



PATIENT PRESENTING CLINICAL SIGNS

Gunnar Potthoff

History: Gunnar has days and times during the day on and off where his GI noises are increased, he smacks his lips, is off food, and he seems nauseated. He also has begun to occasionally cough / sputter when drinking. He is normal otherwise.

SPECIES

Abnormal PE/Chem/CBC/UA Results: PE: Sclerosis normal for age (of lenses). Mild gingivitis, long nails, full anal glands. CBC, Chem, BNP, Thyroid, HELA, Fecal, and Urinalysis are all good. cPL is elevated at 327 ug/L

Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Weimaraner

Urinary System

SEX

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.

Neutered male

AGE

10 years

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 6.45 cm. The left kidney measured 8.26 cm.

WEIGHT

75 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 3.3 x 0.57 cm at the caudal pole and 0.77 cm at the cranial pole. The right adrenal gland measured 3.01 x 1.14 cm at the cranial pole and 0.46 cm at the caudal pole.

IMAGING PERFORMED BY

Dr. Anderson

HOSPITAL NAME

Elizabeth AH

Spleen

The **spleen** revealed a hypoechoic, mildly expansive, mildly disruptive nodule that measured 2.0 cm at the mid caudal body. General, mild uniform splenomegaly was noted.

REFERRING VET

Dr. Anderson

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.

INVOICE

30696

DATE

5/24/22



PATIENT

Gastrointestinal

Gunnar Potthoff

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. 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.

SPECIES

Canine

BREED

Weimaraner

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.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

Splenic nodule.

AGE

10 years

Otherwise, structurally unremarkable.

WEIGHT

75 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Round cell neoplasia, emerging hemangiosarcoma, pronounced hyperplasia and abscessation are all possible. FNA of the general spleen and splenic nodule is recommended. Regarding the GI signs a clinical trial of the following may prove effective. Structurally the pancreas was unremarkable despite the CPL elevation. Cross reactivity with gastrointestinal lipase may be an issue. Hydrolyzed diet trial may also be appropriate as well as anti-parasitic protocol if not already performed.

INTERPRETED BY

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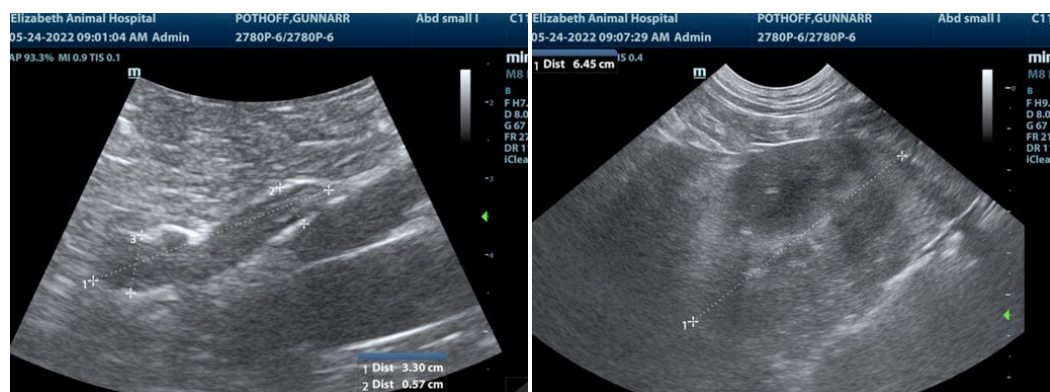
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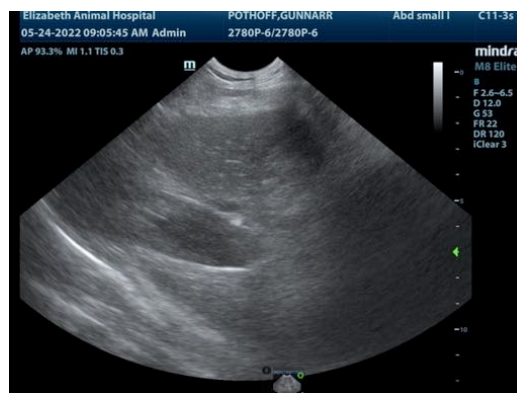
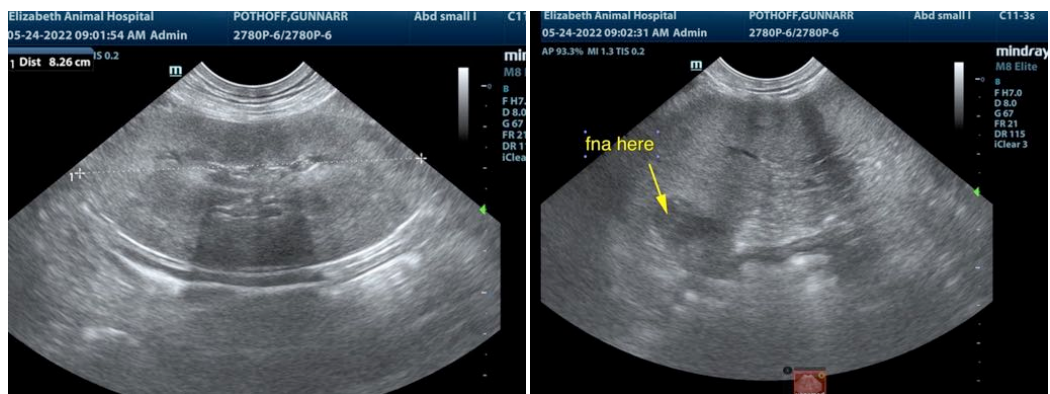
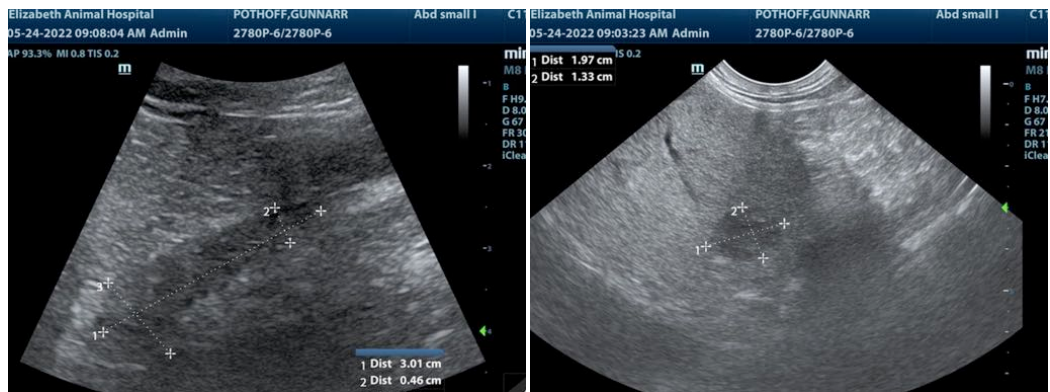
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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