



PATIENT PRESENTING CLINICAL SIGNS

Henry Koch

History: Pt presented for vomiting blood. Pt had previous flare up a few weeks ago, went to local ER and was given cerenia, which pt did respond to. Advised O to begin omeprazole since pt still had decrease appetite. Pt was gradually improving, on omeprazole. Updated vaccines on 7/19 and restarted omeprazole, Rx metronidazole and amoxicillin. About 3 weeks later after first flare up, 3 days after updating vax, pt began vomiting, with some blood. Ran general labs, gi panel, rads. Began treating with cerenia and sucralfate and had O continue all other meds.

SPECIES

Canine

BREED

Pitbull Mix

Abnormal PE/Chem/CBC/UA Results: CBC showed normal HCT, mild reitulocytosis and high eosinophils. Chem showed mild elevation in Lipa and Na+, Albumin normal(3.4) and glob(3.1). T4 and SDMA were normal. TAMU GI panel showed PLI=97, TLI-32.9, cobalamin-370, folate-5.9 and cortisol-3.7. Rads showed nothing remarkable in abdomen.

SEX

Neutered male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

AGE

4 years

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.

WEIGHT

61 lbs

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 6.0 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

IMAGING PERFORMED BY

Dr. Moss

The region of the **left adrenal gland** was unremarkable. The right adrenal gland was flattened and isoechoic measuring 0.3 cm in width.

HOSPITAL NAME

Harvest Hills VH

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself. This is a positional variant and is not pathological. There was no evidence of significant disease.

REFERRING VET

Dr. Moss

Liver

INVOICE

32052

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.

DATE

7/28/22



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Gastrointestinal

SPECIES

Canine

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

BREED

Pitbull Mix

Pancreas

SEX

Neutered male

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.

AGE

4 years

ULTRASONOGRAPHIC FINDINGS

Flattened right adrenal gland.

WEIGHT

61 lbs

Non-visible left adrenal gland even though the regions were adequately imaged.

Otherwise, normal abdomen.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening for Addison's is warranted given the flattened adrenal glands. This would be a normal variant if the patient has been given cortisone therapy. GI protectant protocol such as the following can be considered.

IMAGING PERFORMED BY

Dr. Moss

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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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



PATIENT

can be of any further assistance please contact me.

Henry Koch

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