



PATIENT PRESENTING CLINICAL SIGNS

Vicente Tilley

SPECIES

Canine

BREED

Shep X

SEX

Neutered Male

AGE

9 Years

WEIGHT

20.8 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hamilton Region VEC

REFERRING VET

Dr. Alamdari

INVOICE

15817

DATE

5/30/22

History: Vicente has no interest in food or water since Monday. He has licked a wrapper, unsure if he ate any. Yesterday small BM, soft (normally firm and regular). Normal soft BM this morning. Ate a liver treat 5:15 pm yesterday ate dinner then vomited 1.5 hrs later undigested food then again one hour later semi-digested food. Mild tense abdomen. Vicente was adopted from Mexico 5 weeks ago Hospitalized since May 28, 2022: no Vomiting, No BM, appetite good

Abnormal PE/Chem/CBC/UA Results: BW: elevated SDMA otherwise WNL rads:3 ABD x ray views: FINDINGS: There is a small amount of gas and fecal material seen within the colon. The stomach and the small intestines are mildly gas and fluid-filled. There is a small amount of soft tissue opacification seen within the stomach. The remainder of the abdomen is unremarkable. The caudal thorax included on this study shows a small amount of fluid within the caudal esophagus. There is mild caudal thoracic spondylosis deformans. There is mild malangulation involving presumably the left femur consistent with the previous femoral fracture. CONCLUSIONS: The gastrointestinal changes seen on this study are mild and nonspecific. There is a small amount of soft tissue material seen within the stomach which could be fluid and food however foreign material cannot be ruled out given the history. Gastroenteritis or pancreatitis due to dietary indiscretion could be present. A partial or intermittent obstructive lesion could be present as well. RECOMMENDATIONS: To more accurately assess the cause of the clinical symptoms and for appropriate therapy, abdominal sonography is recommended.

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 iliac lymph nodes were unremarkable.

The **prostate** was enlarged, measuring 2.9 cm with multifocal minor areas of mineralization and pericapsular inflammatory pattern. Given that this is a neutered male, strongly concerned for prostatic carcinoma.

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 5.86 cm. The left kidney measured 5.82 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 right adrenal gland measured 2.17 cm x 1.41 cm at the cranial pole and 0.71 cm at the caudal pole. The left adrenal gland measured 2.2 cm x 0.61 cm at the caudal pole and 0.57 cm at the cranial pole.

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



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congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

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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.

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Gastrointestinal

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The upper **gastrointestinal tract** in this patient revealed minor, edematous wall. There was no evidence of foreign bodies. Minor areas of fluctuant fluid accumulation were noted within the lumen with hyperperistalsis. This pattern continued to the ileocecal valve. The colon revealed a fluid filled lumen. This presentation is most consistent with minor gastrointestinal irritation/inflammation without obstruction.

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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.

ULTRASONOGRAPHIC FINDINGS

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Eric Lindquist, DMV
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- Minor nonspecific gastroenteritis pattern
- Enlarged prostate with regional inflammation, strong concern for prostatic carcinoma- FNA indicated

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care for GI upset warranted with potentially the following protocol. Guarded prognosis.

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Helicobacter/Gastritis protocol

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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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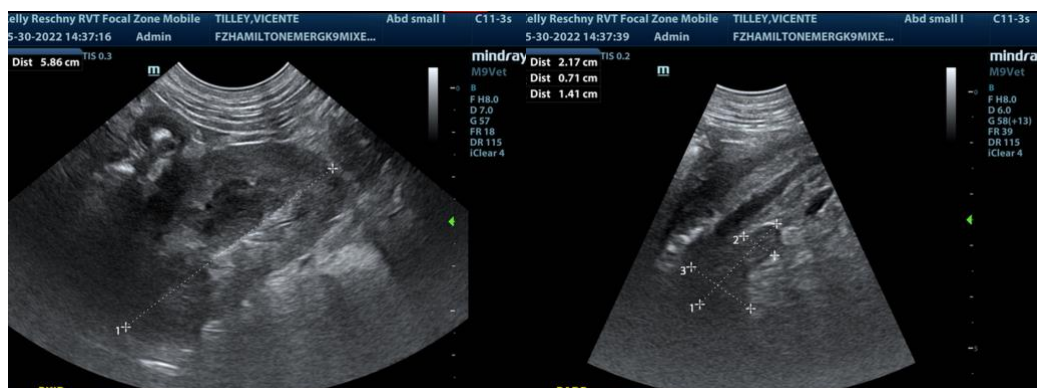
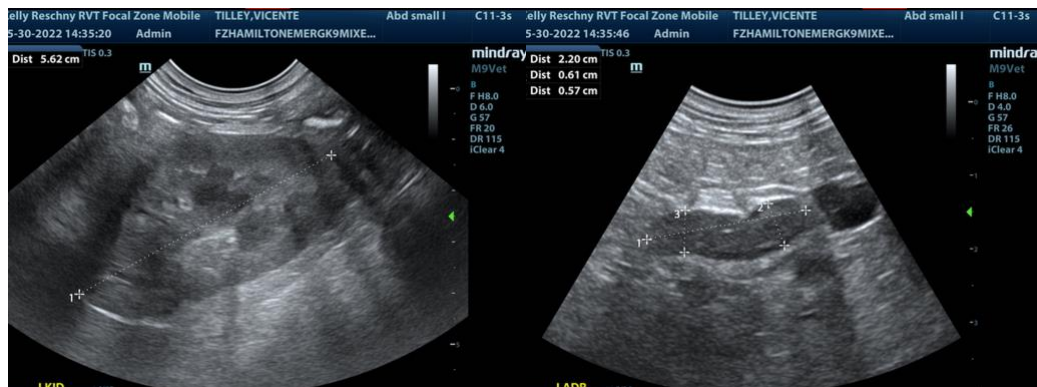
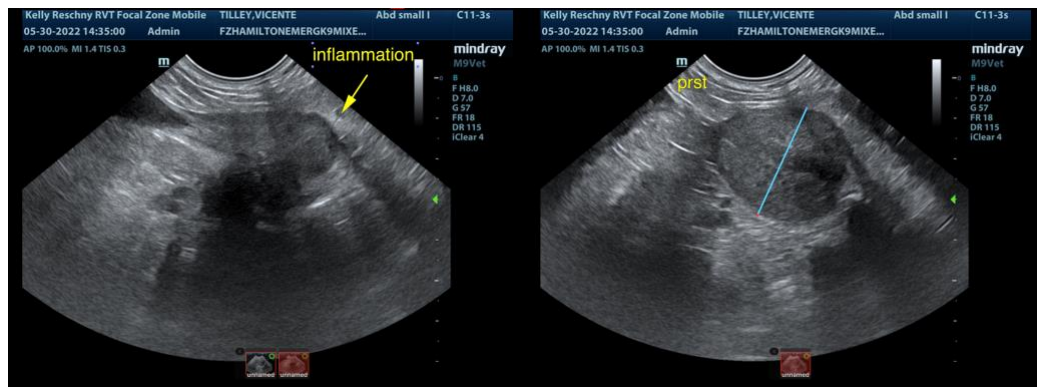
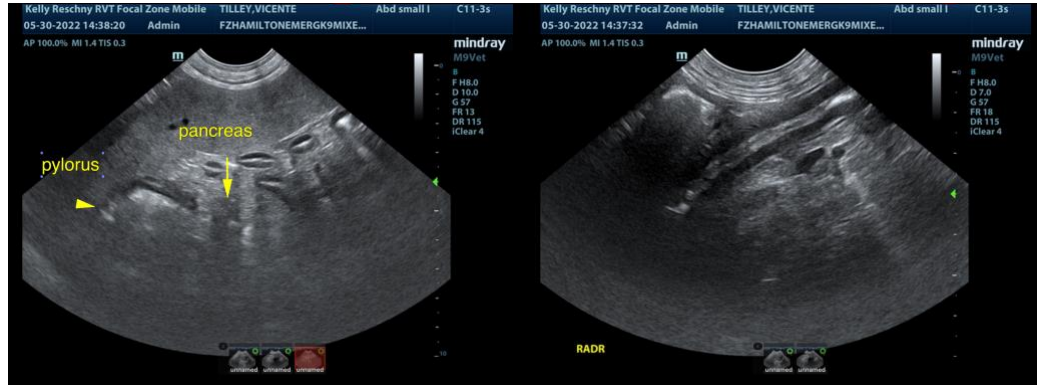
Dr. Alamdari

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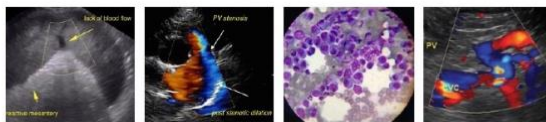
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The information and recommendations provided are based on the images presented by the



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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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