



PATIENT

Desi Butterfield

SPECIES

Canine

BREED

Shetland Sheepdog

SEX

Intact female

AGE

12 years

WEIGHT

10.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. deCordon

HOSPITAL NAME

Mason Dixon AEH

REFERRING VET

Dr. deCordon

INVOICE

31938

DATE

7/26/22

PRESENTING CLINICAL SIGNS

History: Presented to out facility because a 12 hour history of vomiting blood.
Abnormal PE/Chem/CBC/UA Results: Tense on abdominal palpation. Light ping gum color Normal rectal exam
CBC: RBC: 4.53 HGB:9.7 HCT:26.4 Chem/lytes: BUN:40.9 ALT: 122 K:5.4 PT/PTT: 13.2/107.6 PCV/TS: 30/8.0
Radiographs Abdomen: Stomach is empty with prominent rugal folds, on VD there is a thickened area in fundus. There is some gas within SI, stool within colon. Liver and spleen are WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

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. Pyelectasia was noted with echogenic debris in the left kidney. Cortical infarcts were noted in both kidneys. The left kidney measured 3.27 cm. The right kidney measured 4.83 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 0.5 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 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



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congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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Gastrointestinal

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The **stomach** in this patient was empty. A focal, hyperechoic mucosal change was noted. This is consistent with ulcer and would fit with the clinical history. The remainder of the stomach was unremarkable. The small intestines and colon were unremarkable.

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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.

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ULTRASONOGRAPHIC FINDINGS

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Moderate degenerative renal changes with infarcts and pyelectasia, possible pyelonephritis.

Gastric ulcer.

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Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full urinalysis work-up is warranted. GI protectant protocol, full urinary work-up and IV fluid support as necessary would all be indicated. Clinical trials of the following may prove fruitful.

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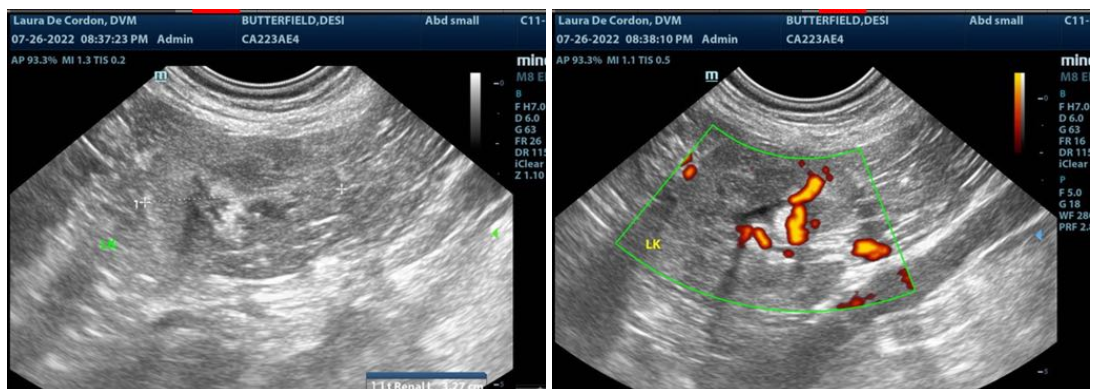
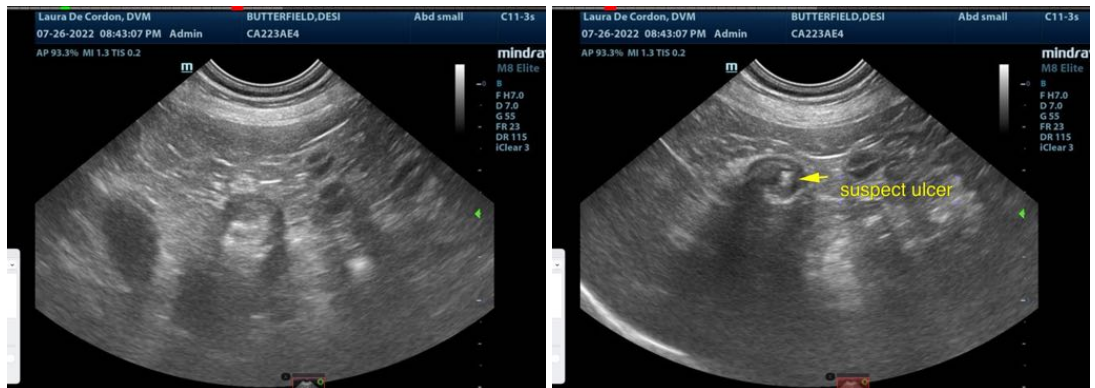
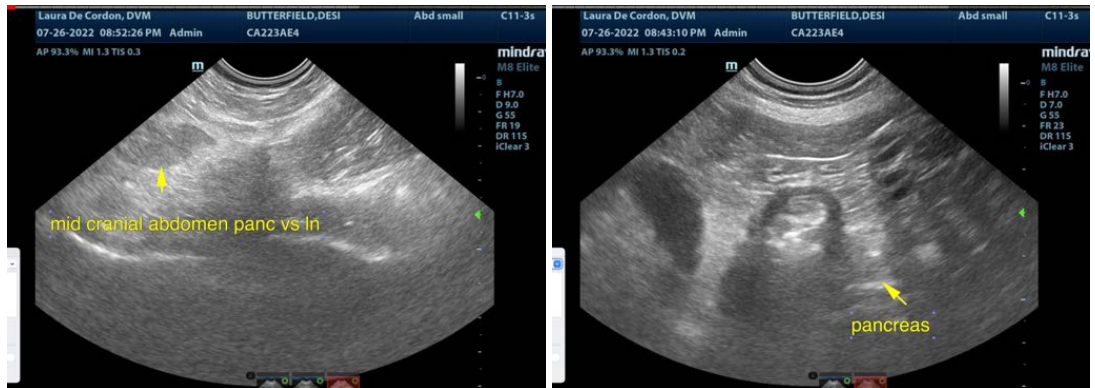
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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