

**DATE**

5/20/22

PRESENTING CLINICAL SIGNS

Chronic vomiting. Followed protocol exactly from previous report until finished last week.

Current Medications: Currently on Metronidazole and Omeprazole.

Date of Previous IntraPet Ultrasound: 4/13/22. See attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS

PATIENT

Annie Oliveri

SPECIES

Canine

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.

BREED

Chihuahua

The **kidneys** were normal in size and contour with slight mineralization. This is similar to the prior sonogram. The left kidney measured 2.75 cm. The right kidney measured 2.75 cm.

SEX

Spayed Female

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.

AGE

12/26/12

WEIGHT

5 lbs

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 was noted.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Chadwell AH

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. 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.

REFERRING VET

Dr. Oliveri

INVOICE

30552

Gastrointestinal

The **gastric wall** was persistently thickened with concentric hypertrophy. The mural detail was somewhat maintained with thickened echogenic muscularis. The wall thickness measured up to 0.66 cm. This is improved compared to the prior sonogram. There was no significant stasis noted. Neoplastic criteria was not met. The small intestines and colon were unremarkable. The epigastric lymph nodes are slightly enlarged and measured 0.4 cm.

Pancreas

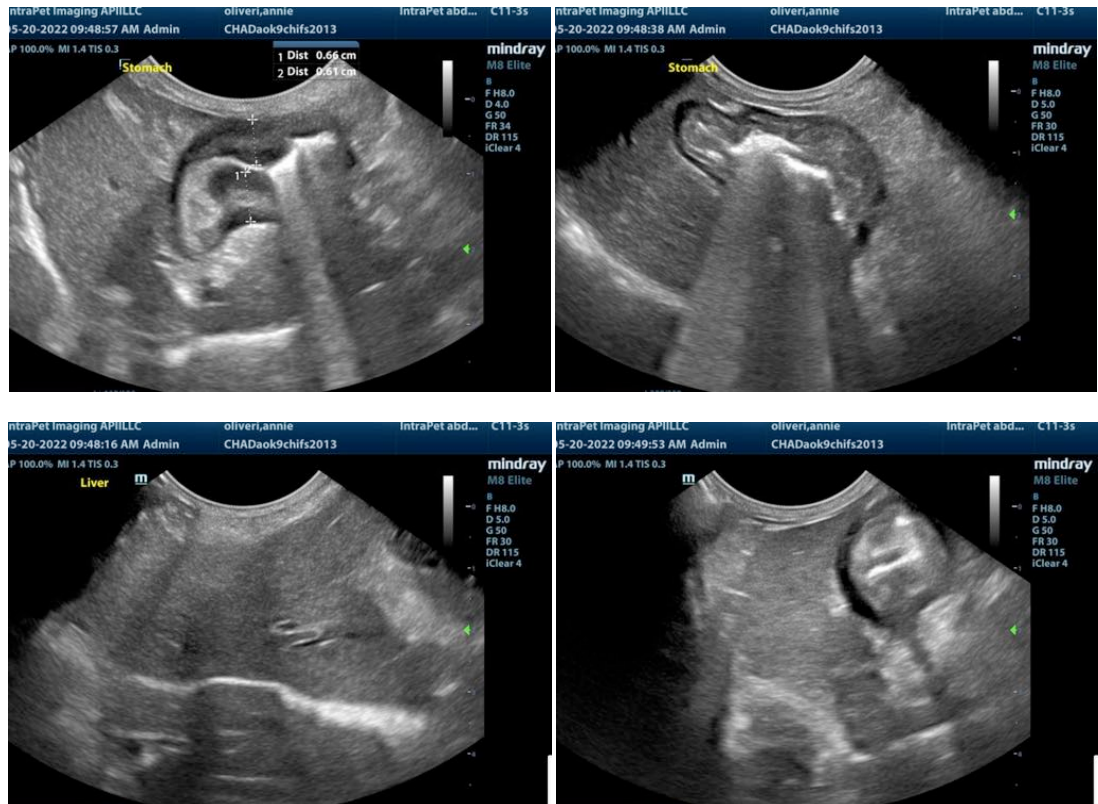
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

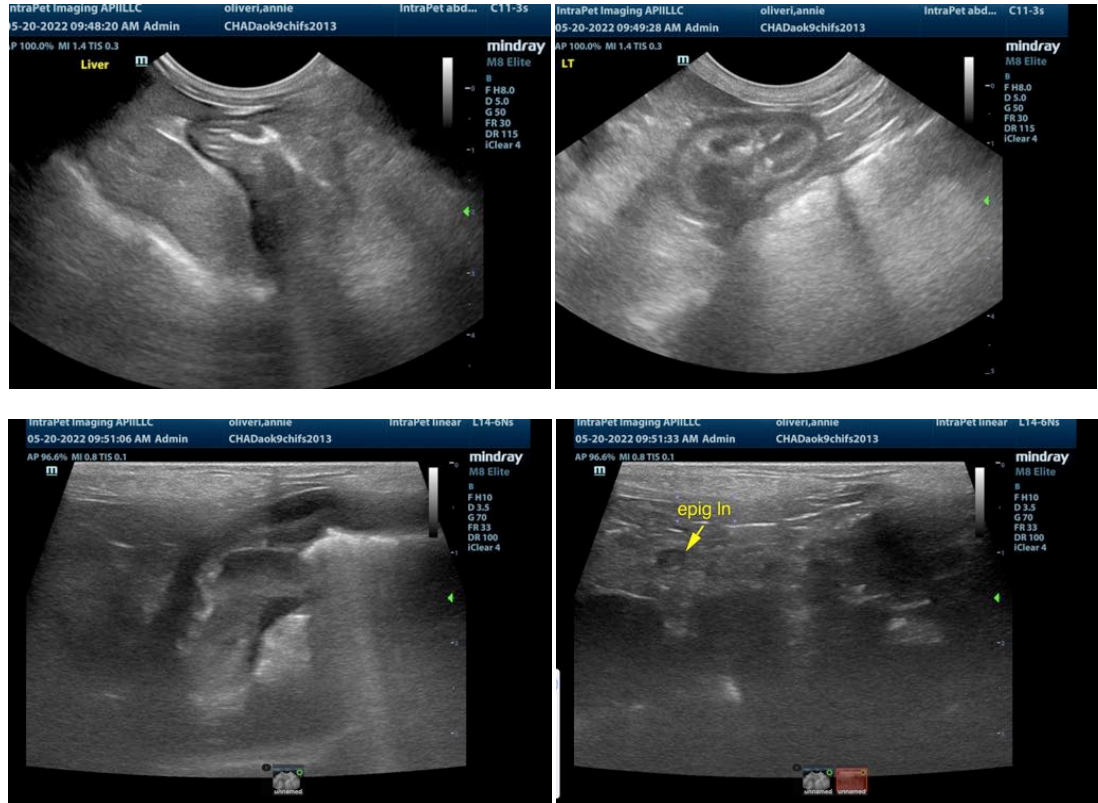
ULTRASONOGRAPHIC FINDINGS

Persistent pyloric hypertrophy, significantly improved.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are aspects of hypertrophic pyloric gastropathy. I recommend continuation of the current Helicobacter protocol for 6 weeks. B.i.d. canned hydrolyzed diet is likely in this patient's best interest as any bulk will likely cause irritation and delayed outflow issues. Recheck sonogram is recommended in 6 weeks. Endoscopy would be ideal in this patient or full thickness biopsies for further definition. If the patient is persistently clinical eventual Bill Roth procedure may be appropriate. However, this may be able to be managed medically.





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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