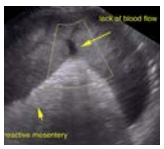
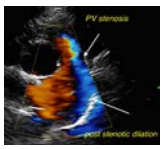
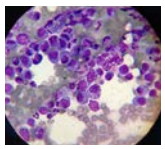
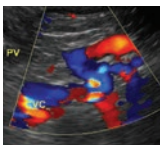
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Bebe Cho

SPECIES
Canine

BREED
Yorkshire Terrier

SEX
Spayed Female

AGE
14 Years

WEIGHT
8.6 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Paul Kim

HOSPITAL NAME
Ridgefield Park AH

REFERRING VET
Dr. Paul Kim

INVOICE
39602

DATE
7/16/22

PRESENTING CLINICAL SIGNS

Patient was presented to the hospital for follow up post medication. Patient was continuing to not eat, and vomit bile. Patient has lost weight within past 2-3 days. An ultrasound of the abdomen was preformed, alongside bloodwork being done.

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 **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 right kidney measured 3.21 cm. The left kidney measured 3.81 cm. Occasional cortical cysts noted.

Adrenal Glands

The **right adrenal gland** was 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 0.80 cm.

The **left adrenal gland** was slightly swollen at the caudal pole, measuring 0.87 cm at the caudal pole and 0.50 cm at the cranial pole.

Spleen

The **spleen** presented hyperechoic lipogranulomatous type nodules. The spleen was folded upon itself cranially.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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 wall was slightly echogenic.

Gastrointestinal

Gastric hypertrophy noted. Empty lumen, no loss of detail. The small intestine and colon were unremarkable.

Pancreas

Diffuse hyperechoic changes were present in the area of the **pancreas**. The pancreatic remodeling was evident with multifocal to diffuse hyperechoic changes. These changes are consistent with fibrosis, amyloid, saponification of fat and may contain areas of low-grade chronic active inflammation especially if pain on imaging (+ Murphy sign) was present +/- focal subxyphoid palpation reveals pain response. No overt masses were noted.

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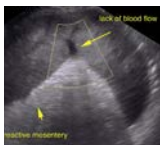
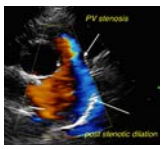
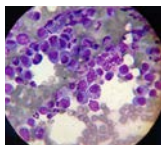
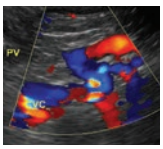

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PRIMARY FINDINGS

- Slightly swollen left adrenal gland
- Chronic gastritis suspected
- Pancreatic remodeling

SECONDARY FINDINGS

- Age related renal and hepatic changes
- Splenic lipogranulomatous type nodules

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A clinical trial of the following may prove effective.

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. Any bulk would likely be irritative, given the gastric hypertrophy. A recheck sonogram to assess GI improvement or progression would be ideal in 4 weeks.

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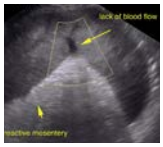
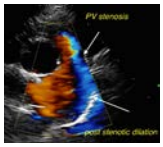
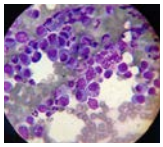
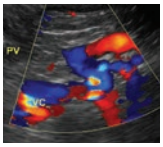

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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