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**DATE**

6/21/22

**PATIENT**

PeeWee Maxfield-Rockel

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Neutered Male

**AGE**

5/7/13

**WEIGHT**

6.8 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Stephanie Pearce  
RDMS, RVT

**HOSPITAL NAME**

Perry Hall AH

**REFERRING VET**

Dr. Hatzigiannakis

**INVOICE**

38956

**PRESENTING CLINICAL SIGNS**

Frequent regurgitation. Currently on Omeprazole. Things like coughing or barking can elicit regurgitation. P does have a history of regurgitation, suspect GERD and possibly gastric motility disorder. Assessed by Dr. Petrus at internal medicine in 2019; at that time was well managed by ranitidine therapy. Over time, has had metoclopramide and omeprazole, all with varying duration of success.

Current Medications: omeprazole 6 mg/mL, giving 0.5 mL SID. For appointments: gabapentin 50 mg 1 tab 12 and 2 hours before appt, and trazodone 50 mg 1/2 tab 12 and 2 hours before appt.

Lab Results: Labs last done in Nov 2021 and were nsf. (plan to check labwork soon for upcoming dental procedure)

Radiographs: Thoracic rads 6/6/22 nsf (evaluating for overt esophageal dilation or hiatal herniation).

Date of Previous IntraPet Ultrasound: 2/4/2017. See attached.

Sedation: Oral Gaba/Traz and IV torb.

Stat Report: Not requested.

**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 **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 3.72 cm. The right kidney measured 3.33 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 2.0 cm x 0.51 cm at the cranial pole and 0.47 cm at the caudal pole. The left adrenal gland measured 1.48 cm x 0.53 cm at the caudal pole and 0.53 cm at the cranial 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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

### ***Gastrointestinal***

The **stomach** revealed minor retention of ingesta with some echogenic mucosal remodeling in the pyloric outflow. Pyloric wall measured 0.85 cm serosa to lumen. The small intestine and colon were unremarkable.

### ***Pancreas***

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

### **PRIMARY FINDINGS**

- Pyloric dysfunction with mild pyloric remodeling and hypertrophy

### **SECONDARY FINDINGS**

- Age related hepatic and pancreatic changes

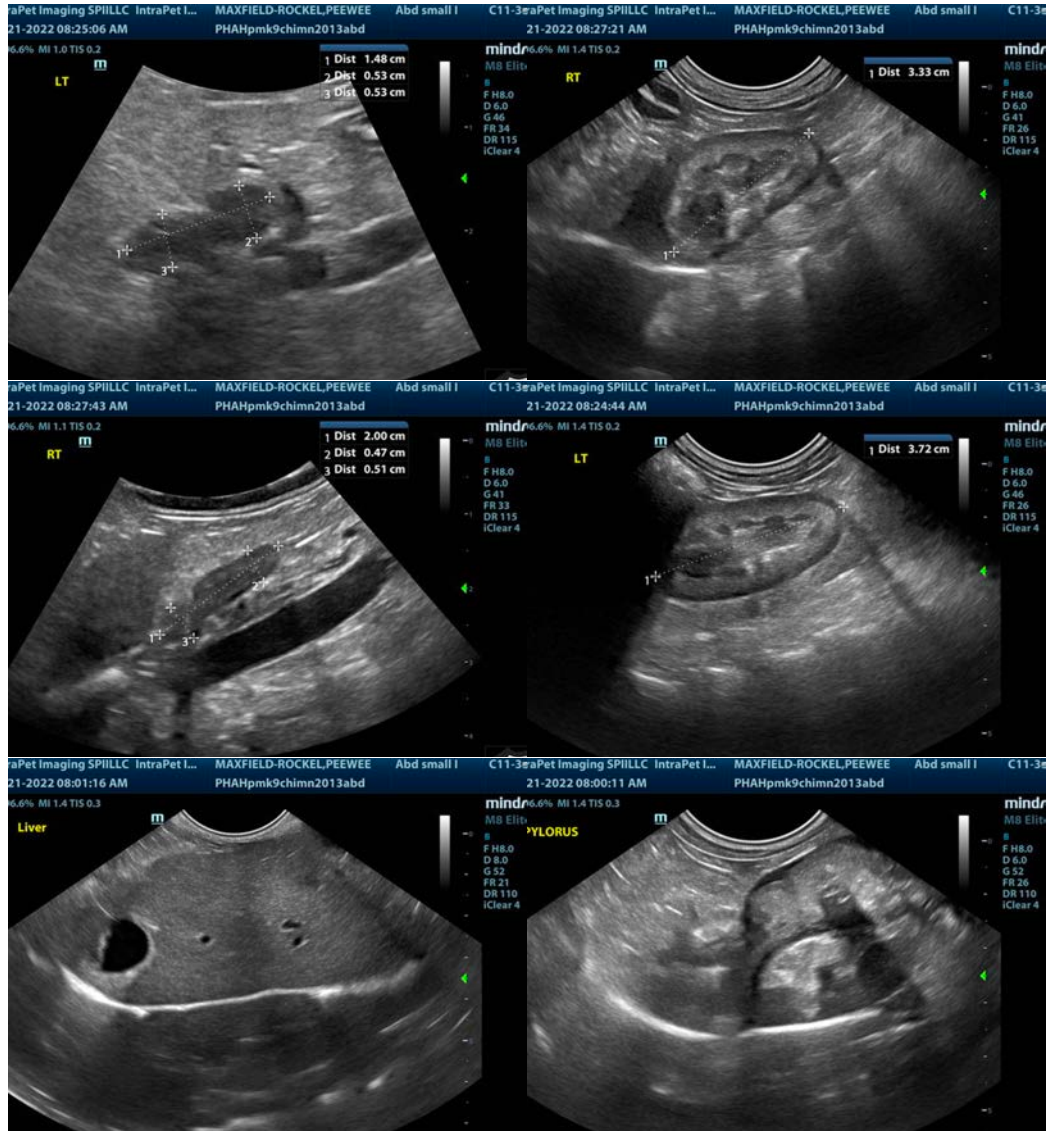
### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A clinical trial of the following may prove effective. Otherwise, endoscopy would be indicated to assess for esophagitis as well as underlying gastritis and mucosal biopsies. No evidence of foreign bodies or neoplastic criteria.

### **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.





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.

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