



PATIENT PRESENTING CLINICAL SIGNS

Nino Esling
Vomiting blood with mucus 3 times a day one week ago for 3 days resolved for 4 days and now vomiting with some blood as well. No history of inappropriate ingestion. On Purina 1 large breed. Changed to Tru instinct prior to onset of symptoms.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Leukocytosis and neutrophilia.

BREED

German Shepherd

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Intact Male

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.

AGE

3

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 6.1 cm. The left kidney measured 8.71 cm.

WEIGHT

40 kg

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV

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 right adrenal gland measured 1.06 cm at the cranial pole and 0.95 cm at the caudal pole. The left adrenal gland measured 0.42 cm at the caudal pole and 0.35 cm at the cranial pole.

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Belan

Spleen

The **spleen** was uniformly enlarged and folded upon itself. The parenchyma was unremarkable. Minor swollen contour.

HOSPITAL NAME

Fish Creek AH

Liver

The **liver** was mildly enlarged, uniform, hypoechoic parenchyma. If liver enzymes are elevated, FNA would be indicated. The gallbladder was unremarkable.

REFERRING VET

Dr. Johnson

Gastrointestinal

The **stomach** revealed mucosal remodeling and hyperechoic foci suggestive for ulcerative gastritis. Fluid-filled lumen noted. Hyperperistalsis noted, which is a negative predictor factor for neoplasia. No neoplastic criteria noted. The small intestine and colon were unremarkable.

INVOICE

43800

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.

DATE

7/13/23

Free Abdomen

Reactive mesenteric lymph nodes noted up to 0.75 cm.



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ULTRASONOGRAPHIC FINDINGS

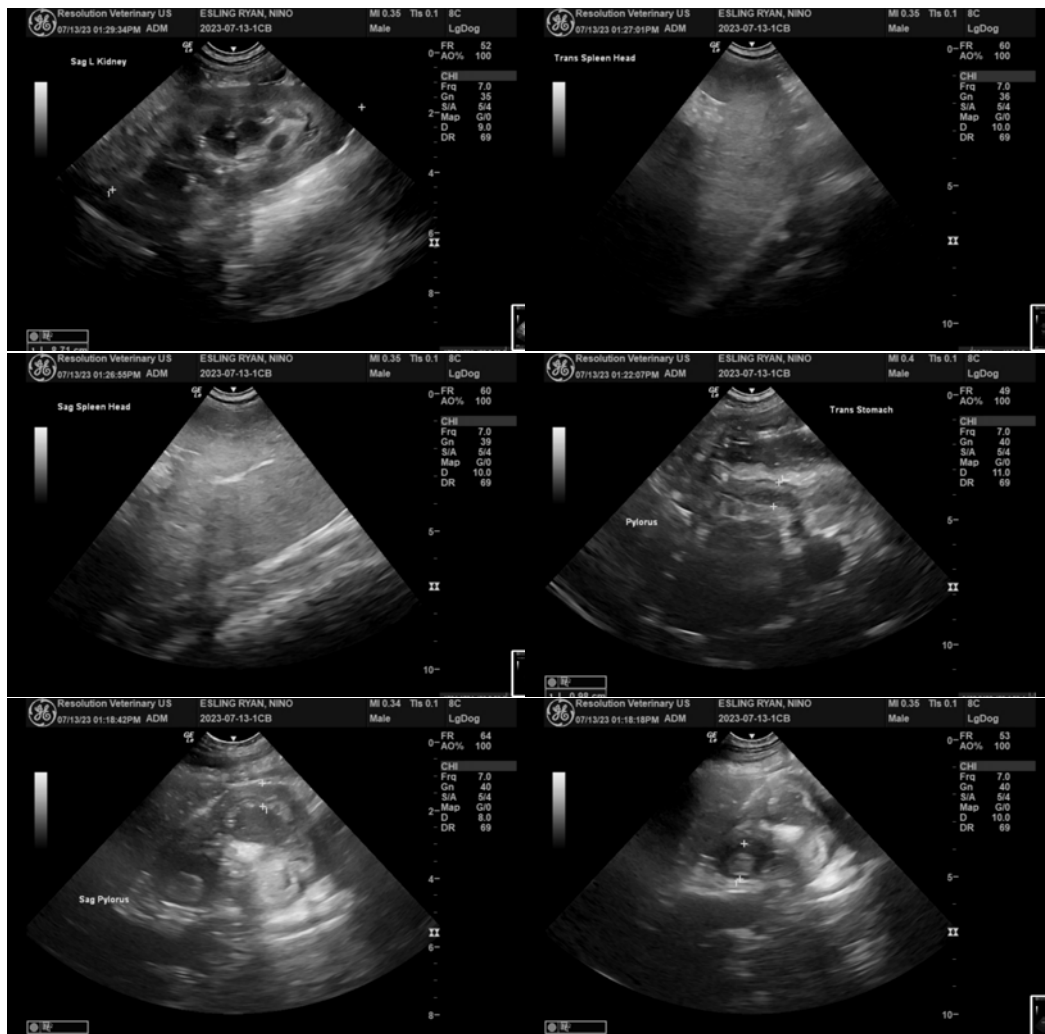
- Ulcerative gastritis pattern, no obvious neoplastic criteria
- Reactive spleen/hypersplenism
- Enlarged, hypoechoic liver

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

24-hour NPO, GI protectant protocol, recheck sonogram in one week. Endoscopy would be ideal for further definition. If any NSAID treatment has been utilized in this patient, recommend stopping over the next two weeks.

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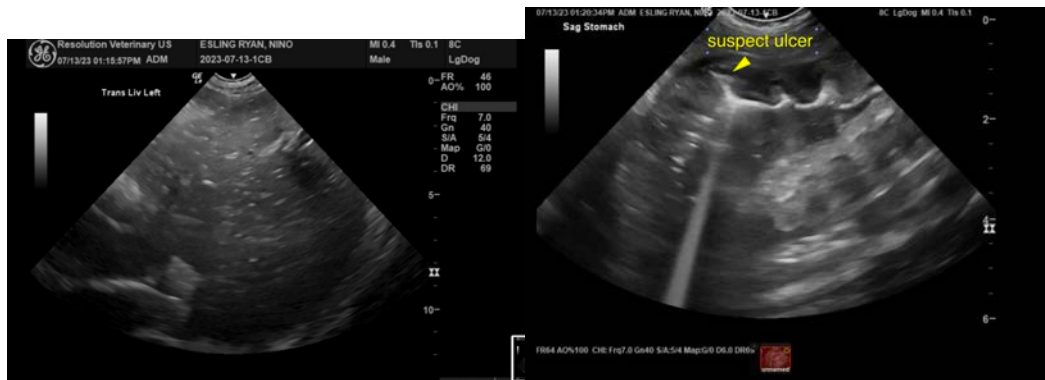
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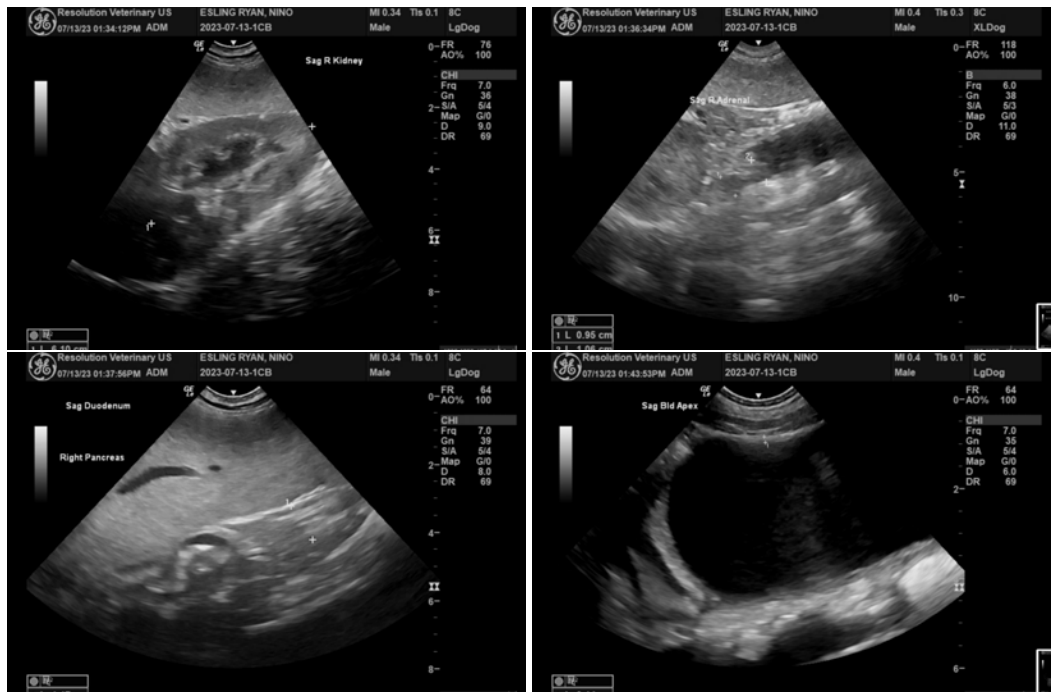
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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