

**DATE**

7/29/22

**PRESENTING CLINICAL SIGNS**

History: Vomiting.

**PATIENT**

Dorie Hewett

Current Medications: Cerenia SID, Vetmedin 2.5mg AM and 1.25mg PM, Sucralfate ½ tab PRN, Denamarin sm-med ½ SID/

Lab Results: See attached.

Date of Previous IntraPet Ultrasound: 2/26/21. See attached.

**SPECIES**

Canine

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**BREED**

Welsh Terrier

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Spayed Female

**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.

**AGE**

2/26/10

The **kidneys** were normal in size and contour with corticomedullary mineralization, nonobstructive (similar to the prior sonogram). The left kidney measured 4.68 cm. The right kidney measured 5.16 cm with a grouping of calculi, measuring 0.75 cm (nonobstructive).

**WEIGHT**

16.8 Pounds

**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 2.47 cm x 0.76 cm at the cranial pole and 0.69 cm at the caudal pole. The right adrenal gland measured 2.65 cm x 0.9 cm at the caudal pole and 0.96 cm at the cranial pole.

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**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.

**HOSPITAL NAME**

Forrest Hill Vet

**Liver**

The **liver** revealed similar changes to the prior sonogram with minor increased portal markings and minor swelling. The gallbladder revealed a minor amount of nonobstructive sand (new development).

**REFERRING VET**

Dr. Saad

**Gastrointestinal**

A minor amount of **gastric** stasis was noted in the gastric fundus. The small intestine and colon were unremarkable.

**INVOICE**

16603

**Pancreas**

The **pancreas** was hypoechoic and irregular with minor enhanced surrounding mesentery and suspect low grade inflammation. The right limb of the pancreas measured 2.1 cm.

### **Free Abdomen**

A rapid view of the **heart** revealed normal contractility and volumes. The pericardium, right auricle and the remainder of the heart was unremarkable. No pleural effusion was noted.

### **ULTRASONOGRAPHIC FINDINGS**

- Prominent pancreas with minor inflammatory pattern, suspect chronic active pancreatitis
- Gastritis
- Liver, minor increased portal markings and minor swelling (similar to the prior sonogram)
- Gallbladder sand (new development)
- Renal calculi, nonobstructive

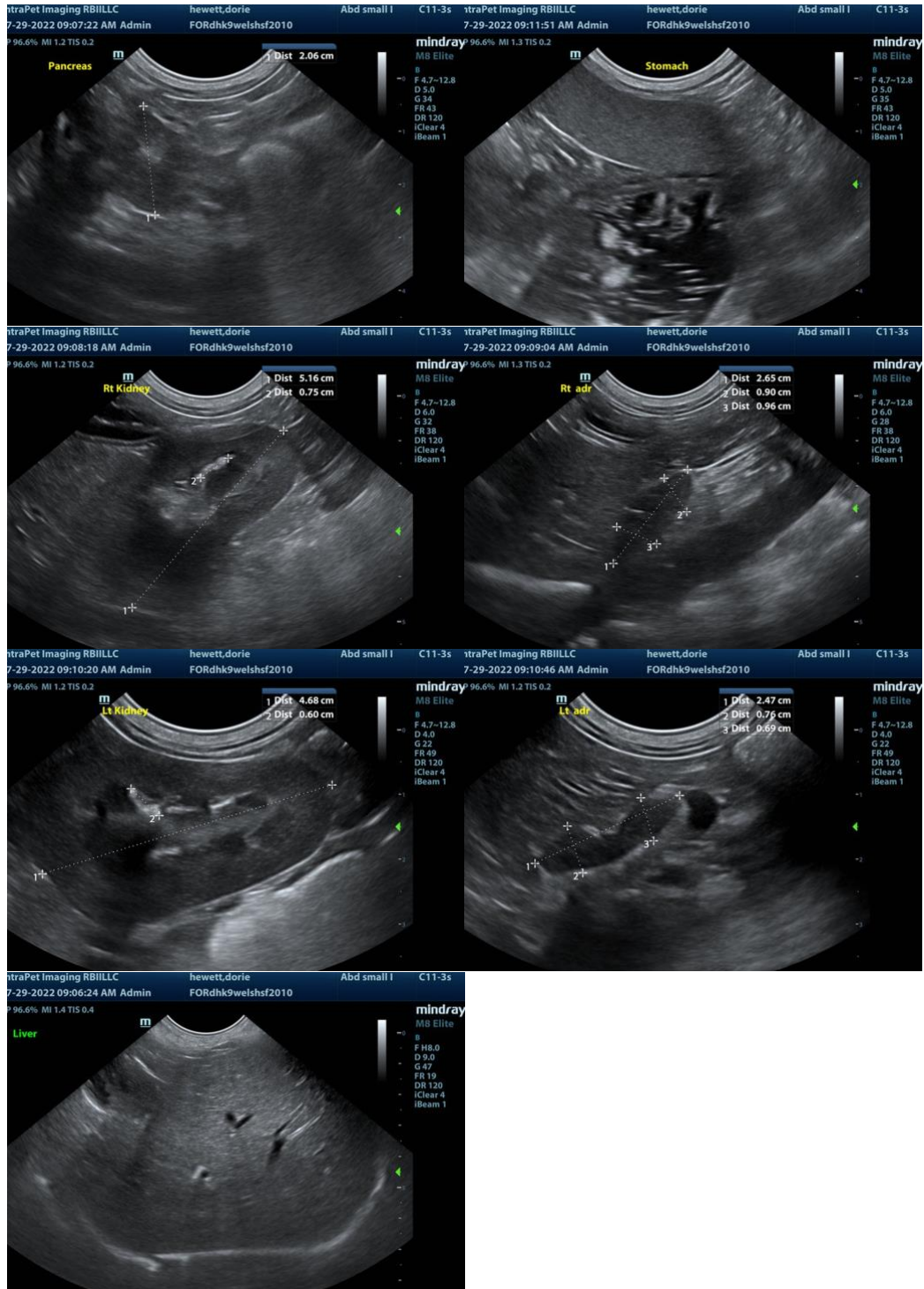
### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. Diet change to possible hydrolyzed diet, fecal test and antiparasitic protocol given the patients recurrent issues. A clinical trial of the following may prove effective. Ursodiol therapy could be considered for the biliary sand yet not a clinical issue at this time.

### **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.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

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