



PATIENT

Biscuit Swain

SPECIES

Canine

BREED

Labradoodle

SEX

Male

AGE

2 Years

WEIGHT

33.2 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Jolee Stegemoller

HOSPITAL NAME

North Idaho AH

REFERRING VET

Dr. Talitha Neher

INVOICE

38768

DATE

6/16/22

PRESENTING CLINICAL SIGNS

Vomiting foamy white liquid (not food). Several times. O is worried he is dehydrated now. Duration: Started Monday, and gradually got worse. Not drinking water. Appetite: Did eat yesterday, but vomited. Any possibility of getting into something foreign? No known consumption of fabric/non food items. Just prior to onset of vomiting he got into a drainage ditch and drank the water that was full of run off from all the rain. Also was swimming in the lake. Defecation: soft stool last time he defecated, but not defecating much because not eating Primary reason for ultrasound referral: rule out evidence of obstruction vs gastroenteritis/ileus

Abnormal PE/Chem/CBC/UA Results: Abnormal laboratory findings: amylase 2412; all else WNL cbc/chem17/electrolytes Other diagnostics available (ie. Blood pressure, radiographs, etc): abd rads good serosal detail, feces in colon, several loops gas distension Abnormal physical exam findings: slightly tack mm, splinting on abdominal palpation, thickened ventral/caudal abd loops

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 right kidney measured 6.6 cm. The left kidney measured 6.2 cm.

Adrenal Glands

Both **adrenal glands** were subjectively small, measuring low normal as far as width. The right adrenal gland measured 1.75 cm x 0.34 cm. The left adrenal gland measured 1.6 cm x 0.35 cm.

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 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.

Gastrointestinal

Pyloric hypertrophy present in a region of approximately 2.0 cm x 3.0 cm, this should be monitored carefully, as there is some early loss of mural detail noted. There were minor areas of luminal fluid noted in the GI tract. There was no evidence of obstructive pattern. Minor intestinal thickening present. Areas



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of hyperperistalsis were noted. This is consistent with response to irritation. Colonic fluid noted with excessive gas accumulation.

Reactive mesenteric lymph nodes noted, the largest of which measured 2.0 cm x 1.5 cm.

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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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Labradoodle

ULTRASONOGRAPHIC FINDINGS

- Gastritis/pyloric hypertrophy with gastroenteritis pattern and colonic fluid
- Subjectively small adrenal glands

SEX

Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Endoscopy would be ideal upon the pyloric outflow to ensure underlying neoplasia is not an issue. Minor pancreatitis may also be present, yet structurally it was unremarkable. A clinical trial of the following could be considered. No evidence of foreign bodies. Broad-spectrum antiparasitic protocol warranted. Recheck sonogram in 3-5 days, earlier if clinical signs persist after 24 hour NPO. Screening for underlying occult Addison's that may be inducing GI signs.

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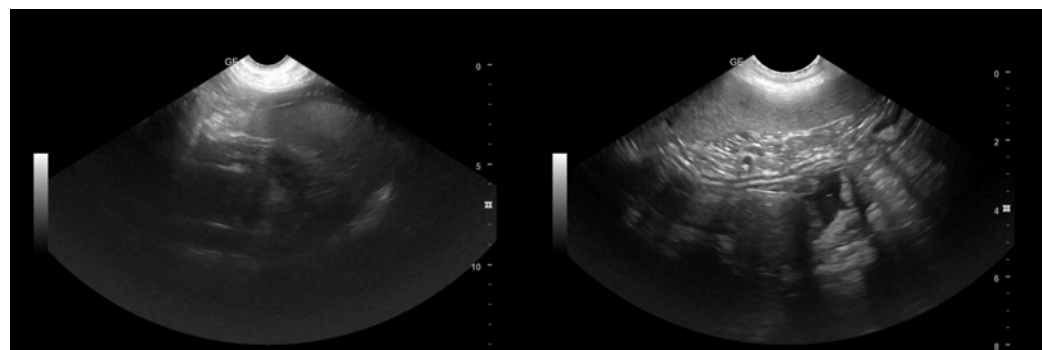
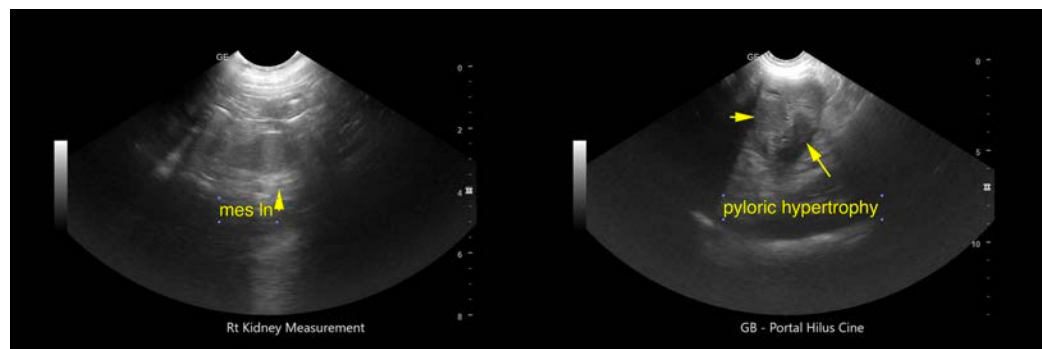
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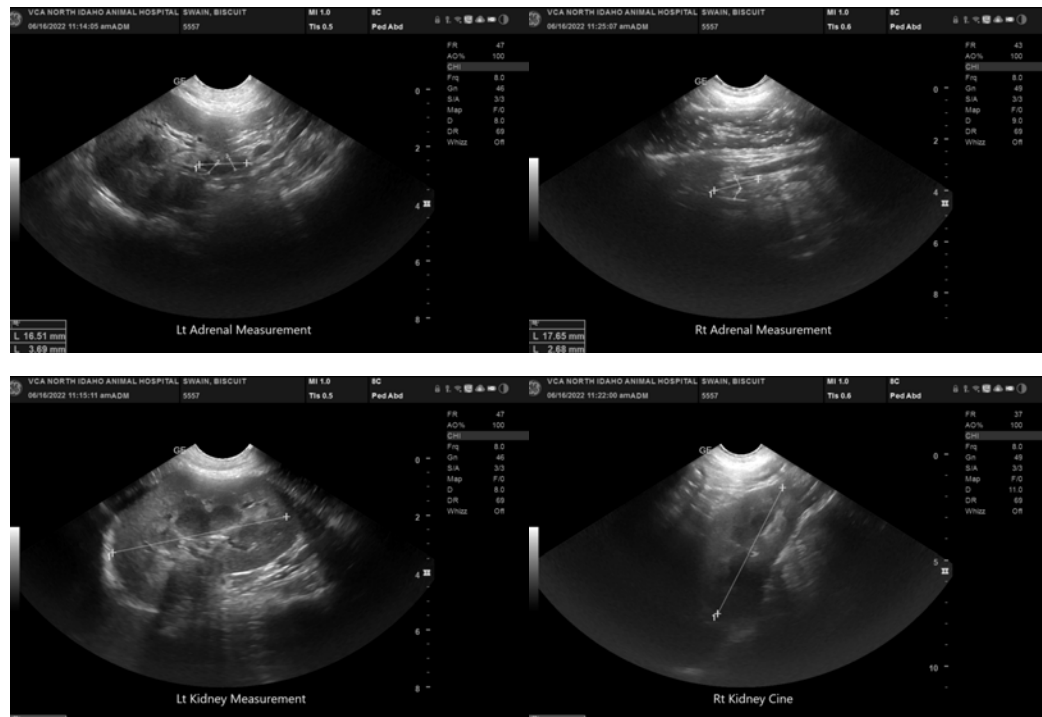
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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