



PATIENT

Rigby Wheat

SPECIES

Canine

BREED

Shepherd Cross

SEX

Neutered male

AGE

12 years

WEIGHT

62.1 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Bailes

HOSPITAL NAME

All Creatures Great
and Small VC

REFERRING VET

Dr. Sadahiro

INVOICE

44186

DATE

5/4/23

PRESENTING CLINICAL SIGNS

History: Hx of splenectomy 2/23 d/t presence of splenic mass - histopath came back as splenic stromal sarcoma. Over the last couple of months chronic intermittent decreased appetite, nausea/vomiting and diarrhea.

Abnormal PE/Chem/CBC/UA Results: NSF on PE BW/UA WNL Thoracic rads WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection.

Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present.

The region of the trigone and visible pelvic urethra 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 6.77cm. The right kidney measured 7.31 cm.

Adrenal Glands

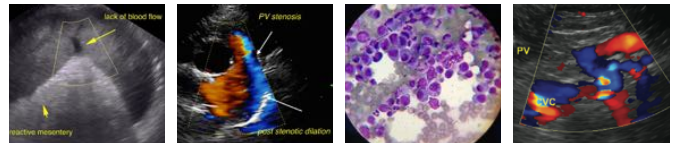
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.37 x 0.66 cm at the cranial pole and 0.46 cm at the caudal pole. The right adrenal gland measured 2.6 x 0.57 cm at the cranial pole and 0.54 cm at the caudal pole.

Spleen

The **spleen** was not visualized as it was previously removed. Minor heterogenous changes were noted in the region of the splenic fossa. This is likely secondary to splenectomy. There was no overt recurrence noted.

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.



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Gastrointestinal

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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.

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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.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

Age related abdominal changes.

AGE

12 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

62.1 lbs

There was no overt evidence of return of the prior pathology or metastatic disease. I cannot completely rule out emerging underlying disease. Dietary indiscretion, food intolerance, structurally significant inflammatory bowel or occult parasitism and occult Addison's are all potentials. If the clinical signs persist then a recheck sonogram is recommended in 10-14 days after diet change. Anti-parasitic protocol and probiotics are all indicated. Clinical trial of the following can be considered.

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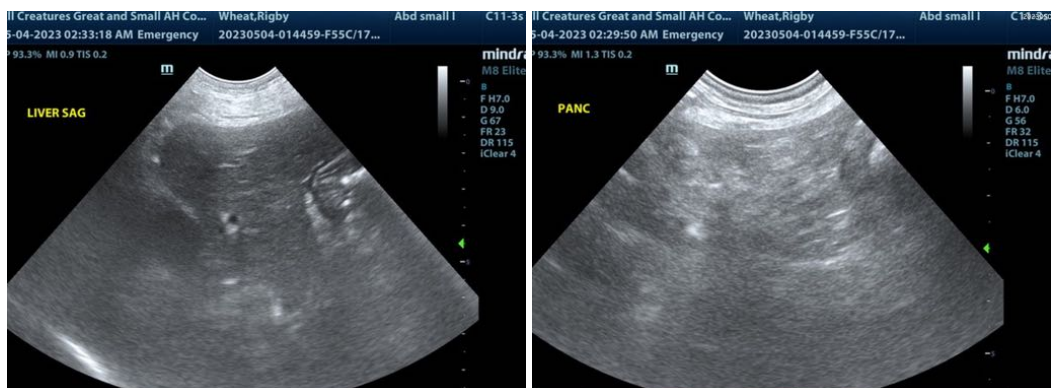
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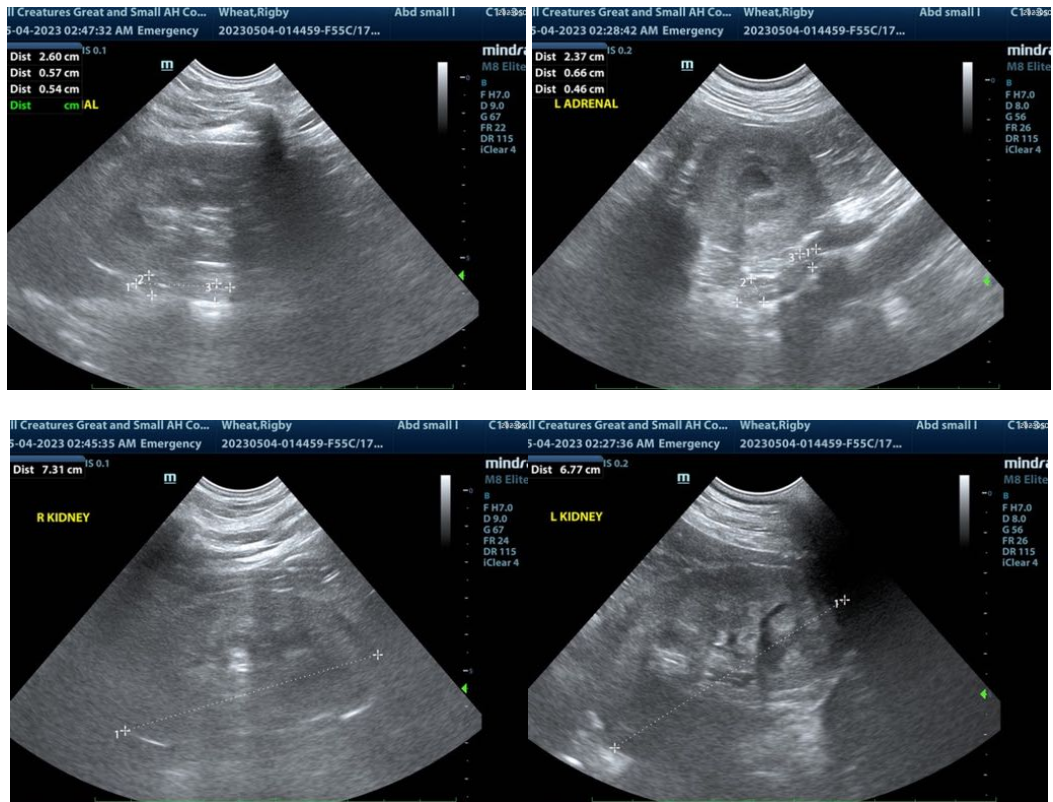
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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