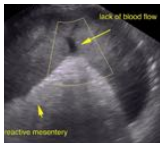
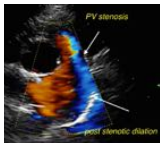
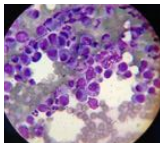
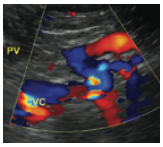
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Tzotzka Davidsom

SPECIES
Canine

BREED
Poodle

SEX
Spayed female

AGE
7 years

WEIGHT
63 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Rodriguez

HOSPITAL NAME
Foxfield VS

REFERRING VET
Dr. Rodriguez

INVOICE
76104

DATE
7/13/23

PRESENTING CLINICAL SIGNS

History: Vomiting. Long term addisonian on percortin and pred
Abnormal PE/Chem/CBC/UA Results: WBC: 18.05, Neut: 13.12, Mono: 1.69, PLT: 84, BUN: 34, TP: 5.8, alb: 2.4, Glob: 3.4, amylase: 1176, lipase: 1113, electrolytes 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 was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 6.4 cm. The right kidney measured 6.4 cm.

Adrenal Glands

The left **adrenal gland** was flattened and isoechoic measuring 2.27 x 0.53 cm. The right adrenal gland was uniform and measured 1.66 x 0.6 cm.

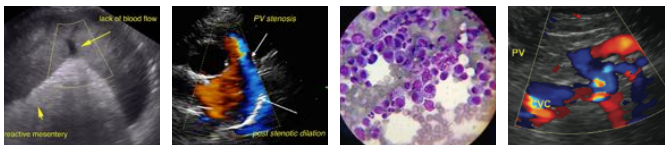
Spleen

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.

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.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Tzotzka Davidsom

SPECIES
Canine

BREED
Poodle

SEX
Spayed female

AGE
7 years

WEIGHT
63 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Rodriguez

HOSPITAL NAME
Foxfield VS

REFERRING VET
Dr. Rodriguez

INVOICE
76104

DATE
7/13/23

Gastrointestinal

The **stomach** revealed concentric thickening with echogenic remodeling. There was some early loss of mural detail. This is most consistent with chronic gastritis and hypertrophy. The wall measured 1.7 cm. Early neoplastic criteria was present. There is a potential for gastric neoplasia.

Pancreas

The cranial abdomen, in the region of the **pancreas**, revealed a significant amount of inflammation with hypoechoic and hyperechoic parenchymal changes.

ULTRASONOGRAPHIC FINDINGS

Gastric thickening with regional inflammation and pancreatitis.

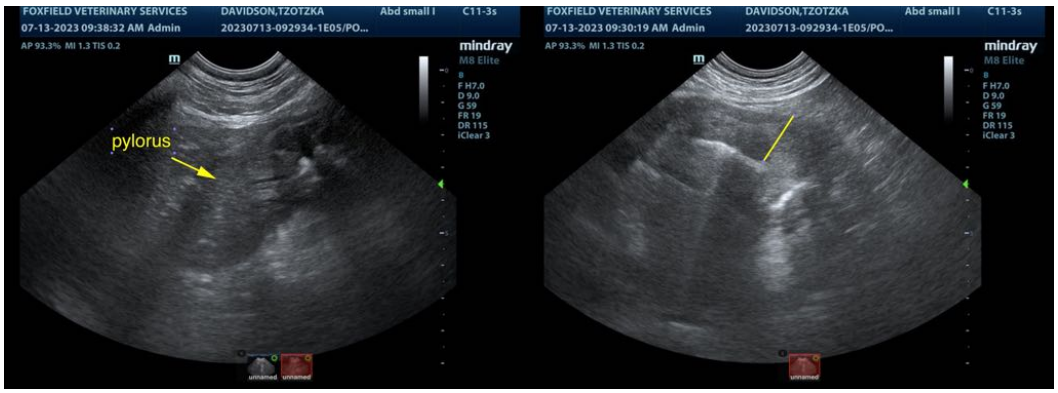
Age related renal changes.

Flattened left adrenal gland.

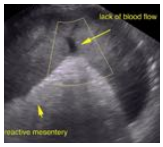
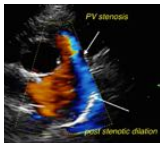
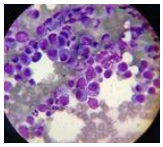
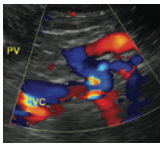
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Endoscopy or full thickness biopsy is strongly encouraged. Full thickness surgical biopsies are recommended. There is a strong concern for emerging gastric neoplasia. However, given the predisposing Addisonian state with regards to gastritis, gastritis is more likely in this patient. Aggressive GI protectant protocol, IV fluid support and broad spectrum antibiotics are all indicated with treatment for pancreatitis and recheck sonogram in 3-5 days. The prognosis is guarded. Endoscopy or full thickness gastric biopsies would be ideal.

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.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Tzotzka Davidsom

SPECIES

Canine

BREED

Poodle

SEX

Spayed female

AGE

7 years

WEIGHT

63 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

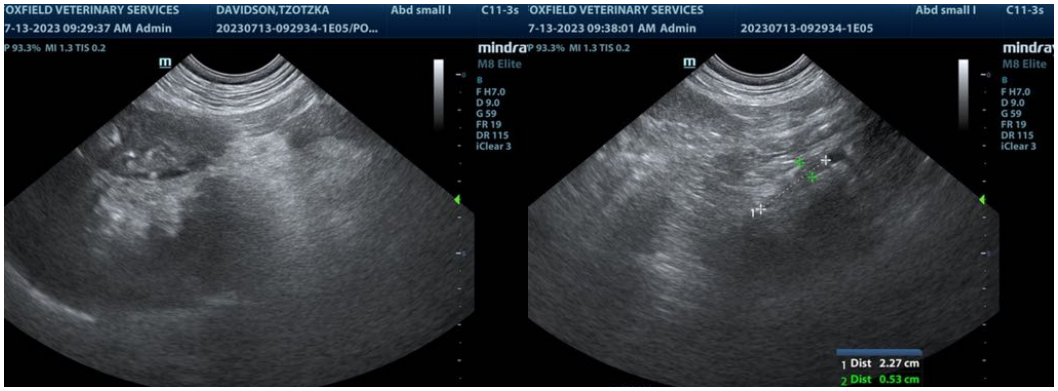
Dr. Rodriguez

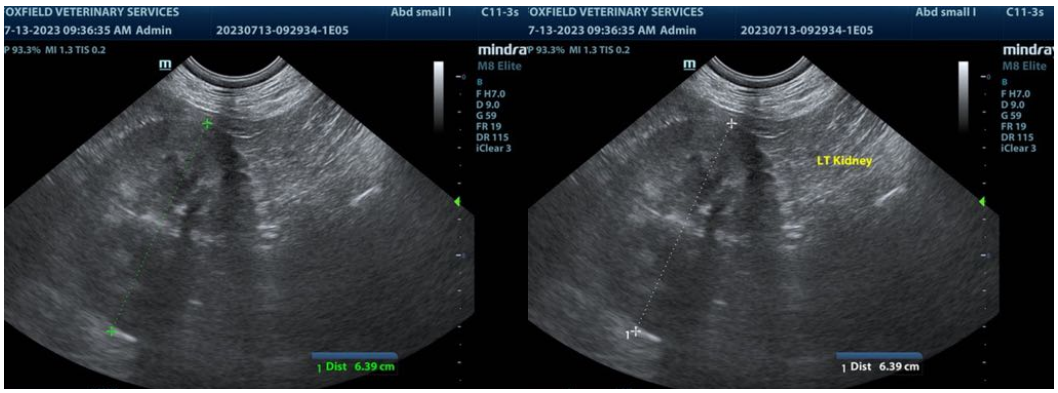
INVOICE

76104

DATE

7/13/23





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