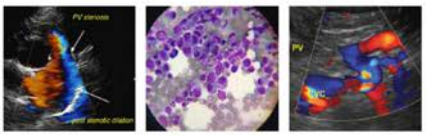
IMAGING PERFORMED BY
SVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

**PATIENT**

Otis Miller 44037B

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Neutered Male

**AGE**

5 Years 8 Months

**WEIGHT**

38.1 kg

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

Madison Vet Specialists – Dr. McCaughey

**INVOICE**

38112

**DATE**

6/1/22

## PRESENTING CLINICAL SIGNS

Presenting for vomiting and suspect FB. Normal behavior, appetite, water consumption, BM, and UOP. Slightly straining to defecate on first walk in clinic after producing a solid BM. Vomited up partially digested food 1x on Saturday (05/30) and 2x on Sunday (05/31). Able to hold down water in between. Previous history of colonic torsion and colopexy performed about 5 weeks ago.
Abnormal PE/Chem/CBC/UA Results: No BW performed. AXR x3 revealed mild dilation of stomach and small bowel; colon appears normal in apperance with normal fecal material; possible mild free air/decreased serosal detal but difficult to determine to what extend this is normal variation from his previous surgery vs. a true clinical problem.

## 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.

Iliac lymph nodes were reactive, measuring up to 3.0 cm x 1.0 cm.

The residual prostate was uniform at 1.39 cm.

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 7.87 cm. The left kidney measured 7.95 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 1.03 cm at the cranial pole and 0.81 cm at the caudal pole. The left adrenal gland measured 0.69 cm at the cranial pole and 0.72 cm at the caudal pole.

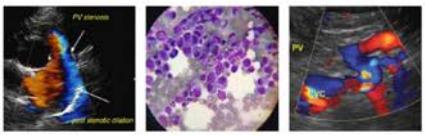
### *Spleen*

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen was folded upon itself cranially and caudally. 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 were 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.

IMAGING PERFORMED BY
SVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

**PATIENT**

Otis Miller 44037B

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Neutered Male

**AGE**

5 Years 8 Months

**WEIGHT**

38.1 kg

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

Madison Vet Specialists – Dr. McCaughey

**INVOICE**

38112

**DATE**

6/1/22

### *Gastrointestinal*

Gastric stasis noted with anechoic fluid. The pylorus was patent. However, some thickening was present with luminal fluid noted in the duodenum. The small intestine and colon were unremarkable and empty. Minor increased submucosal echogenicity noted in the small intestine, suggestive for chronic disease. A heterogeneous epigastric lymph node measured 1.8 cm x 1.4 cm, rounded, consistent with rective lymphadenitis.

### *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.

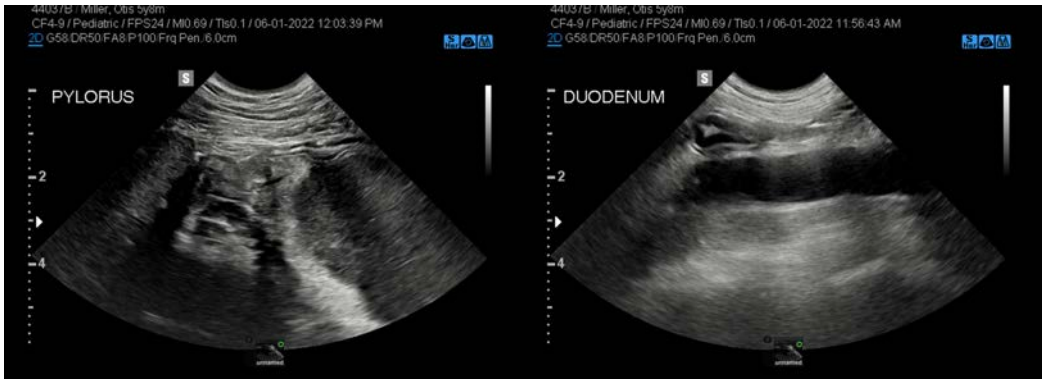
## ULTRASONOGRAPHIC FINDINGS

- Reactive iliac lymphadenitis pattern
- Gastroduodenitis pattern with possible delayed outflow, no evidence of foreign bodies

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

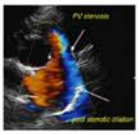
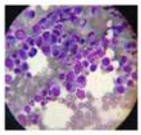
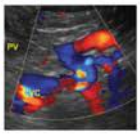
A clinical trial of the following may prove effective. Endoscopy would be ideal to obtain mucosal biopsies. Microulcerative disease could be an issue. No foreign bodies present. Canned BID feedings warranted after 24 hour NPO.

**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.



IMAGING PERFORMED BY
SVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com

SVS IMAGING

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

**PATIENT**

Otis Miller 44037B

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Neutered Male

**AGE**

5 Years 8 Months

**WEIGHT**

38.1 kg

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

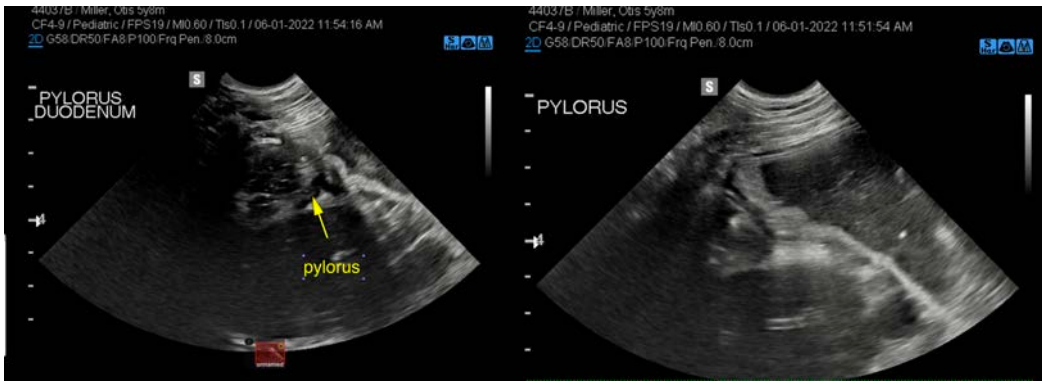
Madison Vet Specialists – Dr. McCaughey

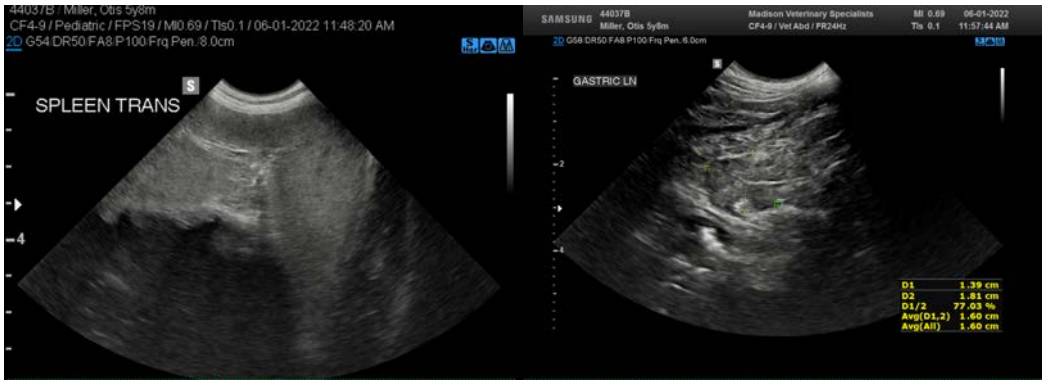
**INVOICE**

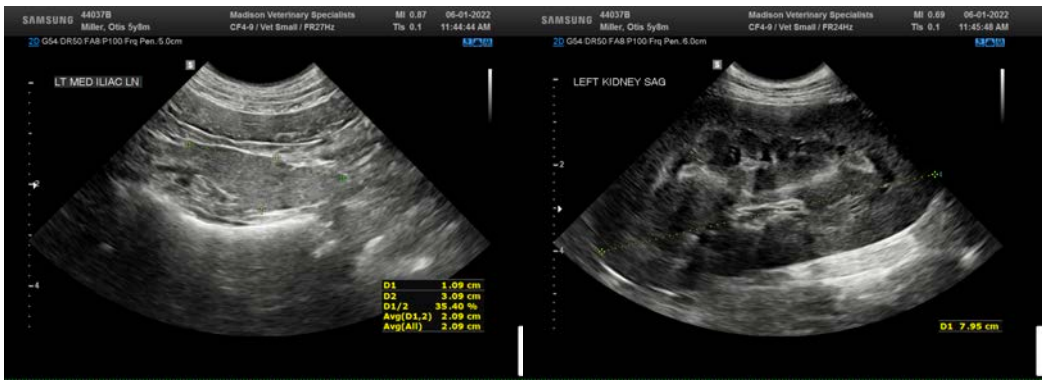
38112

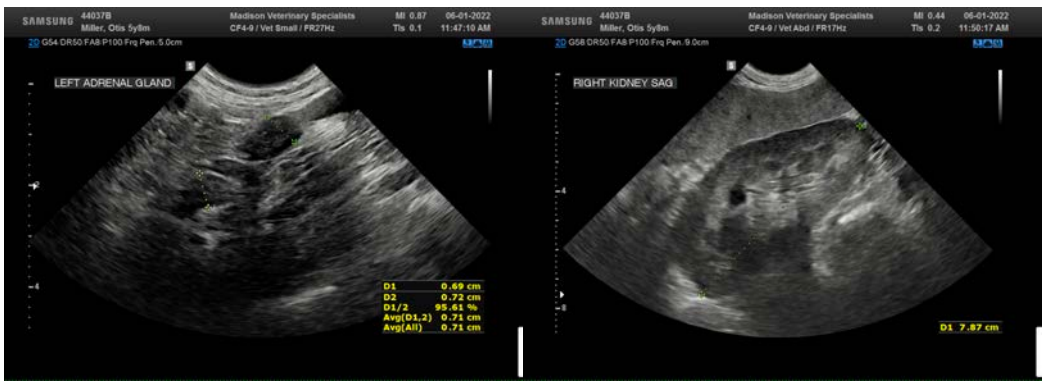
**DATE**

6/1/22

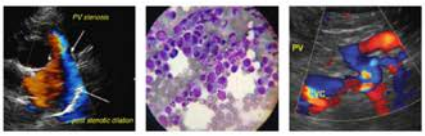


IMAGING PERFORMED BY
SVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

**PATIENT**

Otis Miller 44037B

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Neutered Male

**AGE**

5 Years 8 Months

**WEIGHT**

38.1 kg

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

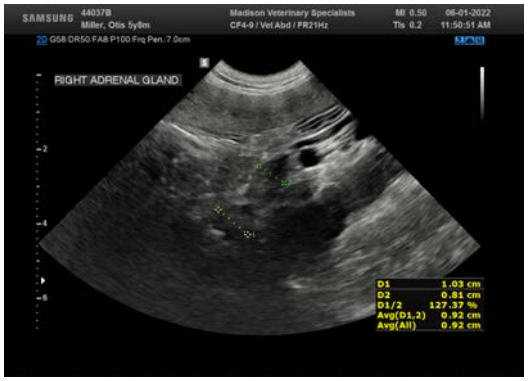
Madison Vet Specialists – Dr. McCaughey

**INVOICE**

38112

**DATE**

6/1/22




**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