



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Junior Dean
SPECIES Canine
BREED Terrier Mix

Presented 7/3 initially for intermittent vomiting, decreased appetite and energy levels per owner. Assessment/Diagnosis/Differential Diagnosis: intermittent bilious vomiting - r/o: bilious vomiting, pancreatitis, renal disease, neoplasia, open possible inappetance dental disease seizure history - not treated Started on Pepcid while waiting for lab results. When spoke with on 7/8, pt has less bilious vomiting, but is straining to defecate still with possible blood present. Appetite still decreased, but eating some canned food. Added Cerenia and Probiotic to medications. Current Medications Pepcid, Cerenia, Probiotic

Abnormal PE/Chem/CBC/UA Results: Submitted 7/3 - Results: CBC is wnl BG low but sample sat K = 5.5 CK = 350 spec cPL is wnl at 350 T4 is wnl at 1.8 Urinalysis = spgr 1.012, ph = 6, 2+ epi cells

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

MN Urinary System

AGE 13yr
The urinary bladder, trigone, and pelvic urethra presented normal thicknesses and normal tone to a depth of 3 cm. 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.

WEIGHT 12.7lb
The kidneys revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with moderate age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.81 cm in length. The right kidney measured 3.36 cm in length.

The residual prostate measured 0.68 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

IMAGING PERFORMED BY

Jenna Walsh CVT

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 1.38 cm in length by 0.38 cm caudal pole width by 0.51 cm cranial pole width. The right adrenal gland measured 1.43 cm in length by 0.59 cm caudal pole width by 1.2 cm cranial pole width.

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Spleen

REFERRING VET

Dr. Cox

The spleen in this patient was uniform, yet volume contracted. Hydration status should be assessed.

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Liver

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The liver images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory,



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infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

Examination of the gastrointestinal tract revealed a hypertrophied edematous gastric wall with mild fluid filled lumen. One view of the pyloric outflow revealed an inflexion of the upper duodenum consistent with emerging pyloric intussusception.

Pancreas

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation, then low-grade smoldering chronic pancreatitis should be suspected.

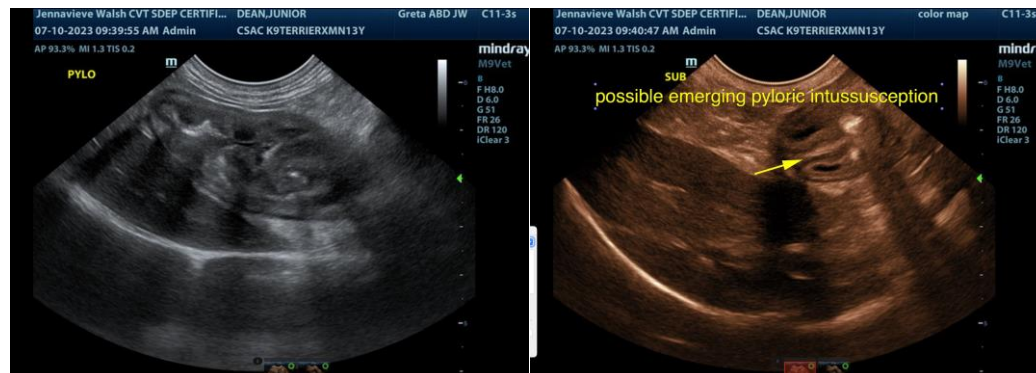
ULTRASONOGRAPHIC FINDINGS

- Gastritis/possible pyloric intussusception.
- Volume contracted spleen.
- Otherwise age related abdominal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of intra-abdominal neoplastic criteria.

Some or all of the follow protocol or similar may be considered with assessment of clinical response. A clinical trial of **Zithromax (Dogs: 5-10 mg/kg PO q24h. May increase dosing interval to q48h after 3-5 days of treatment)**, **Metronidazole (10-20 mg/kg PO BID)**, **Pepcid (0.5-1 mg/kg PO SID.)** and **Sucralfate (0.5-2 g/dog PO)** or **Omeprazole (1 mg/kg PO SID.)** over the next 3 weeks along with a **novel-protein or hydrolyzed diet** with slurry feeding BID/TID. 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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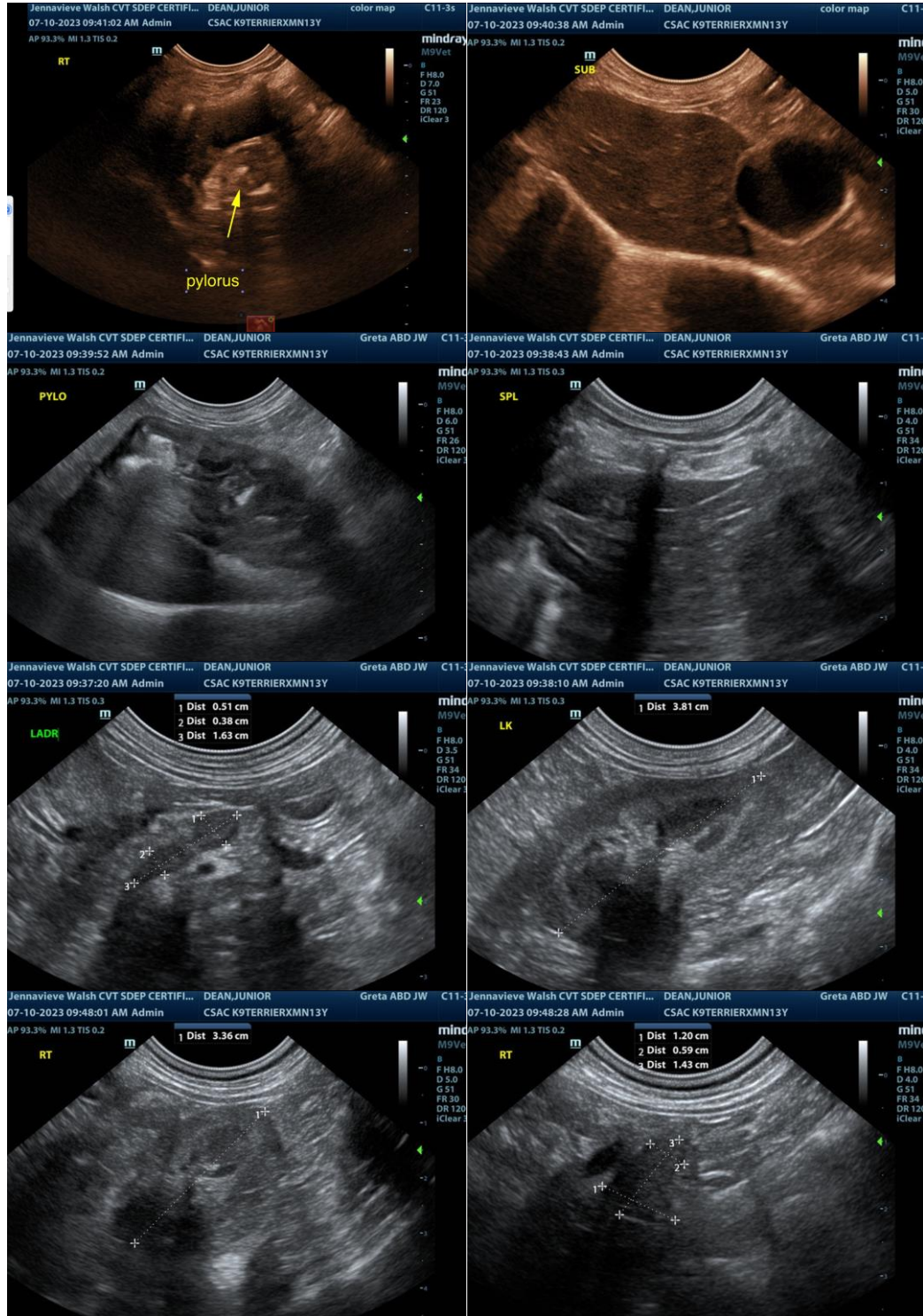
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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