



PATIENT

Sophia Debon

SPECIES

Canine

BREED

English Mastiff

SEX

Spayed Female

AGE

10 Years

WEIGHT

117 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

New Bridge VP

REFERRING VET

Dr. Glennon

INVOICE

15937

DATE

6/7/22

PRESENTING CLINICAL SIGNS

History: History of decreased appetite (did have small amount of scrambled eggs this morning), intermittent vomiting, generalized lethargy. Blood work: WNL.

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 8.08 cm. The left kidney measured 7.73 cm.

Adrenal Glands

The **right adrenal gland** was normal in size and contour, measuring 1.86 cm x 0.95 cm at the cranial pole and 0.57 cm at the caudal pole.

The **left adrenal gland** was moderately enlarged, measuring 3.49 cm x 1.79 cm at the cranial pole and 1.23 cm at the caudal pole.

Spleen

The **spleen** revealed a hyperechoic lipogranulomatous nodule, measuring 1.23 cm at the mid body.

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 presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Some dependent debris was noted in the **stomach** yet nonobstructive. A minor amount of gastric fluid was noted. No evidence of obstructive disease. Minor hyperperistalsis noted in the small intestine.

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.

ULTRASONOGRAPHIC FINDINGS

- Gastritis pattern with dependent debris



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- Benign splenic nodule
- Mildly enlarged left adrenal gland

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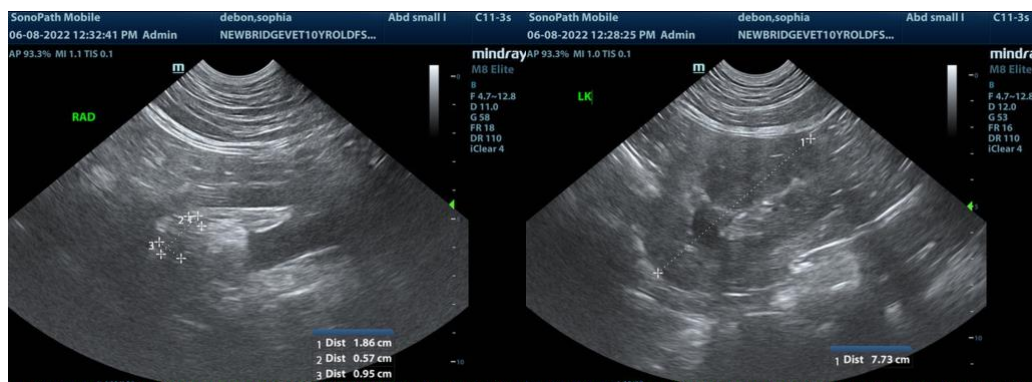
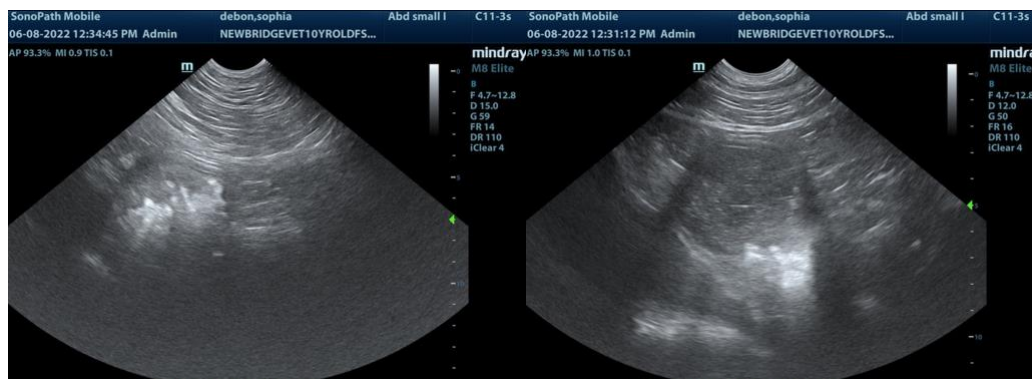
6/7/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Serial blood pressures warranted. If hypertension is present, then urine catecholamine indicated. The left adrenal gland does appear resectable, if necessary. Hyperplasia, pheochromocytoma, adenoma, adenocarcinoma all possible- appears subjectively benign, however, given the vague clinical signs, cannot rule out an underlying active neoplastic event. Treatment for gastritis warranted in the meantime. The following protocol may be considered.

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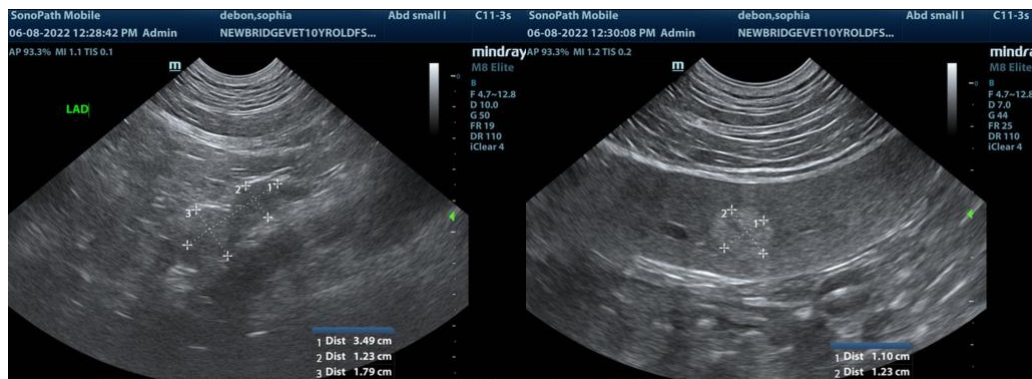
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Kelly Vazquez

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.

HOSPITAL NAME

New Bridge VP

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

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