



**PATIENT**

Frijol Caceres-Lorenzo

**SPECIES**

Canine

**BREED**

Lab Retriever

**SEX**

Neutered Male

**AGE**

5 Years

**WEIGHT**

32.2 kg

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Brittany Gardner

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

Dr. Brittany Gardner

**INVOICE**

47211

**DATE**

5/6/23

**PRESENTING CLINICAL SIGNS**

P is being hosp fo v/hematochezia Seen 5/5 for vomiting and diarrhea (no blood). BW showed hemoconcentration and Xrays showed no evidence of obstruction at that time. O elected for outpatient therapy at that time. Represented 5/5 PM for continued vomiting after drinking water.

Abnormal PE/Chem/CBC/UA Results: 5/5 AM CBC HCT 68.7%, WBC 13.66, PLT 306 Chem 10: Creat 1.1, BUN 19, TP 6.4, Alb 3.2, ALT 38, ALP 37 EPOC: pH 7.355 (L), Na 146, K 3.7, Cl 111, Lact 1.86, BUN 15, Creat 1.07, HCT 65%

**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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 6.0 cm. The right kidney measured 7.5 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 0.50 cm. The right adrenal gland measured 0.90 cm at the cranial pole and 0.60 cm at the caudal pole.

**Spleen**

The **spleen** was folded upon itself cranially and presented slight heterogeneous parenchymal changes.

**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 echogenic fluid and nasogastric tube placement. The pylorus appeared patent. The distal small intestine revealed dilated cecum with hyperperistalsis.

**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.



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**ULTRASONOGRAPHIC FINDINGS**

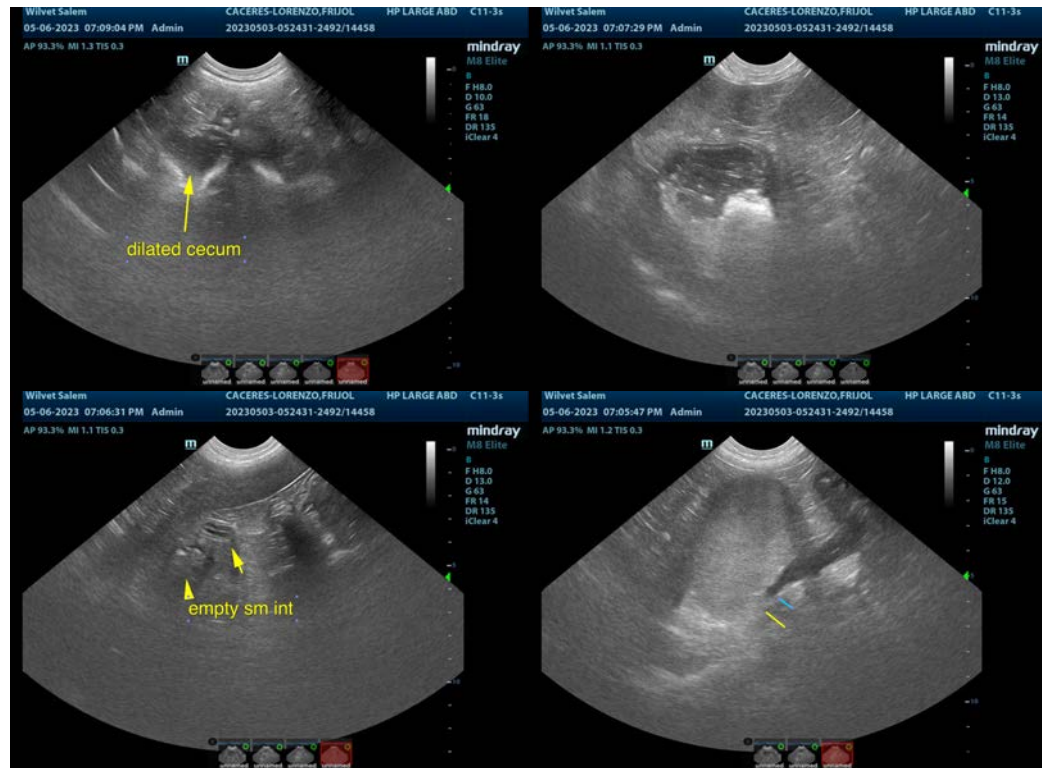
- Gastroenteritis/possible typhlitis pattern
- Folded, heterogeneous spleen

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Some excessive artifact was created by the nasogastric tube, which could not be differentiated from foreign matter. Mid abdominal palpation recommended to assess for any discomfort. Potential underlying typhlitis. Medical management warranted. If clinical signs persist, recheck sonogram warranted in 24-48 hours. Endoscopy warranted if clinical signs persist. A clinical trial of the following may prove effective.

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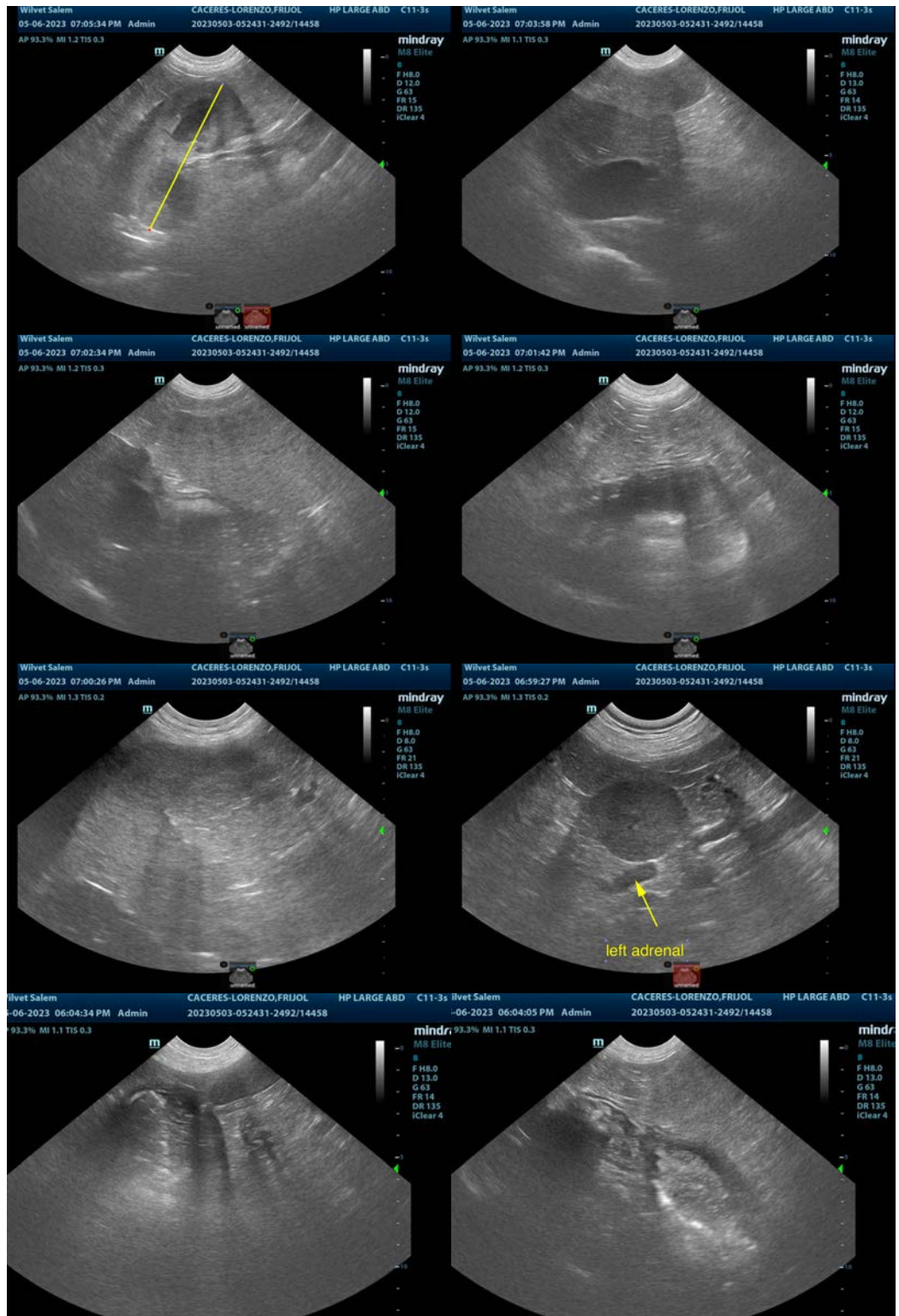
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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