



PATIENT

Marley Taylor

SPECIES

Canine

BREED

English Bulldog

SEX

Spayed Female

AGE

4 Years

WEIGHT

51.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Harmon

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Jimmerson

INVOICE

39581

DATE

7/17/22

PRESENTING CLINICAL SIGNS

Chronic history of vomiting, vomits once weekly, P vomited twice this am and then developed respiratory signs (coughing) and was seen with rDVM, aspiration pneumonia diagnoses and transferred for overnight care/hosp and respiratory monitoring, no work up for chronic vomiting at this time. therefore abdominal u/s recommended. P has HX of skin allergies/infections typical of breed
Abnormal PE/Chem/CBC/UA Results: 7/16 labs CBC = HCT 52%, WBCs 19.15k, Neuts 15.66k, stress leukogram Chem = low phos 2.1, low ALP 22 rads = alveolar pattern in right middle lung

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 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 4.0 cm. The right kidney measured 4.0 cm.

Adrenal Glands

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 0.40 cm. The right adrenal gland measured 0.60 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 were 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.

Gastrointestinal

Pyloric hypertrophy noted. Minor reactive mesentery noted associated with the small intestine.

Pancreas

The **pancreas** was hypoechoic and mildly irregular in the right base.



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ULTRASONOGRAPHIC FINDINGS

- Gastritis/pancreatitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A clinical trial of the following may prove effective.

BREED

English Bulldog

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.

AGE

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WEIGHT

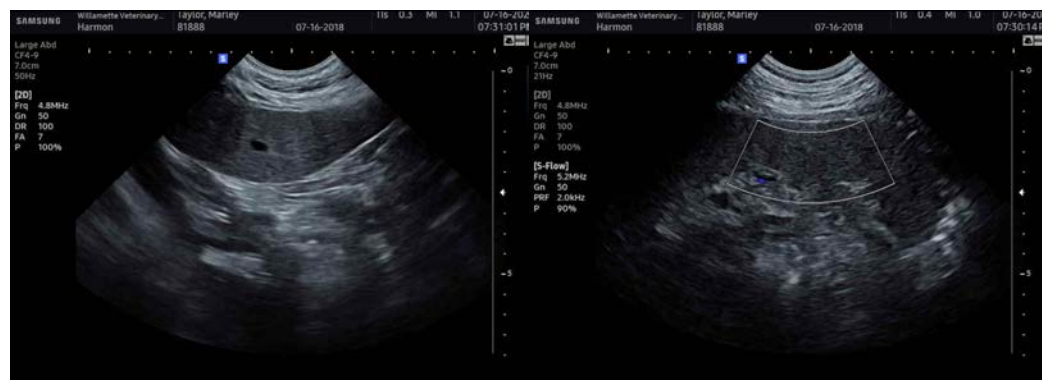
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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