



PATIENT

Shanny Cruz

SPECIES

Canine

BREED

American Pitbull

SEX

Female

AGE

11 Years

WEIGHT

52 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. G. Ferrer, DVM

HOSPITAL NAME

Paseos VC

REFERRING VET

Dr. Miguel Fernandez

INVOICE

16225

DATE

6/22/22

PRESENTING CLINICAL SIGNS

History: Presented as an urgent referral for an abdominal ultrasound to further evaluate possible mass or foreign body. Also, pt has thrombocytopenia.

Abnormal PE/Chem/CBC/UA Results: PE: W; 52# No heart murmur Pt has several large cutaneous pendulous masses on ventral and lateral abdomen visible on radiographs. Possible mass noticed on the abdomen by rDVM. Distended abdomen. Rads: attached for supporting information CBC: WBC: 18.89 (6-17) Neu: 16.26 (3-12) PLT: 38 (165-500) Chem: ALP 198 (20-150)

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 right kidney measured 6.5 cm. The left kidney measured 6.3 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 0.78 cm. The left adrenal gland measured 0.51 cm.

Spleen

The **spleen** revealed an isoechoic 1.3 cm nodule in the mid body and a separate 1.56 cm nodule at the caudal pole. Cranial folding of the spleen was noted.

Liver

Generalized **hepatomegaly** was present with mild increased portal markings. The gallbladder was overdilated and somewhat rounded with striating bile, losing its normal teardrop appearance.

Gastrointestinal

The **stomach** in this patient presented concentric wall thickening, up to 1.3 cm with loss of mural detail. Retention of ingesta was noted in the gastric fundus and pyloric outflow. Delayed outflow pattern with pyloric hypertrophy noted. Portions of small intestine were mildly thickened with hypertrophied muscularis. Regional lymphadenopathy and hyperechoic surrounding fat were noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related



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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.

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ULTRASONOGRAPHIC FINDINGS

- Pyloric thickening and regional inflammation, delayed outflow pattern. Variable intestinal thickening without loss of mural detail. Some mural detail loss was noted in the pylorus.
- Generalized hepatomegaly with increased portal markings and emerging gallbladder mucocele
- Age-related pancreatic changes
- Splenic nodules and folding of the spleen

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Endoscopy is strongly recommended in this patient with pyloric biopsies or full thickness pyloric/gastric biopsies with manual expression of the gallbladder. Guarded prognosis. Hypertrophic pyloric gastropathy versus pyloric carcinoma. Minor potential for pyloric lymphoma. Differentials for the splenic nodules include hyperplasia, round cell neoplasia or emerging hemangiosarcoma- 25-gauge FNA indicated. If sampling is absolutely not an option, a clinical trial of the following may prove effective. However, BID canned feedings recommended. Recheck sonogram in 10-14 days. Ursodiol therapy is also indicated. if clinical decline occurs, however, recheck sonogram recommended early.

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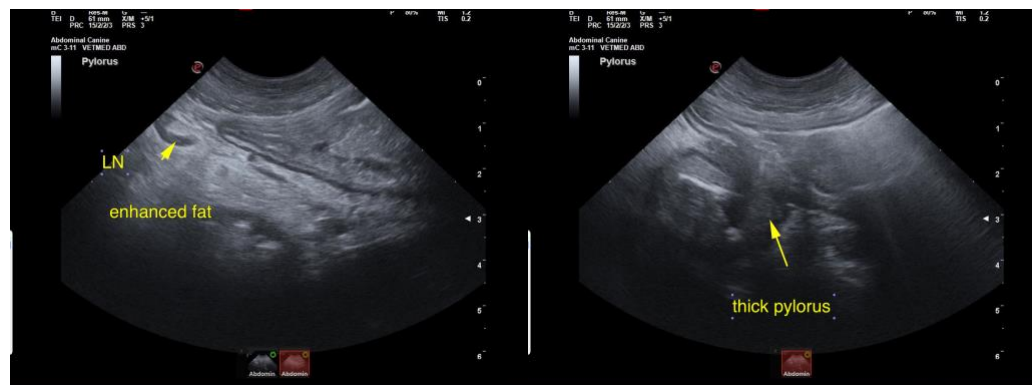
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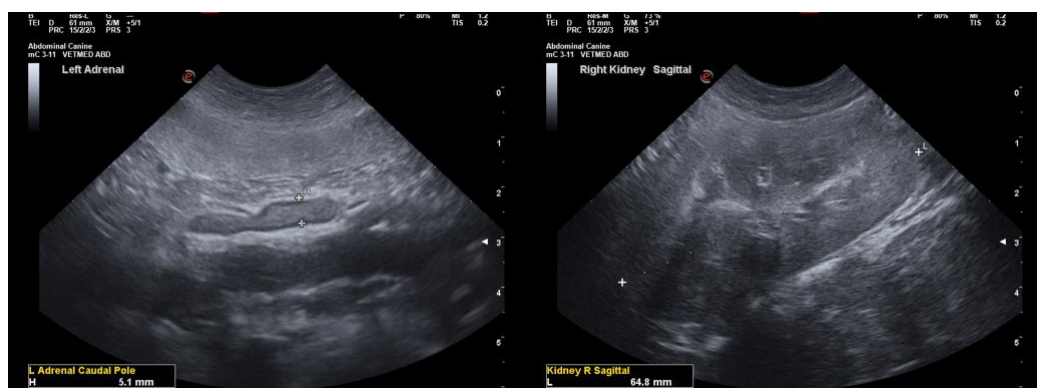
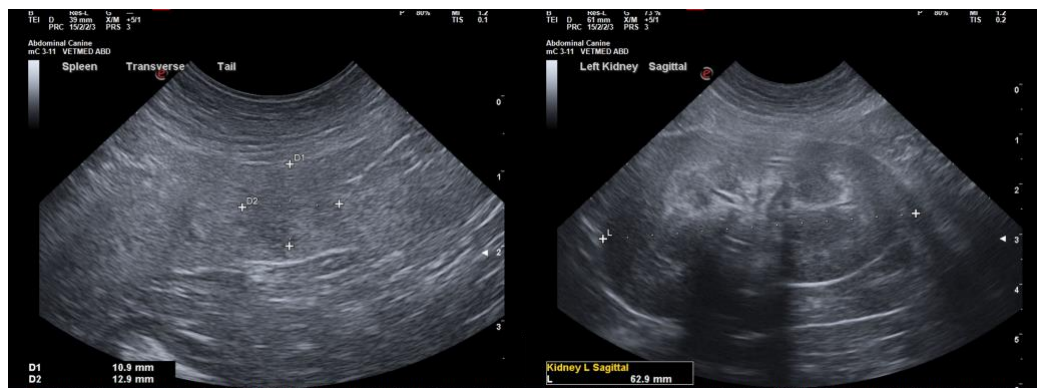
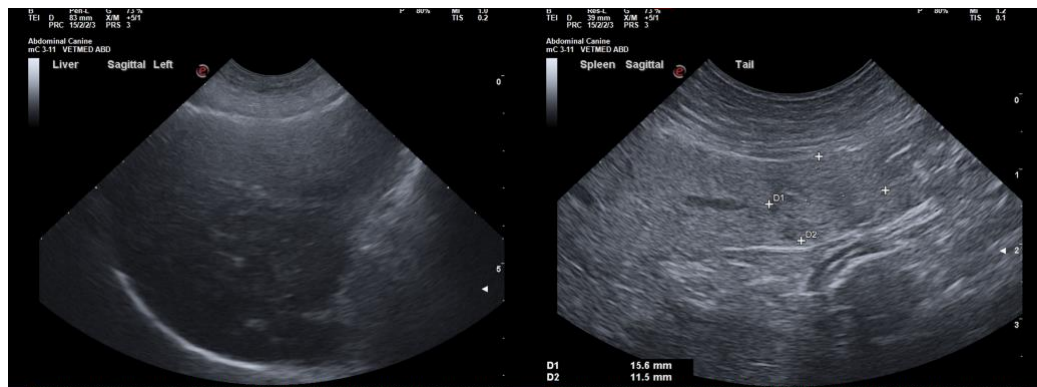
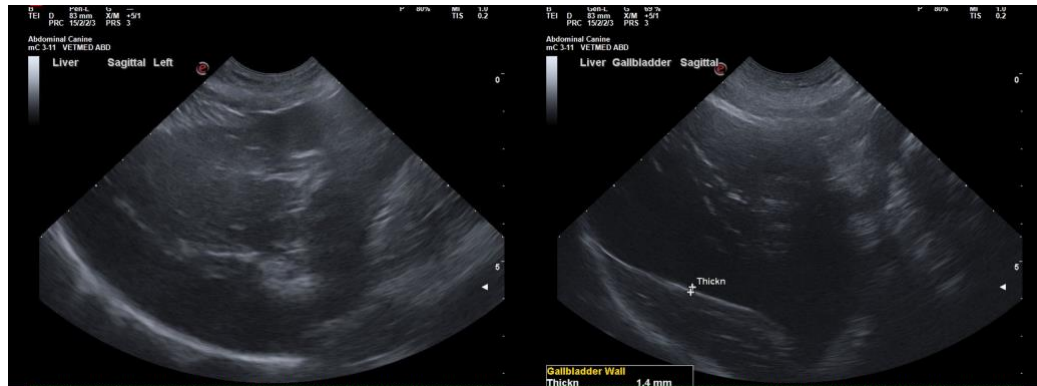
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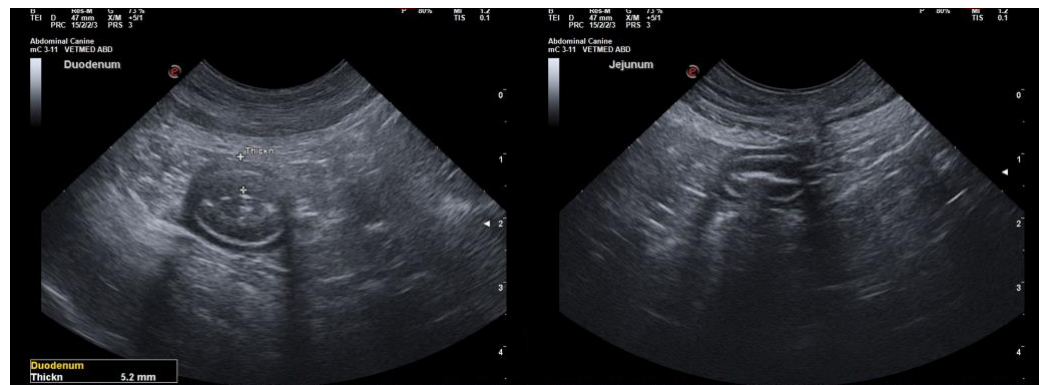
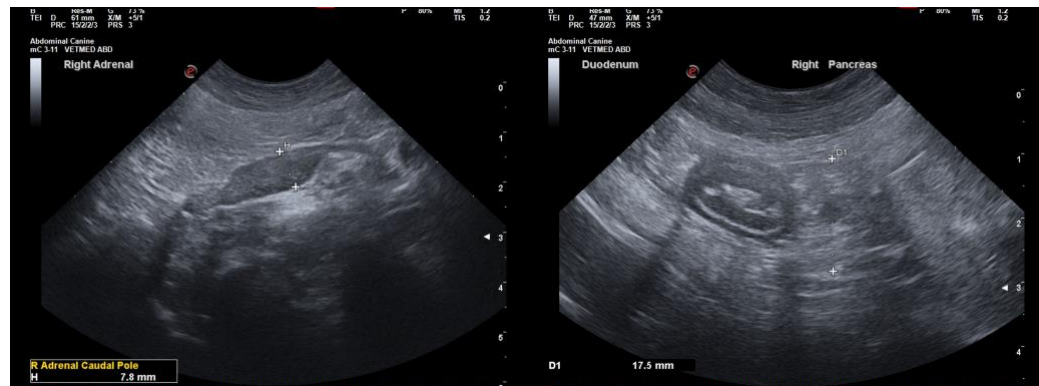
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com