wepprich

INVOICE
37681

DATE
5/18/22

PRESENTING CLINICAL SIGNS

Vomiting, diarrhea and poor appetite noted 5/12, outpatient care for suspect pancreatitis failed and pt represented 5/15. Hospitalized for presumptive pancreatitis, was eating as of 5/16 but now not eating, regurgitated today. Diarrhea has improved from hematochezia to frequent low volume mucoid stool. O took P camping prior to 5/15 and P did not eat that much on the trip. The trip lasted a weekend long. O gave P tuna with water and P did eat that but was not on his regular diet (normally eats grain-inclusive dry, allergic to beef).
Abnormal PE/Chem/CBC/UA Results: PE - comfortable on abd palpation other than when imaging right cr abd, no fever 5/12 CBC - Hemoconcentration HCT 57.2%, rest wnl Chem10 - wnl EPOC - Hypokalemia 3.4, Hypocalcemia iCa 1.11, rest wnl quantitiative CPL - Abnormal 538.9 Abdominal radiographs: In house read: No obvious obstruction 5/16 fecal to idexx - No ova or parasites seen. Giardia negative.

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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

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 3.5 cm. The right kidney measured 3.5 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 0.30 cm. The right adrenal gland measured 0.40 cm at maximum width.

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, yet uniform parenchyma. The gallbladder and common bile were unremarkable. Vascularity appeared normal. Portal vein to vena cava ratio was 1:1. No evidence of portosystemic shunting.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a minor amount of chyme with mild hyperperistalsis and pyloric thickening. Transit of chyme into the small intestine appeared normal. The small intestine and colon were unremarkable.

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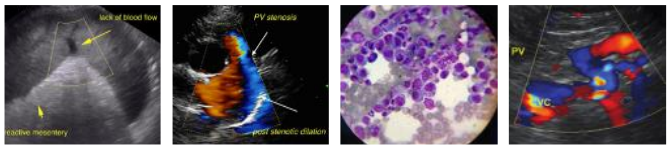

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Pancreas

The **pancreas** was largely unremarkable with slight heterogeneous right limb at the level of the duodenum. This may be a smoldering hot spot contributing to the clinical signs.

ULTRASONOGRAPHIC FINDINGS

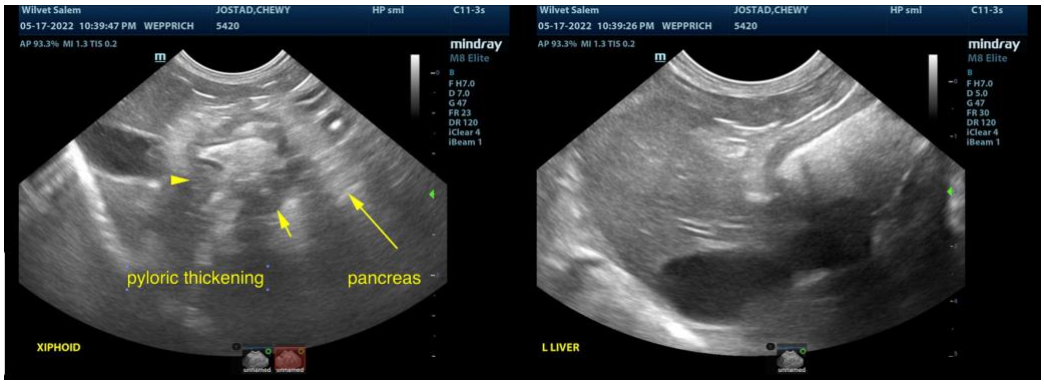
- Mild pyloric hypertrophy, gastritis
- Minor heterogeneous right pancreatic limb – suspect low-grade focal pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A clinical trial of the following may prove effective. I recommend a fresh fecal smear and fecal floatation analysis. Otherwise endoscopy indicated.

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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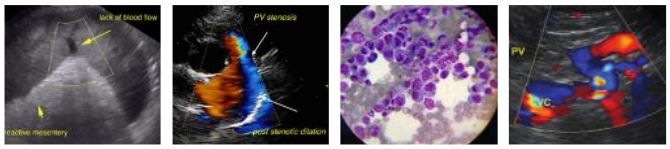

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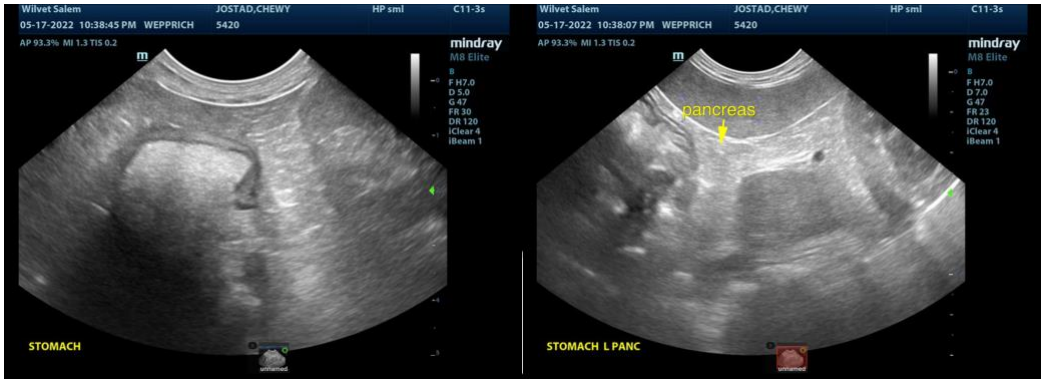

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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