

**DATE**

7/1/22

**PRESENTING CLINICAL SIGNS**

Vomiting daily, seems fine for months and then has episodes of vomiting.  
Current Medications: None.

**PATIENT**

Lilly Hash

Radiographs: Delayed gastric emptying or foreign body noted on radiographs  
Date of Previous IntraPet Ultrasound: No previous.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Not requested.  
Imaging Performed By: Rachel Brillhart, RDMS.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System****BREED**

Labrador

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.

**SEX**

Spayed Female

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 6.92 cm. The right kidney measured 6.63 cm.

**AGE**

7/4/16

**Adrenal Glands****WEIGHT**

81 lbs

The right **adrenal gland** measured 2.44 x 1.16 cm at the cranial pole and 0.75 cm at the caudal pole with minor heterogenous changes. The left adrenal gland was normal in size and contour measuring 2.23 x 0.81 cm at the caudal pole and 0.6 cm at the cranial pole.

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**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.

**HOSPITAL NAME**

Madonna VC

**Liver****REFERRING VET**

Dr. Brockett

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.

**INVOICE**

31431

**Gastrointestinal**

The **stomach** revealed a minor amount of excessive gas and slight hypertrophy of the gastric wall measuring up to 0.9 cm. The small intestines and colon were unremarkable. The epigastric lymph nodes are slightly enlarged and rounded measuring 1.0 cm.

### **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**

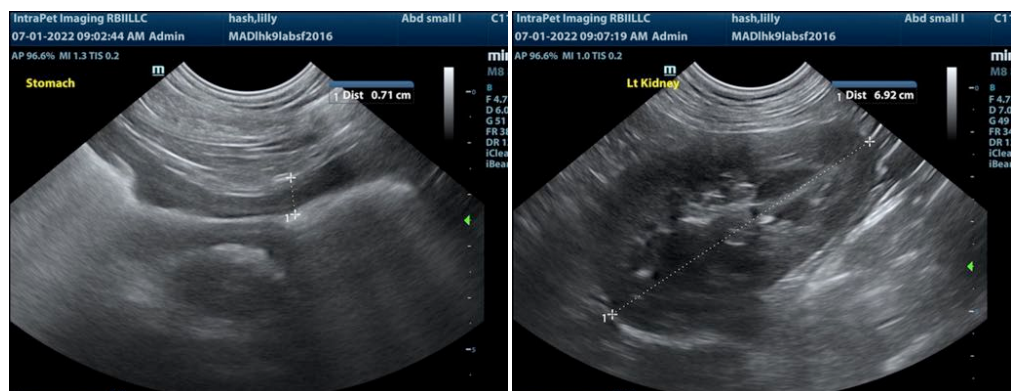
Minor gastric thickening.  
Mildly heterogenous right adrenal gland. Likely benign.  
Mesenteric lymph node enlargement.

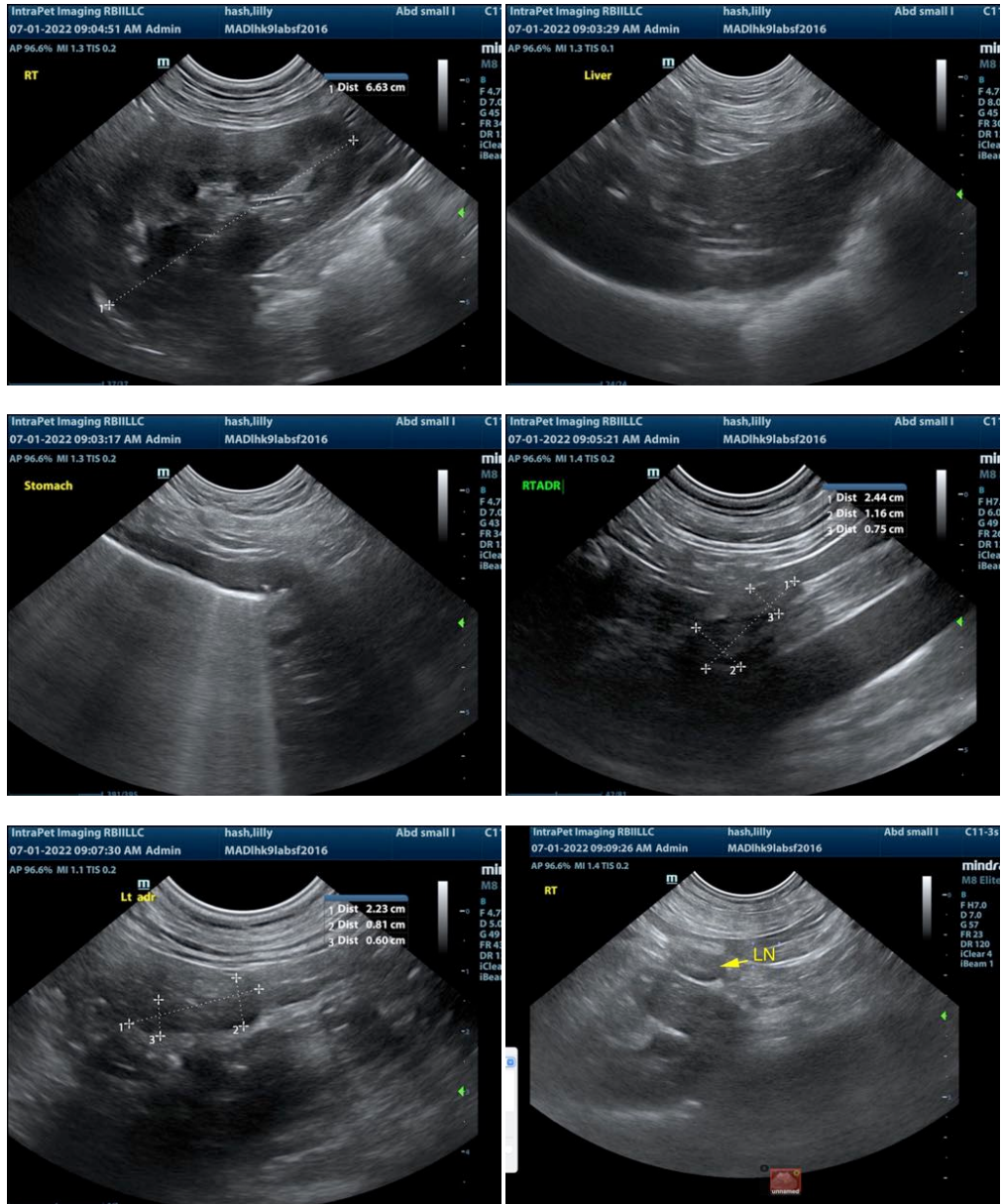
### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is no evidence or overt suspicion of neoplasia. Chronic gastritis is likely. I recommend a fresh fecal smear and fecal floatation analysis. Anti-parasitic protocol and diet change to hydrolyzed diet is recommended. The following may prove effective. Blood pressure measurements are recommended with a recheck sonogram 10 days post therapy to ensure that the gastric wall thickening is adequately resolving. Minor potential for emerging round cell gastric neoplasia. If *Helicobacter* is successful over a 10 day period continuing for 3-4 weeks would be indicated.

### **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.





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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