



**PATIENT**

Gracie Miller

**SPECIES**

Canine

**BREED**

Pekingese

**SEX**

Spayed Female

**AGE**

1 ½ years

**WEIGHT**

7.6 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Roppolo

**HOSPITAL NAME**

Pennsauken Animal  
Hospital and Urgent  
Care

**REFERRING VET**

Dr. Roppolo

**INVOICE**

30164

**DATE**

5/4/22

**PRESENTING CLINICAL SIGNS**

3-4 month history of intermittent drooling, hyporexia, and vomiting. Vomiting currently controlled on famotidine and metoclopramide.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem/UA all WNL except a mild anemia (HCT 3537)

**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 3.0 cm. The right kidney measured 4.0 cm.

**Adrenal Glands**

Both adrenal glands measured 0.3 cm and was subjectively flattened and subnormal in size.

**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.

**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**

The **stomach** revealed a minor amount of excessive gas accumulation. There was a minor amount of gastric fluid. The small intestine and colon were unremarkable. The lumen was empty. The curvilinear



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patterns were intact. The muscularis was mildly thickened and slightly echogenic mucosal changes without evidence of ulceration.

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**Pancreas**

The right limb of the **pancreas** was hypoechoic and mildly enhanced with surrounding mesentery.

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**ULTRASONOGRAPHIC FINDINGS**

Mild gastritis pattern.

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Subnormal adrenal size.

Possible, low-grade, minor pancreatitis.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Subxiphoid palpation is recommended to assess for pain-solicited response. If pain is noted low grade pancreatitis is suspected. I recommend screening for Addison's with baseline cortisol or full ACTH stimulation. A clinical trial of the following may prove effective regarding the gastritis presentation. I recommend a fresh fecal smear and fecal floatation analysis. Broad spectrum anti-parasitic protocol and b.i.d., canned, hydrolyzed diet would be ideal given that any bulk may be irritative to the pyloric changes.

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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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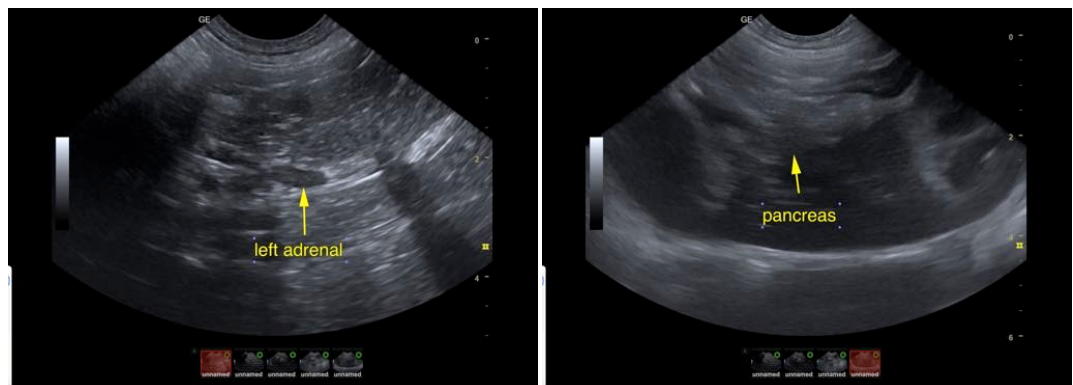
Dr. Roppolo

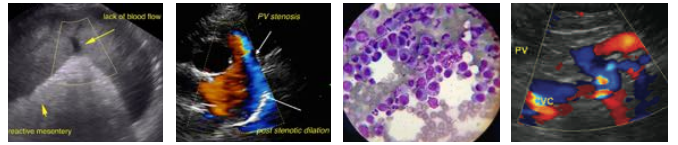
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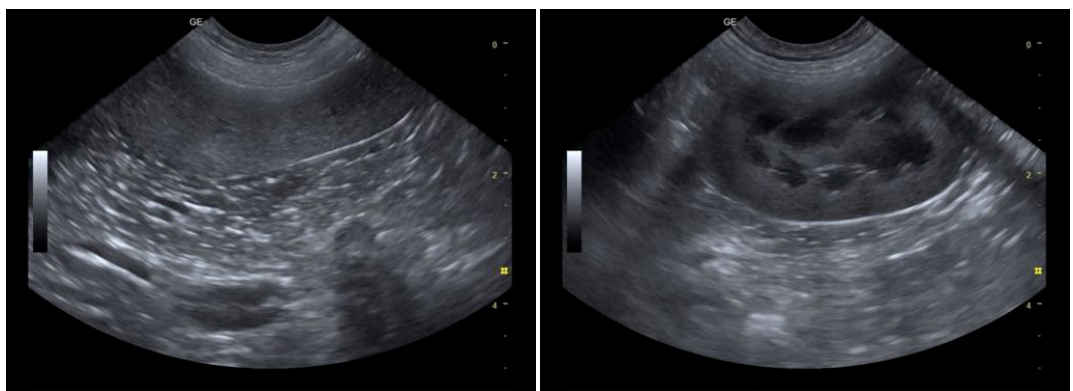
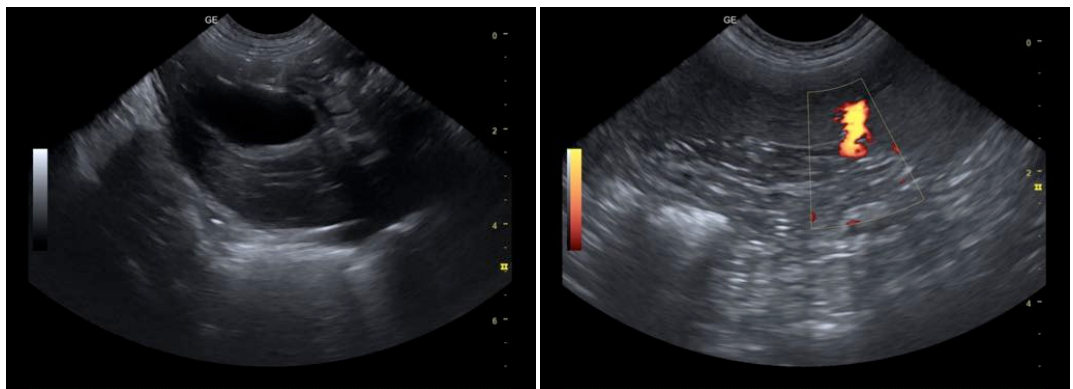
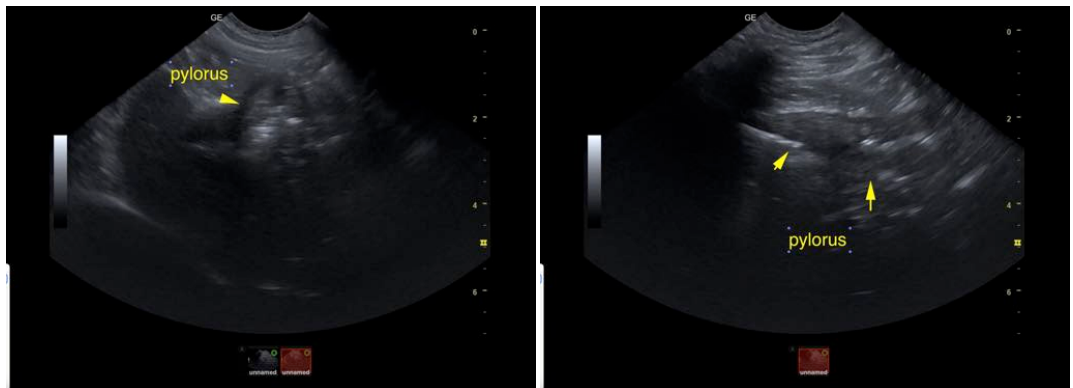
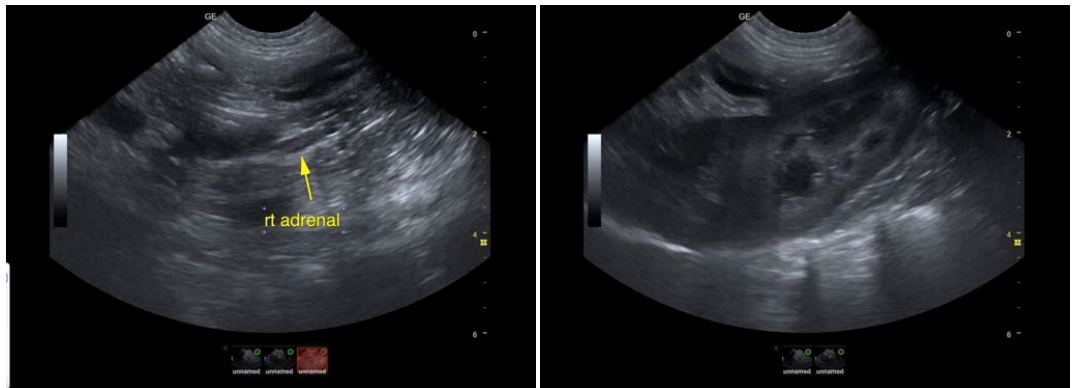
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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**Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com**  
info@SonoPath.com

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