



PATIENT PRESENTING CLINICAL SIGNS

Loki Lund V+ food and bile since Friday night, not e/d since Friday evening (can't keep food down), has had bloody bm since sat. Pt has hx of v+ occasionally but has never presented like this and has always resolved within a day. Gabapentin 100mg 1/2 cap BID for arthritis, Sentinel once a month.

SPECIES Abnormal PE/Chem/CBC/UA Results: Fecal in-house: no flukes seen (small sample size) 2am CBC-Hct wnl 47.2%, WBC 17.24, bands, Mono 2.62, MPV 13.6 Chem 17- Glob 5.1 EPOC- Ca 1.07, Na 139PCO2 29.9 HCT 47%

Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Corgi 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.

SEX

Neutered male

AGE

12 years

WEIGHT

27 lbs

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 4.9 cm. The right kidney measured 6.3 cm.

INTERPRETED BY

Adrenal Glands

Eric Lindquist, DMV DABVP, Cert. IVUSS

The region of the adrenal glands were imaged with no evidence of pathology.

IMAGING PERFORMED BY

Spleen

Dr. Schneck

The **spleen** was folded upon itself cranially with hypoechoic nodular changes that were non-disruptive.

HOSPITAL NAME

Liver

Willamette VH

The **liver** revealed coarse architecture with increased portal markings. 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.

REFERRING VET

Dr. Schneck

INVOICE

Gastrointestinal

31756

Minor gas accumulation was noted in the **stomach**. Concentric gastric wall thickening was noted and measured up to 1.3 cm with hyperechoic surrounding fat. There is loss of mural detail noted in the pyloric outflow. This is suggestive for transmural inflammation. Deviated and spastic duodenum was noted. Post duodenal small intestine and colon were unremarkable.

DATE

7/18/22



PATIENT

Pancreas

Loki Lund

The right limb of the **pancreas** revealed mixed echogenic to hypoechoic parenchymal changes. This is consistent with pancreatitis.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

Pyloric thickening. Severe gastritis.

BREED

Corgi

Right limb pancreatitis, duodenitis.

Age related abdominal changes elsewhere.

SEX

Neutered male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a potential for emerging round cell neoplasia or carcinoma. Endoscopy or full thickness pyloric biopsies are recommended in this patient. Concurrent right limb pancreatitis There is loss of mural detail noted in the pyloric outflow. I am concerned for underlying neoplasia. Sampling is strongly encouraged. If sampling is absolutely not a possibility then empirical trial of the following can be considered with a recheck sonogram in 5-7 days. IV fluid support is warranted over the next 48-72 hours with 24 hour n.p.o.

AGE

12 years

WEIGHT

27 lbs

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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

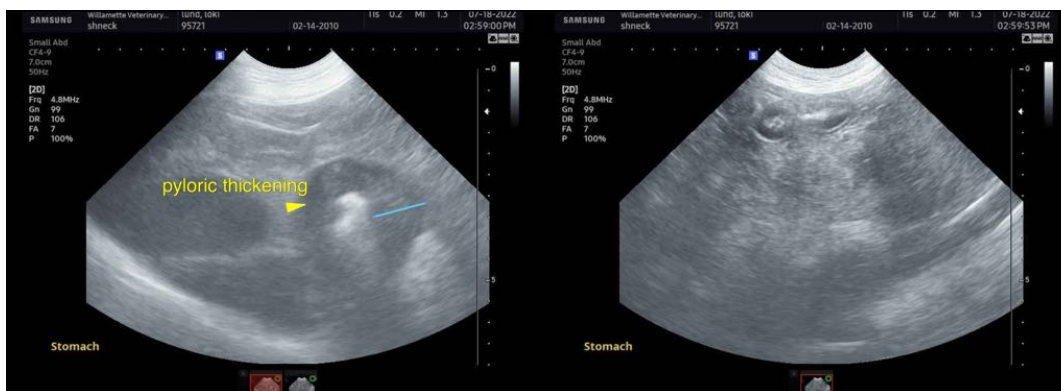
Dr. Schneck

HOSPITAL NAME

Willamette VH

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PATIENT

Loki Lund

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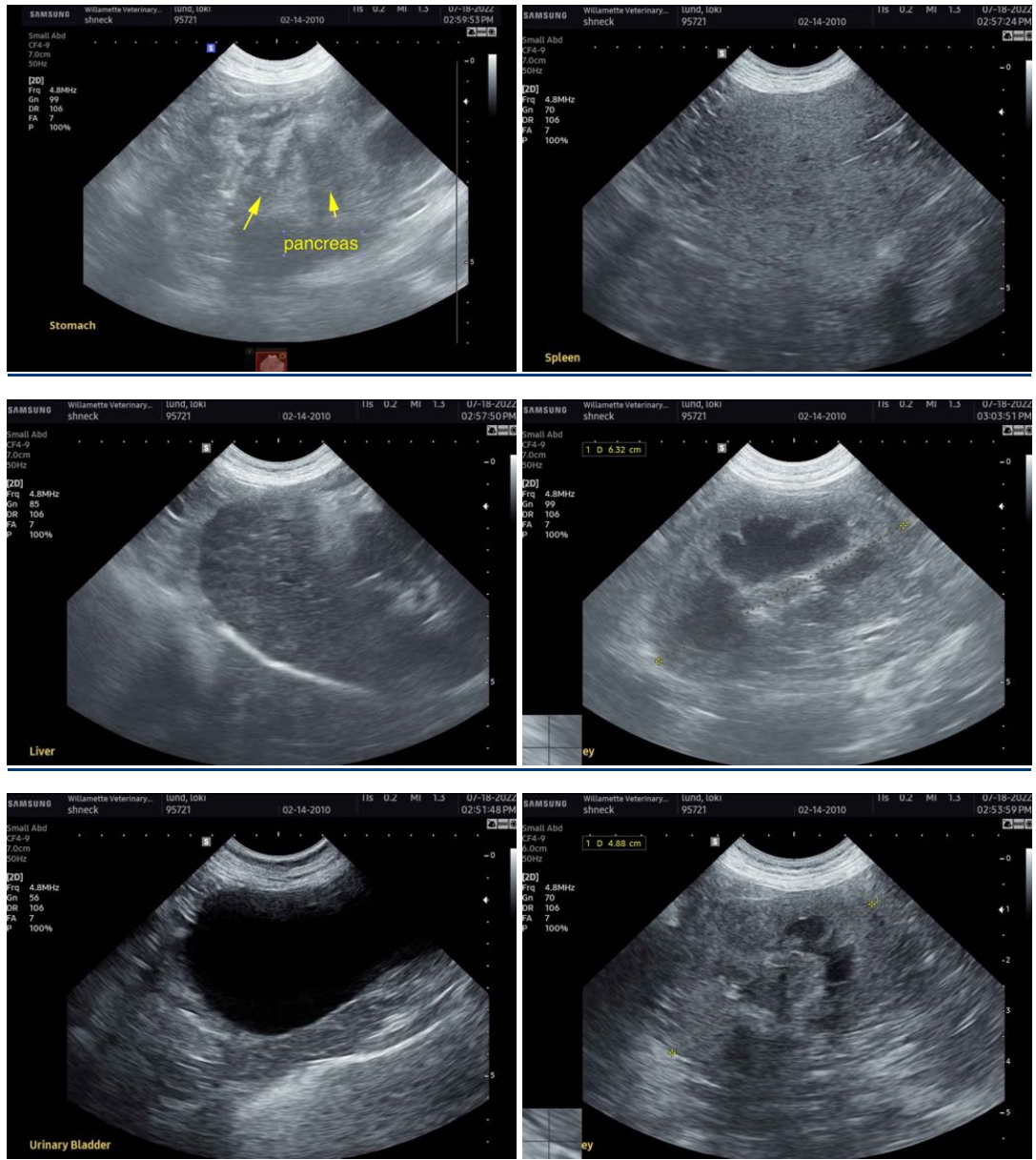
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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