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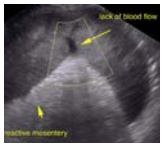
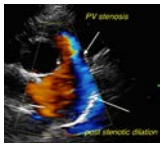
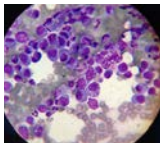
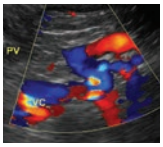

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1-800-838-4268 info@sonopath.com

PATIENT

Belle Greydanus

SPECIES

Canine

BREED

Labrador Retriever

SEX

Intact Female

AGE

3 Years

WEIGHT

65 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. Jamie Sullivan

INVOICE

43246

DATE

6/16/23

PRESENTING CLINICAL SIGNS

P got into the garbage and has been vomiting, not eating and had bloody diarrhea once and no BM since. This started on Wednesday 6/14/23. P continues to vomit, not eat but no more BM at all. P is also lethargic. P was heavily sedated for US exam due to her fractious, unpredictable behavior. Unable to assess pain nor perform a diagnostic abdominal palpation

Abnormal PE/Chem/CBC/UA Results: See attached labs: CBC WNL, L Chloride 107 (109-122), L Total Protein 4.9 (5.2-8.2), L Globulin 2.4 (2.5- 4.5), Normal cPL See attached rads: suspected colonic gas

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 6.56 cm. The right kidney measured 6.9 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 2.0 cm x 0.48 cm at the caudal pole and 0.49 cm at the cranial pole. The right adrenal gland measured 1.1 cm at the cranial pole and 0.67 cm at the caudal 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 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.

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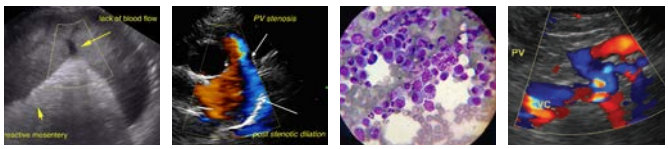

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. Soft stool noted in the colon/fluid filled colon.

Pancreas

The **pancreas** presented minor heterogeneous parenchymal changes without any significant evidence of pancreatitis. However, low-grade inflammation cannot be ruled out.

ULTRASONOGRAPHIC FINDINGS

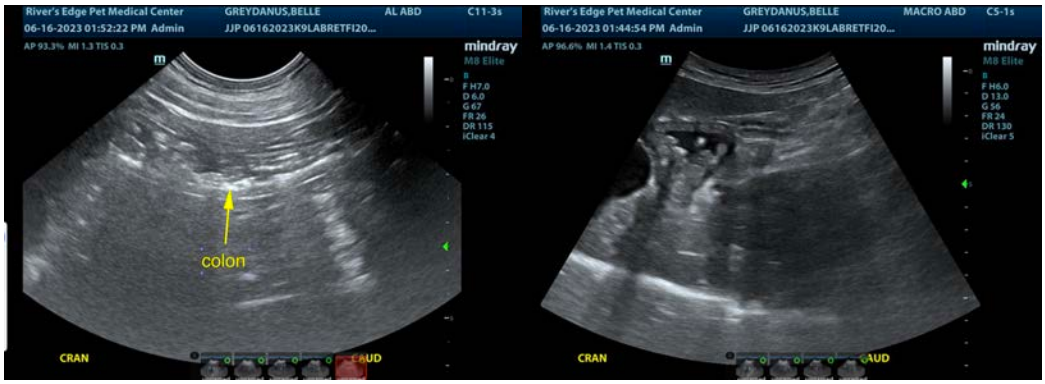
- Non-specific gastroenteritis presentation with minor intestinal thickening
- Possible minor pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Acute on chronic inflammatory bowel likely. Microulcerative disease cannot be ruled out as a potential. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. GI protectant protocol such as the following would be recommended:

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.

Radiographs: Minor excessive GI gas, microhepatica.



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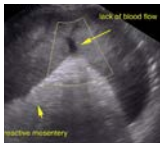
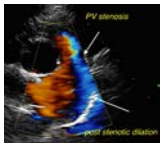
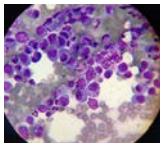
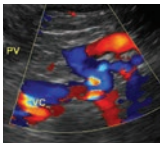

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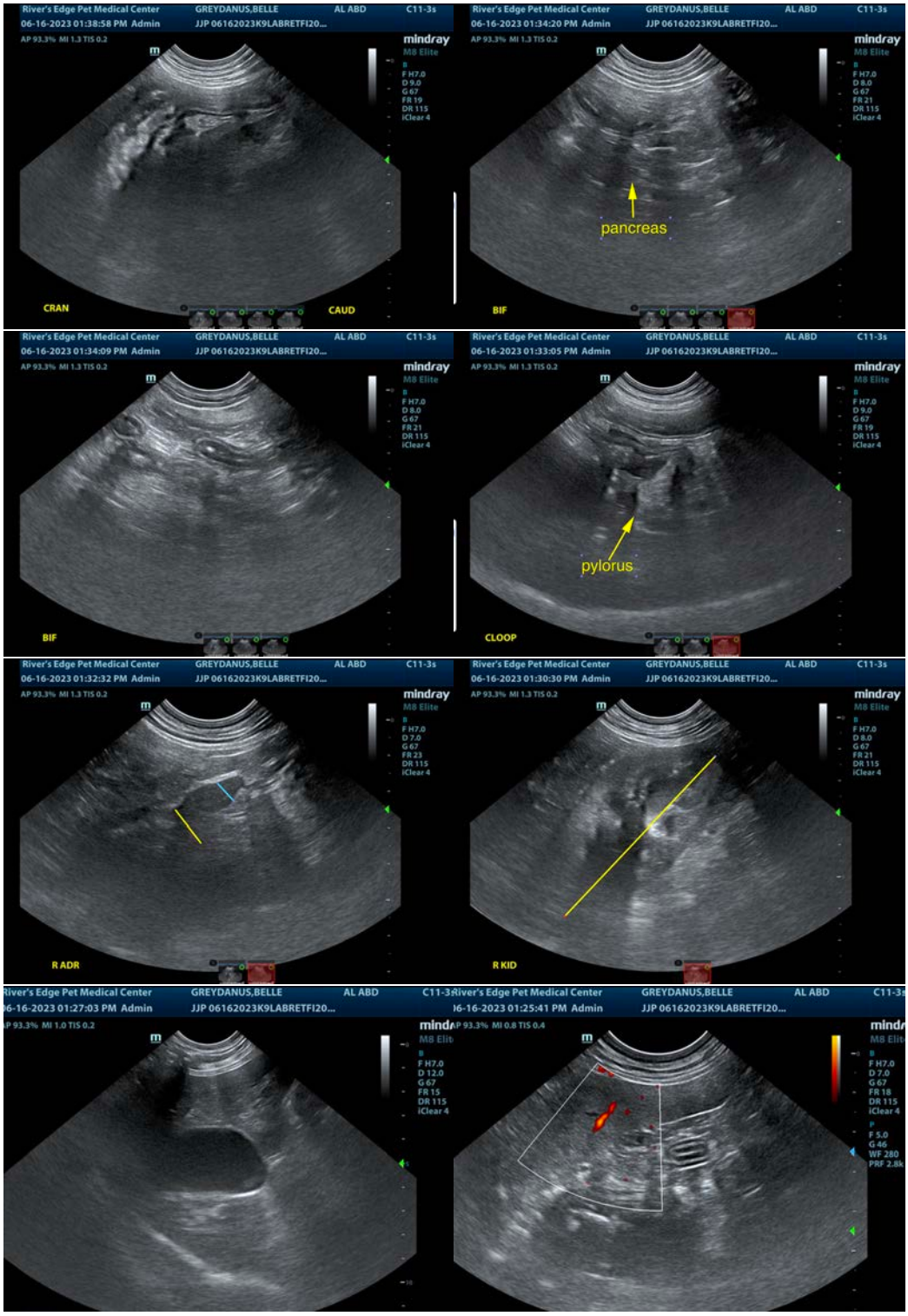

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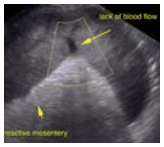
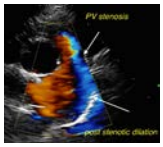
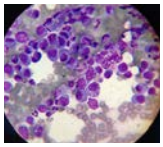
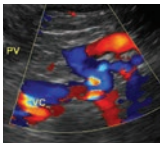

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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