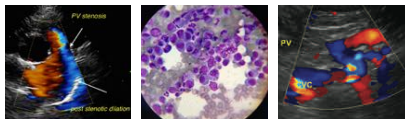
IMAGING PERFORMED BY

IntraPet.com



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

DATE
6/20/22

PATIENT
Kricket Sines

SPECIES
Canine

BREED
Jack Russell

SEX
Neutered male

AGE
12/8/08

WEIGHT
9.4 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME
Fork VH

REFERRING VET
Dr. Doherty

INVOICE
31089

PRESENTING CLINICAL SIGNS

Presenting complaint: ADR - Appetite poor without signs of Vomiting/Diarrhea, thirst and urination WNL, dog quiet and lethargic within the past few weeks. Previously 1/2021 had significant elevation to liver enzymes and cholesterol which was the reason for the ultrasound evaluation at that time. 1/2022 - exhibited V/D lethargy but blood profile was WNL at that time and dog responded to symptomatic therapy. 6/2022 - dog exhibited another bout of ADR, lethargy, poor appetite but no V/D Blood profile again WNL including a baseline Cortisol level
Current Medications: Denamarin 90 mg - QD since the last liver issue (1-2021). Tylosin 50 mg – QD, Cerenia 16 mg - QD (last dose 6/16) treatment has not produced any change in clinical signs or picture
Date of Previous IntraPet Ultrasound: 1/29/21. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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 was noted. Ureteral papillae were normal.

The residual prostate was uniform and measured 0.5 cm with a small urethral/prostatic calculus localized in the lumen measuring 0.2 cm. There is no concern for carcinoma.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex. The left kidney measured 3.56 cm with slight pyelectasia that measured 0.3 cm. The right kidney measured 4.0 cm with anechoic cysts in the caudal pole measuring 0.39 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 1.3 x 0.49 cm at the caudal pole and 0.6 cm at the cranial pole. The left adrenal gland measured 1.65 x 0.52 cm at the cranial pole and 0.5 cm at the caudal pole.

Spleen

The **spleen** revealed an isoechoic, ill-defined nodule. The nodule is not measurable. There is no subjective progression from the prior sonogram.

Liver

The **liver** was similar to the prior sonogram with mildly increased portal markings and slight coarse architecture. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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.

Heart

Rapid view of the heart revealed no evidence of pathology.

ULTRASONOGRAPHIC FINDINGS

Stable geriatric abdomen with renal pyelectasia, occasional cyst and slight bladder/urethral calculus. Isoechoic, ill-defined splenic nodular, similar to the prior sonogram.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

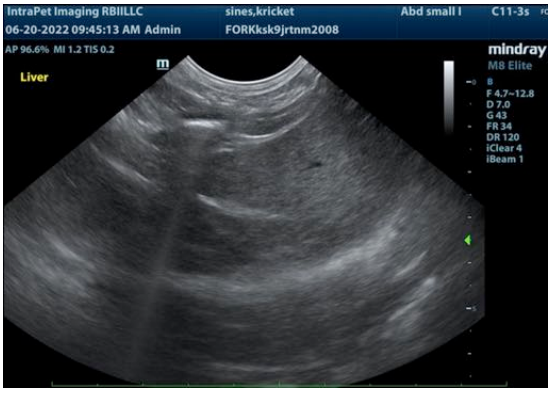
If the patient is straining to urinate then catheter passage and retrograde flushing of the urethral calculus to the bladder followed by cystotomy is recommended. However, it appears to be small enough to pass, yet the patient may obstruct.

Regarding the GI signs, there is no structural evidence of GI disease in this patient. Underlying food intolerance and occult parasitism is possible.

I recommend changing the patient to a hydrolyzed diet in this patient. A clinical trial of the following can be considered. Otherwise, endoscopy would be appropriate even though structurally the GI tract appears unremarkable.

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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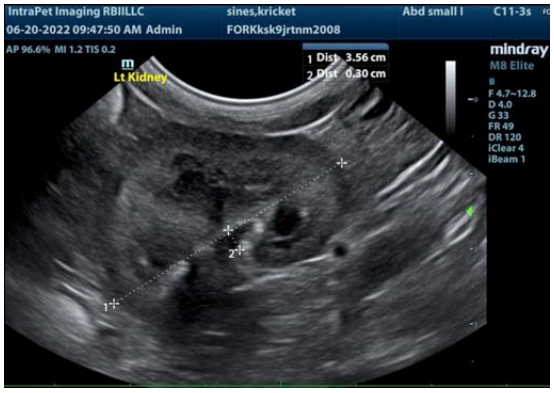
Liver
mindray
M8 Elite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Lt Kidney
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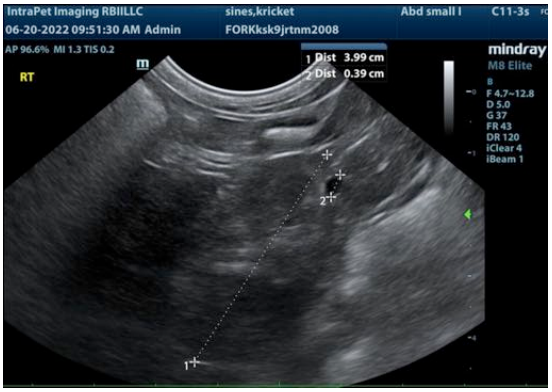
2 Dist 0.30 cm
mindray
M8 Elite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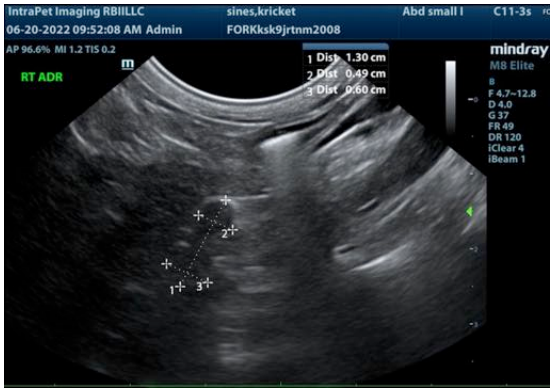
AP 96.6% MI 1.3 TIS 0.2
RT
1 Dist 3.99 cm
2 Dist 0.39 cm
mindray
M8 Elite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RT ADR
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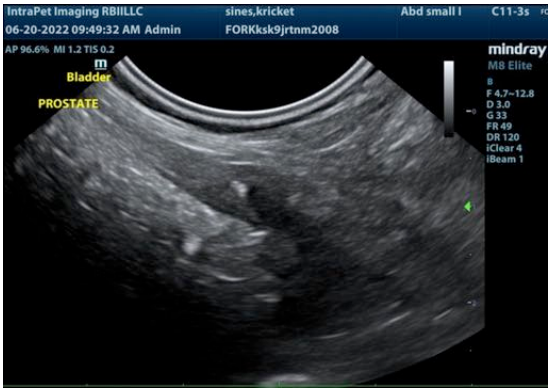
2 Dist 0.49 cm
3 Dist 0.60 cm
mindray
M8 Elite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sines,kricket
Abd small I
C11-3s
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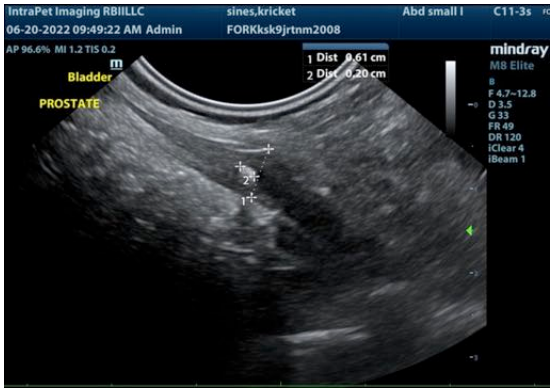
AP 96.6% MI 1.2 TIS 0.2
Bladder
PROSTATE
mindray
M8 Elite


IntraPet Imaging RBIILLC
sines,kricket
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06-20-2022 09:49:22 AM Admin
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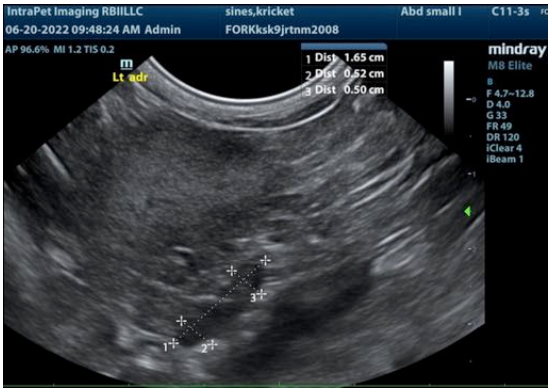
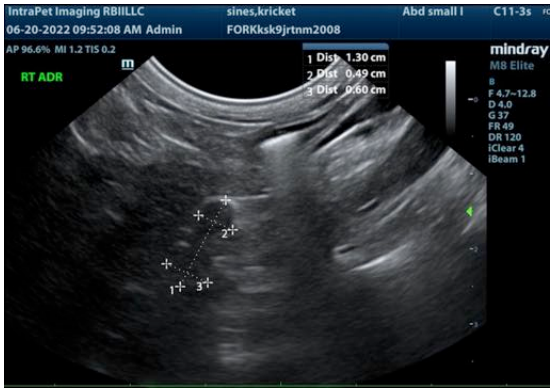
AP 96.6% MI 1.2 TIS 0.2
Bladder
PROSTATE
1 Dist 0.61 cm
2 Dist 0.20 cm
mindray
M8 Elite





The information and recommendations provided are based on the images presented by the referring veterinarian. 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
Eric.Lindquist@SonoPath.com