

**DATE**

7/1/22

**PRESENTING CLINICAL SIGNS**

History: Had ultrasound on June 27th- came back with a thickened stomach wall with beginnings of loss of layer; treated for gastritis; recheck ultrasound with aspirates of the stomach.

**PATIENT**

Bentley Krivda

Current Medications: None listed.

Date of Previous IntraPet Ultrasound: 6/27/22. See attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**SPECIES**

Canine

**BREED**

Poodle Mix

**SEX**

Neutered Male

**AGE**

6/16/21

**WEIGHT**

10.3 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**HOSPITAL NAME**

Animal Emergency  
Hospital

**REFERRING VET**

Dr. Willer

**INVOICE**

16469

**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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 3.7 cm. The right kidney measured 3.98 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 left adrenal gland measured 1.54 cm x 0.45 cm at the caudal pole and 0.51 cm at the cranial pole. The right adrenal gland measured 1.62 cm x 0.59 cm at the caudal pole and 0.56 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 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**

The **gastric** wall is largely normalized. Curvilinear patterns were maintained. Muscularis to mucosa ratio, and submucosal layers appeared to be largely normalized. Some minor mucosal hypertrophy and remodeling were noted. The lumen was empty other than a minor amount of fluid and gas.

### **Pancreas**

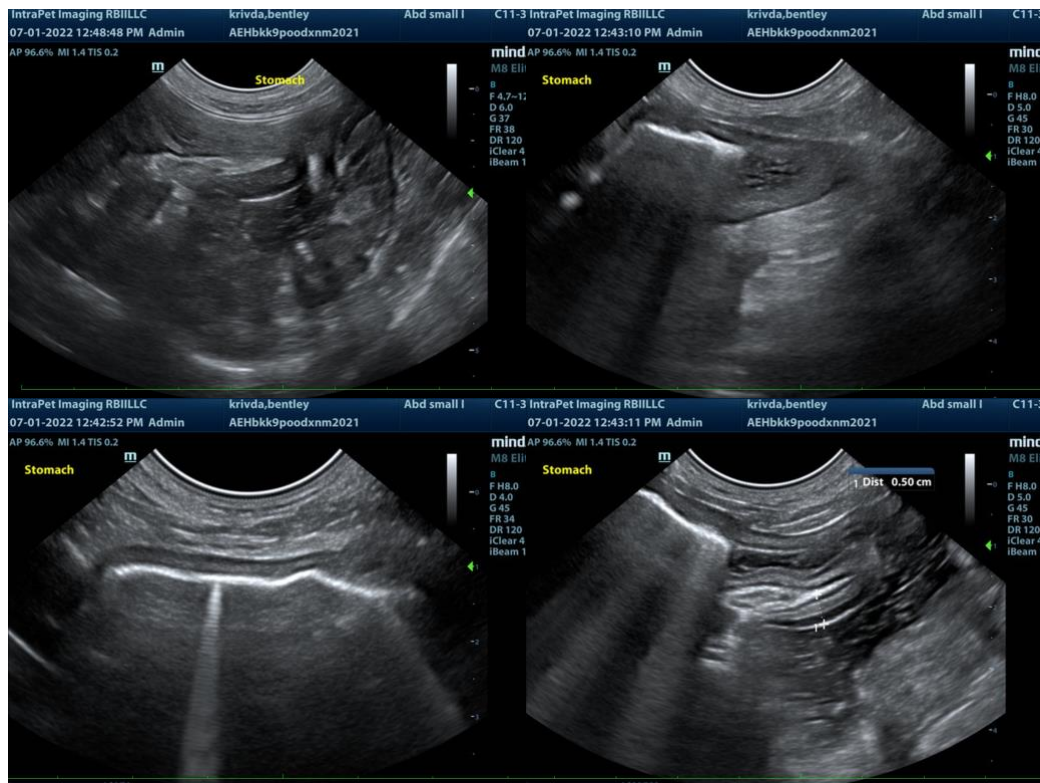
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

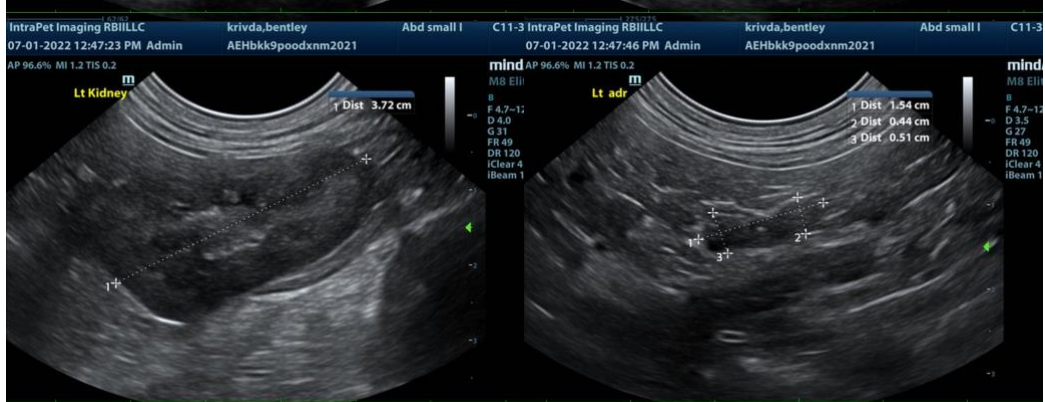
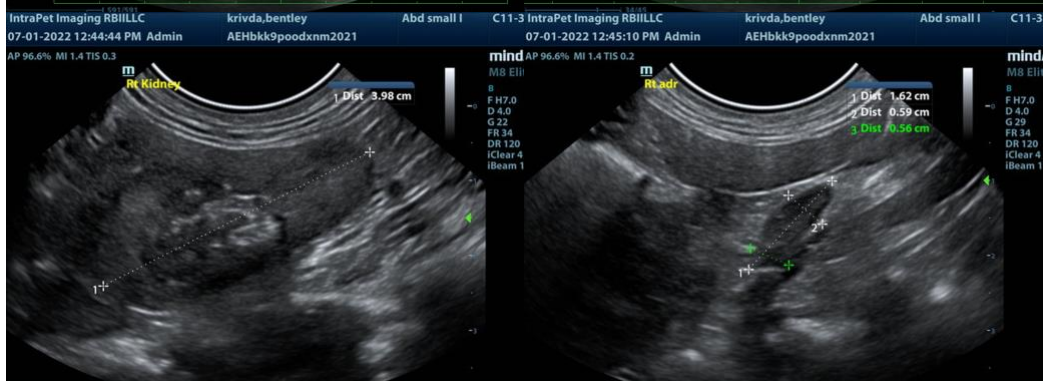
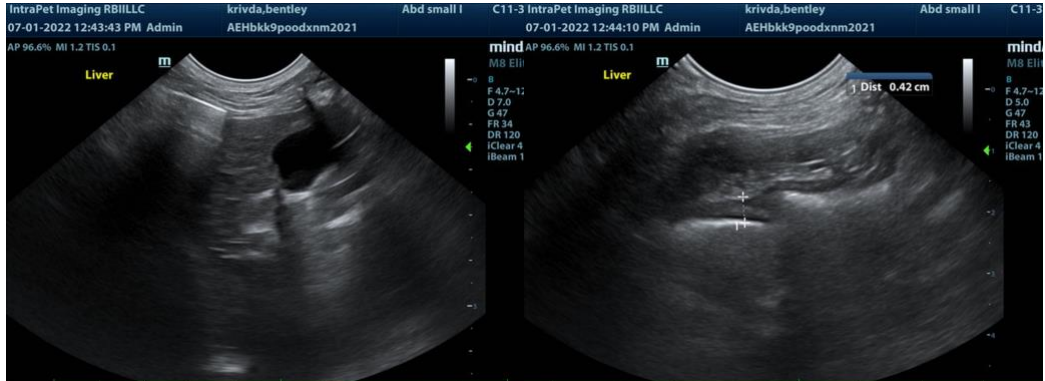
### **ULTRASONOGRAPHIC FINDINGS**

- Minor residual gastritis- approximately 80 % resolved

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

Continuation of the current protocol for a total of 3 weeks, covering for helicobacter and diet change is likely necessary, as some irritability pattern appears to be persistent. If clinical signs persist, endoscopy is indicated.





**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.

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