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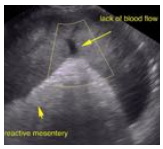
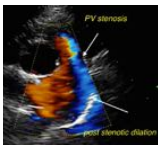
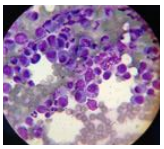
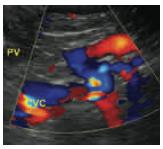

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1-800-838-4268 info@sonopath.com

PATIENT
Kody Maggio

SPECIES
Canine

BREED
Standard Poodle

SEX
Neutered male

AGE
6 years

WEIGHT
72.3 lbs

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

IMAGING PERFORMED BY
Kelly Vazquez , CVT

HOSPITAL NAME
Westwood Regional VH

REFERRING VET
Dr. McConnell

INVOICE
30200

DATE
5/9/22

PRESENTING CLINICAL SIGNS

History: Patient presents for chronic, intermittent vomiting, ACTH stim. pending to R/O Addison's, no improvement with Pepcid, omeprazole, only Cerenia or small frequent meals; not helping. Current meds: Cerenia and Pepcid.
Abnormal PE/Chem/CBC/UA Results: Phos. 1.9, K+ 3.4

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 right kidney measured 6.06 cm. The left kidney measured 7.62 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 1.73 x 0.56 cm at the caudal pole and 0.73 cm at the cranial pole. The left adrenal gland measured 1.58 x 0.54 cm at the caudal pole and 0.55 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 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.

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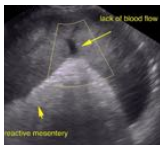
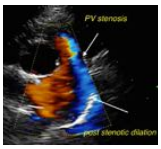
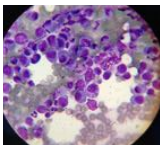
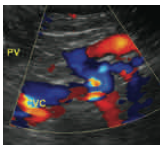

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Gastrointestinal

The **stomach** in this patient presented significant gastric wall thickening with loss of mural detail. Wall thickness measured up to 1.5 cm. Enhanced periserosal inflammation was noted. The wall thickness continued into the pyloric outflow.

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.

ULTRASONOGRAPHIC FINDINGS

Concentric gastric wall thickening.

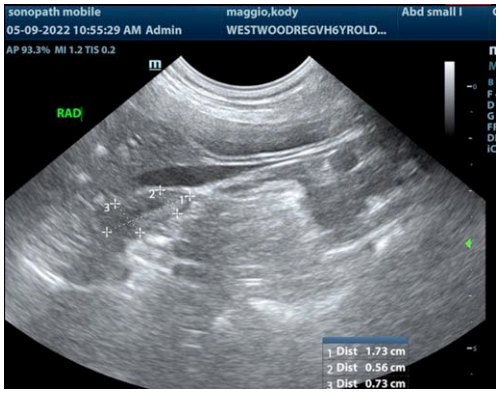
Severe gastritis versus emerging round cell neoplasia/lymphoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full thickness gastric biopsies are strongly encouraged in this patent. Endoscopy could be considered; however, this may not be adequate to obtain complete biopsies that involve deep pathology within the wall. If sampling is absolutely not an option then a clinical trial of the following can be considered. A recheck sonogram is recommended in 7-10 days.

Structurally the adrenal glands appear unremarkable, yet screening for Addison's is warranted given the breed predisposition. However, the pathology appears to be localized to the gastric wall. Sampling is strongly encouraged.

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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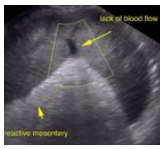
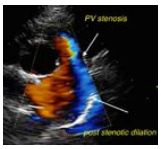
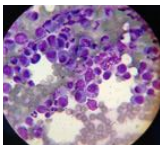
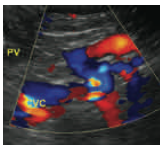

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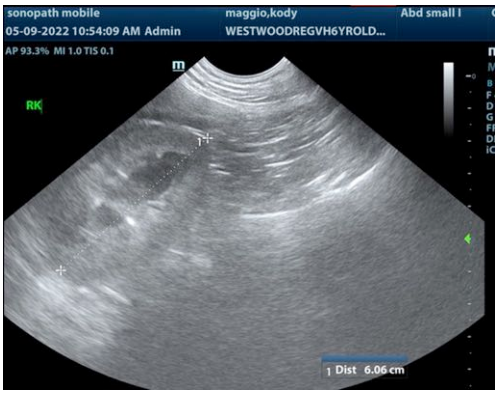

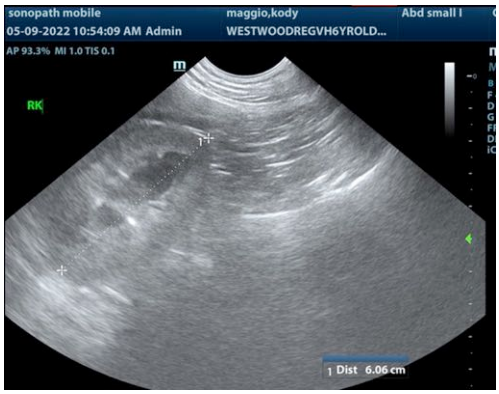

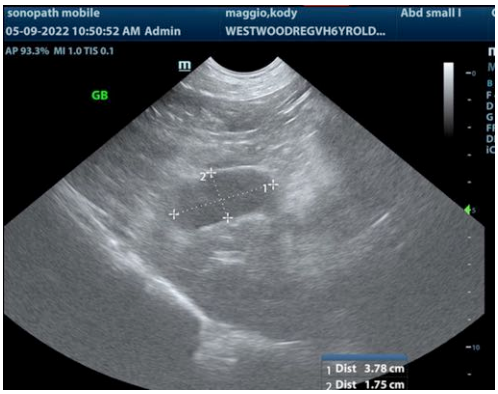

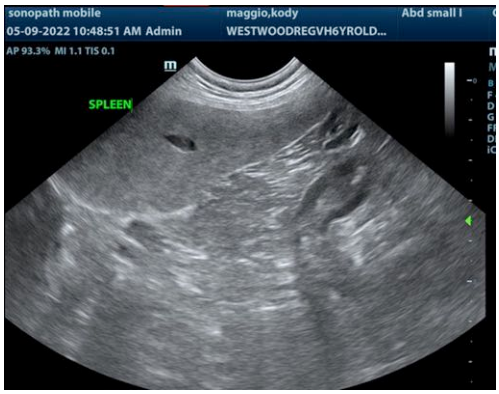

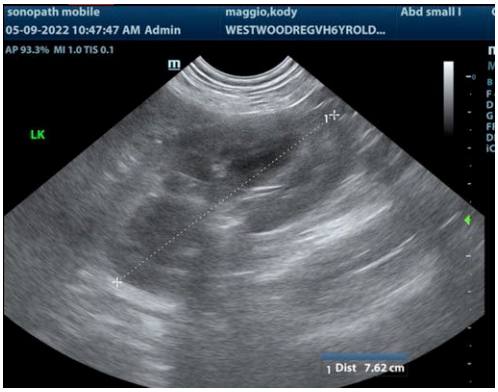

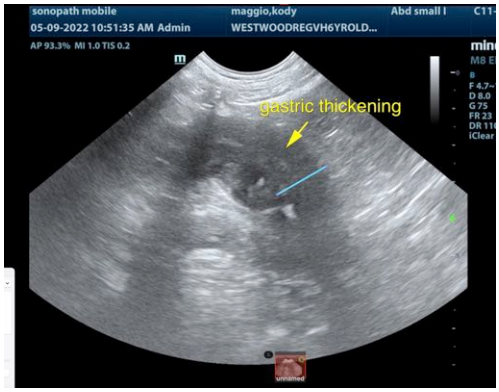

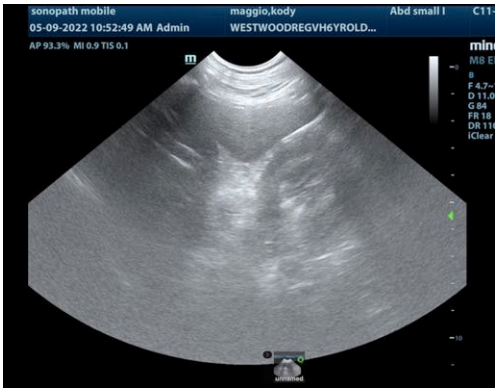

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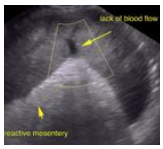
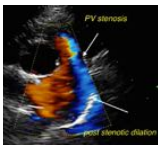
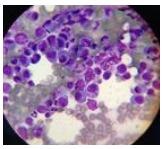
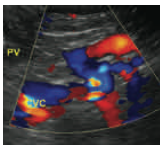

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Info@SonoPath.com