



PATIENT

Tito Murolo

PRESENTING CLINICAL SIGNS

Newly rescued.
Abnormal PE/Chem/CBC/UA Results: Elevated GGT and ALP

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Chihuahua

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.

SEX

Intact Male

The **prostate** was uniformly enlarged (2.5 cm) with lobar swelling appeared to impinge upon the urethra and mildly deviate the descending colon. The prostatic tissue was hyperechoic containing focal areas of decreased echogenicity. These changes are suggestive of either chronic inflammatory episodes, benign cystic pathology or both. Underlying neoplasia cannot be completely ruled-out but is lower on the differential list. This presentation is most consistent with benign prostatic hyperplasia with possible active prostatitis. Neutering or off-label Finasteride (Propecia) (0.1-0.5 mg/kg Sid) treatment is indicated +/- FNA or prostatic wash cytology and culture.

AGE

6 Years

WEIGHT

Not Given

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 3.05 cm. The right kidney measured 3.0 cm.

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

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 1.07 cm x 0.70 cm at the cranial pole and 0.36 cm at the caudal pole. The left adrenal gland measured 1.36 cm x 0.42 cm at the cranial pole and 0.42 cm at the caudal pole.

IMAGING PERFORMED BY

Shari Reffi, CVT

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.

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

Liver

The **liver** was slightly subnormal in size, unremarkable otherwise. The gallbladder was unremarkable.

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Gastrointestinal

The **stomach** and upper duodenum were thickened up to 0.40 cm with hyperechoic surrounding fat. Moderate amount of fluid noted in the stomach, consistent with gastric upset. Soft stool noted in the colon.

DATE

6/17/22



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Pancreas

Tito Murolo

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.

SPECIES

Canine

Other

The testicles were imaged and found to be uniform, no evident pathology.

BREED

Chihuahua

PRIMARY FINDINGS

- Gastritis pattern with pyloric hypertrophy

SECONDARY FINDINGS

- BPH Prostate
- Subnormal liver size

SEX

Intact Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

6 Years

Treatment for gastritis with the following protocol may prove effective. Dietary reevaluation recommended. FNA of the liver warranted if liver enzymes remain elevated. If any lower urinary tract signs are present, then neutering should be considered.

WEIGHT

Not Given

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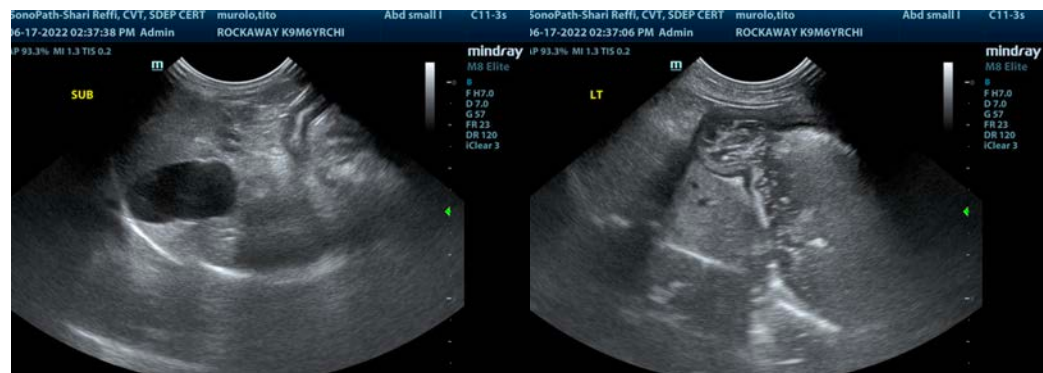
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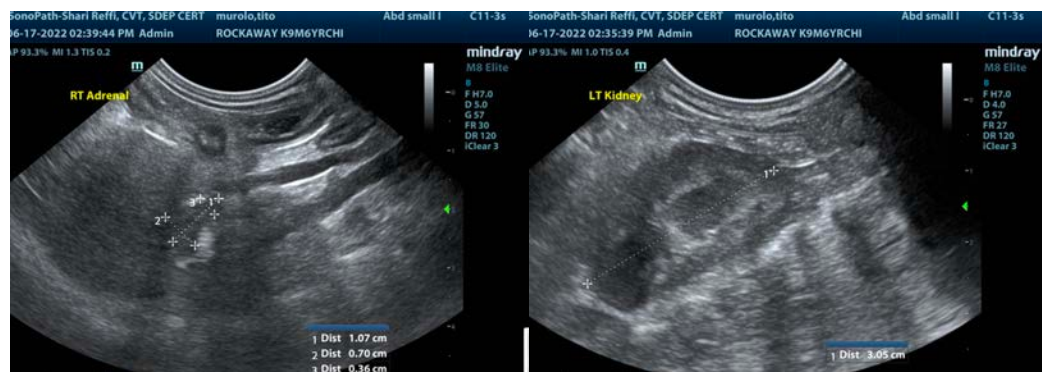
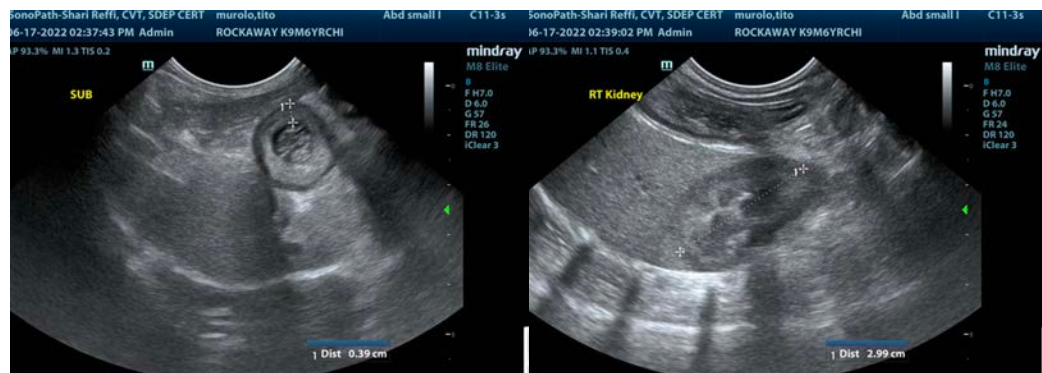
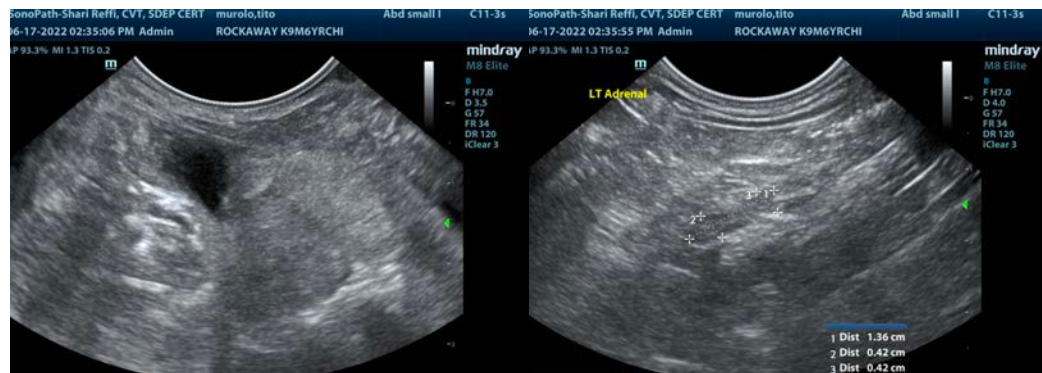
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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