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Clinical Sonography & Telecytology
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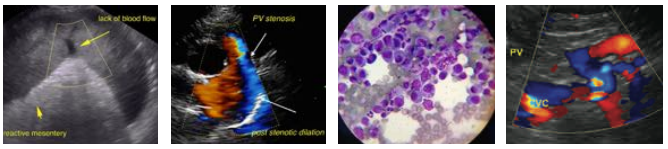

PATIENT

Dakkota Johnson

SPECIES

Canine

BREED

Bloodhound

SEX

Neutered male

AGE

6 years

WEIGHT

126 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Griffin

HOSPITAL NAME

Northside VC

REFERRING VET

Dr. Griffin

INVOICE

30902

DATE

6/7/22

PRESENTING CLINICAL SIGNS

History: Patient has a history of polyarthritis, patient is currently struggling with obesity and GERD symptoms
Abnormal PE/Chem/CBC/UA Results: Michigan State Thyroid Pending CBC: WNL CHEM: CHOL 415, AMY 462,Lipase 3362 TT4:0.6

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 **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. Both kidneys measured 8.5 cm.

Adrenal Glands

The left **adrenal gland** was 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 0.3 cm. The region of the right adrenal gland was imaged with no evidence of pathology.

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 was 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 revealed calculi and dependent debris. The calculus measured approximately 1.0 cm with a smaller 0.5 cm calculus that was non-obstructive at the time of the sonogram. The bile duct appeared free of evident pathology.

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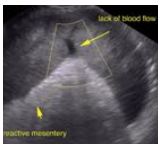
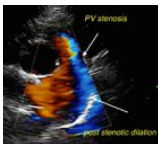
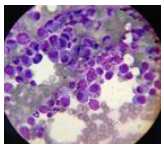
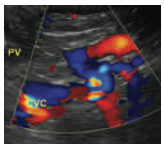

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Gastrointestinal

Minor shadowing material was noted in the **pylorus**. Minor excessive GI gas was noted. The small intestines and colon were unremarkable.

Pancreas

The **pancreas** revealed remodeling at the right base.

ULTRASONOGRAPHIC FINDINGS

Soft shadowing gastric material.

Pancreatic remodeling.

Gallbladder calculi.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ursodiol therapy could be considered to attempt to dissolve the biliary calculi. However, this is highly variable patient to patient. Hydrolyzed diet is likely in this patient's best interest. Recheck sonogram is recommended in 6 weeks after Ursodiol therapy. Vague clinical signs and subnormal left adrenal gland size and not overtly visible right adrenal gland. Screening for Addison's is warranted.

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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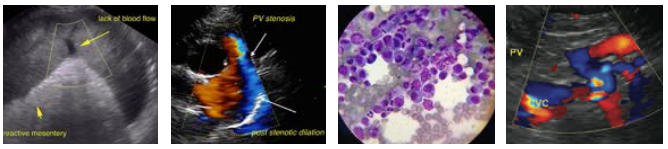

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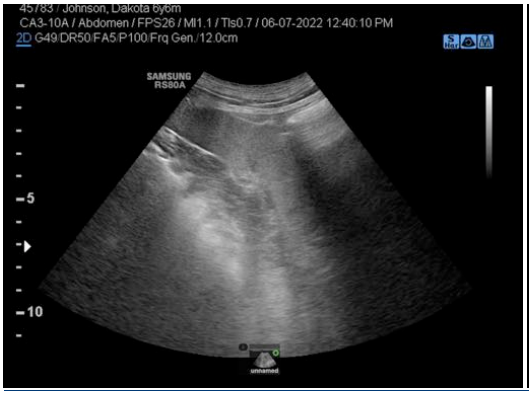

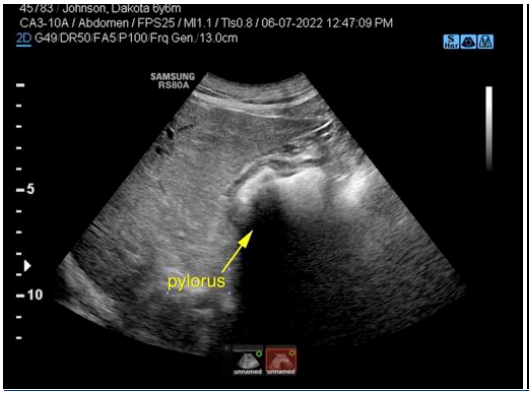

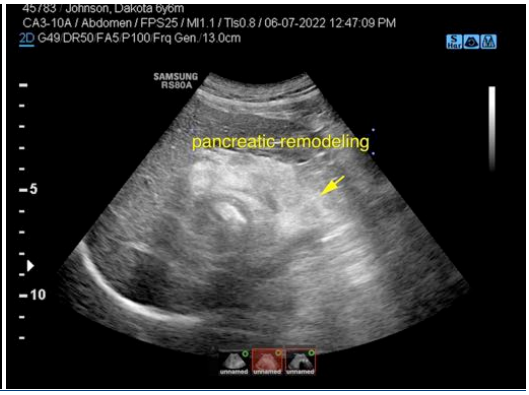

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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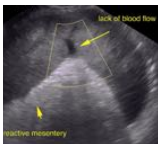

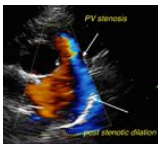

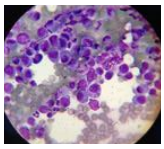
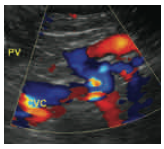

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com