



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Daisey Simko

**SPECIES**  
Canine

**BREED**  
Labrador Retriever

**SEX**  
Spayed Female

**AGE**  
1 year

**WEIGHT**  
78 lbs

Approximate 2-3 month history of intermittent vomiting and waxing/waning appetite (with dog food, the patient will readily eat bland diet boiled hamburger and rice). Patient was positive for Giardia 4/28/22 and treated with fenbendazole and metronidazole; a recheck intestinal parasite screening was negative on 5/18/22 but clinical signs persist.

Abnormal PE/Chem/CBC/UA Results: mild lymphocytosis (LYMPHS=5239/uL), and eosinophilia (EOS=1688), but rest of CBC and chem was unremarkable.... Abdominal rads taken 4/27/22 mild gas in stomach, otherwise empty, gastric walls appeared mildly inflamed and thickened but rest of abdomen was relatively unremarkable

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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 6.19 cm. The left kidney measured 6.53 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 1.64 x 0.68 cm. The left adrenal gland measured 1.86 x 0.52 cm.

**Spleen**

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

**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.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jessica Green

**HOSPITAL NAME**

Stanglein VC

**REFERRING VET**

Dr. Stanglein

**INVOICE**

31032

**DATE**

6/15/22



**PATIENT**

**Gastrointestinal**

Daisey Simko

Minor mucosal hypertrophy was noted in the stomach. The small intestine and colon were unremarkable. The curvilinear patterns were maintained. There was no evidence of foreign body.

**SPECIES**

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**Pancreas**

**BREED**

Labrador Retriever

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**

Spayed Female

**Free Abdomen**

A large amount of abdominal fat was noted in this patient.

**AGE**

1 year

**ULTRASONOGRAPHIC FINDINGS**

Structurally unremarkable abdomen and GI tract.

**WEIGHT**

78 lbs

Non-specific mild gastritis.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

Underlying occult parasitism, food intolerance and Addison's is all possible. Endoscopy would be ideal to obtain mucosal biopsies and inspect for microulcerative disease, yet no macroulcerative changes were present. A clinical trial of the following may prove effective. Screening for Addison's is warranted even though the adrenal glands appear relatively normal.

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Jessica Green

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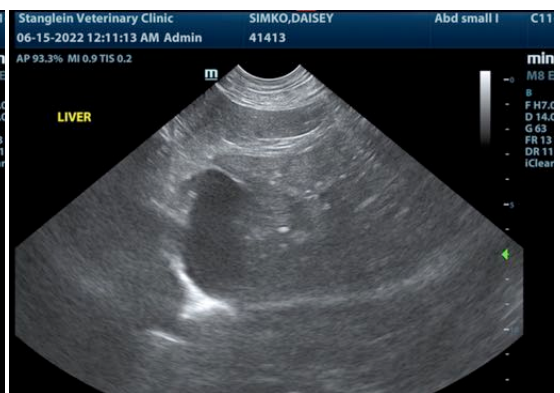
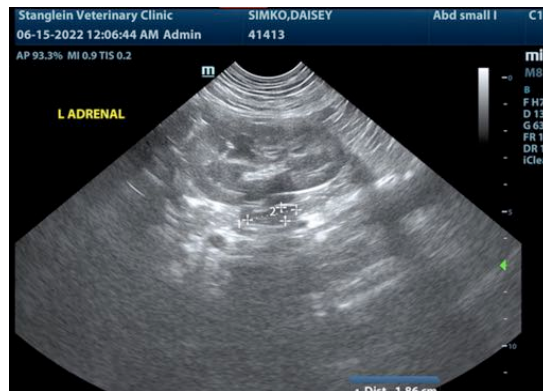
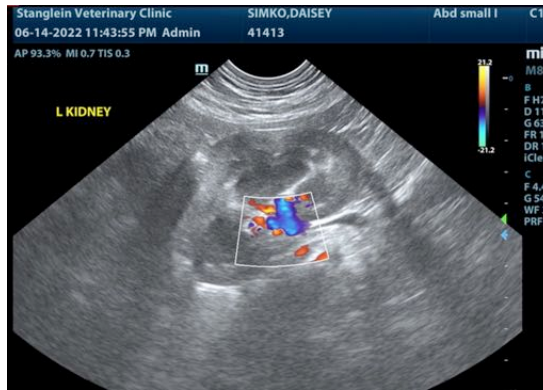
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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