



**PATIENT**

Gia Requena

**SPECIES**

Canine

**BREED**

Maltese Mix

**SEX**

Spayed Female

**AGE**

8 Years

**WEIGHT**

10.5 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Gabriel Ferrer, DVM

**HOSPITAL NAME**

Pulse: Pet Ultrasound  
Services

**REFERRING VET**

Dra. Alma Alicea

**INVOICE**

23670

**DATE**

7/29/23

**PRESENTING CLINICAL SIGNS**

History: Gia is an 8 y/o F/S maltese mix that presented to the Emergency Clinic with hx of intermittent vomiting, bloody diarrhea and anorexia since 7/21. Also past hx of ITP and for this dog was on pred 1mg EOD. We do not have details on ITP history as this has been worked up and treated through regular vet. history with Emergency Clinic- 7/21 - vomiting and anorexia, treated as outpatient. labs declined. no improvement noted. 7/22 - returned since now also had bloody diarrhea - hospitalized with iv fluids, cerenia, pantoprazole, metronidazole, propectalin. CBC/Chem 17 unremarkable. HCT high normal (59.9%, wbc 8.28K, PLT 148K). Chem wnl. (TP 5.8, Glob 3.1, alb 2.8), rest wnl.). dog improved clinically, sent home with orla meds - 1. bland diet 2. omeprazole 10mg/ml 0.5 cc po sid x 7 days. 20 min. prior to meals. 3. metronidazole 100mg/ml 0.5 cc po bid x 7 days. with food. 4. propectalin 3 cc PO TID x 3 days as needed. 5. prednisone 1mg EOD as she did before. 7/28 - returned with complaint of continued vomiting, diarrhea, anorexia. She never fully did well once went home with last hospitalization. cPL Abnormal. Abdominal. rads - no obstruction noted. Abd. US done today. She is on fluids again (maint), metronidazole 10mg/gk iv bid, protonix 1mg/kg iv sid, cerenia 1mg/kg iv sid, mirtzapine 15mg/ml 0.25 cc iv sid. 7/29 - PE - shé's qar. No v/d so far. no obvious abd. pain. feels warm Temp 103. Rectal - feces soft, light brown color, no blood. Ln wnl. EENT wnl. MM pink. No appetite. Problems vomiting diarrhea (blood) hx ITP anorexia abnormal cPL temp 103 - fever, hyperthermia? infectious? Plan 1. continue fluids maint 10ml/hr 2. water ad lib. 3. continue metronidazole 10mg/kg iv bid 4. contineu protonix 1mg/kg iv sid 5. restart synacore 1 pack sid wtih bland diet sid 6. continue mirtzapine 15mg/ml 0.5 cc po sid 7. abd. US scheduled for today (NPO) 8. pending US report, consider SIBO testing and b 12 supplementation after getting samples? 9. restart Cerenia 0.5 cc IV SID. 10. add simbadol 0.01mg/kg IV BID PRN 11. add another antibiotic?? pending abd. US. 12. extend hospit. until tomorrow. 13. FECAL - 14. add fenbendazole prophylactically - 250mg/ml 1 cc PO SID X 5 days. pending US will decide changes to plan above.

**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. This is a minor change. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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. The right kidney measured 3.95 cm. A calculus was noted, nonobstructive. The left kidney measured 3.52 cm. Trace pyelectasia was noted in both kidneys, likely owing to periodic passage of calculi.

**Adrenal Glands**



**PATIENT**

Gia Requena

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 right adrenal gland measured 1.46 cm x 0.42 cm. The left adrenal gland measured 1.54 cm x 0.4 cm.

**SPECIES**

Canine

**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.

**BREED**

Maltese Mix

**SEX**

Spayed Female

**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.

**AGE**

8 Years

**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. 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.

**WEIGHT**

10.5 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Pancreas**

The **pancreas** revealed hyperechoic parenchymal changes consistent with remodeling and minor enlargement (3.3 cm). Low grade inflammation is likely.

**IMAGING PERFORMED BY**

**Free Abdomen**

A **pancreatic** lymph node (5.0 mm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

Dr. Gabriel Ferrer, DVM

**HOSPITAL NAME**

Pulse: Pet Ultrasound  
Services

**REFERRING VET**

Dra. Alma Alicea

**ULTRASONOGRAPHIC FINDINGS**

- Low grade pancreatitis with reactive pancreatic lymph node
- Age related renal changes with trace pyelectasia and a calculus.
- Urinary bladder debris

**INVOICE**

23670

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Supportive care should prove effective. 24hr NPO, IV fluid support, GI protectants and pain management are all indicated. A clinical trial of the following may prove effective.

**DATE**

7/29/23

**Helicobacter/Gastritis protocol**



## PATIENT

Gia Requena

## SPECIES

Canine

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.

## BREED

Maltese Mix

## SEX

Spayed Female

## AGE

8 Years

## WEIGHT

10.5 Pounds

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

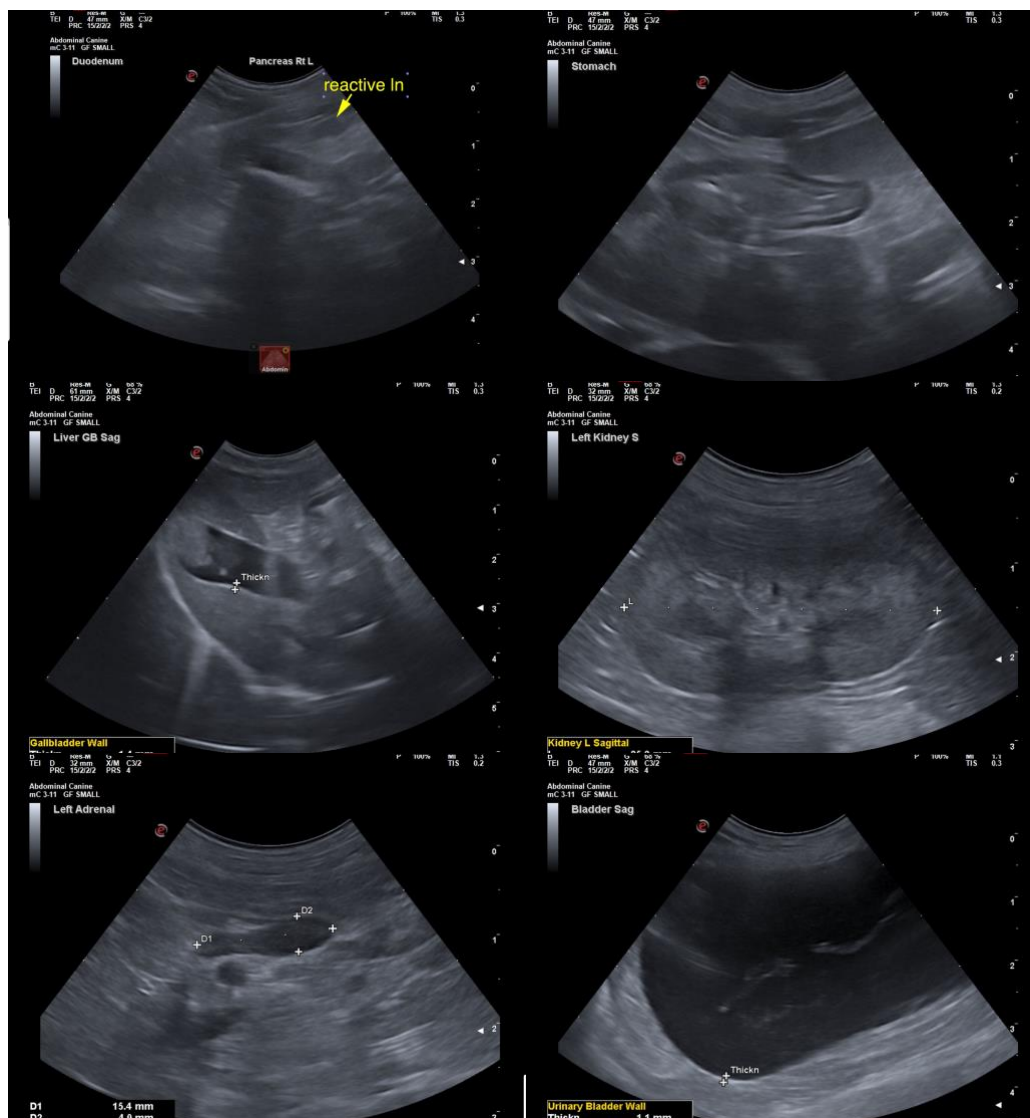
Dr. Gabriel Ferrer, DVM

## HOSPITAL NAME

Pulse: Pet Ultrasound  
Services

## REFERRING VET

Dra. Alma Alicea

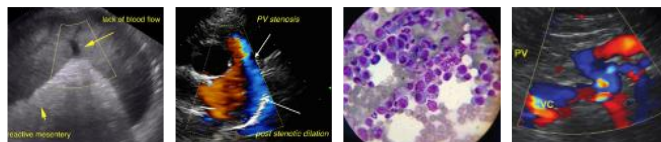


## INVOICE

23670

## DATE

7/29/23



**PATIENT**

Gia Requena

**SPECIES**

Canine

**BREED**

Maltese Mix

**SEX**

Spayed Female

**AGE**

8 Years

**WEIGHT**

10.5 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Gabriel Ferrer, DVM

**HOSPITAL NAME**

Pulse: Pet Ultrasound  
Services

**REFERRING VET**

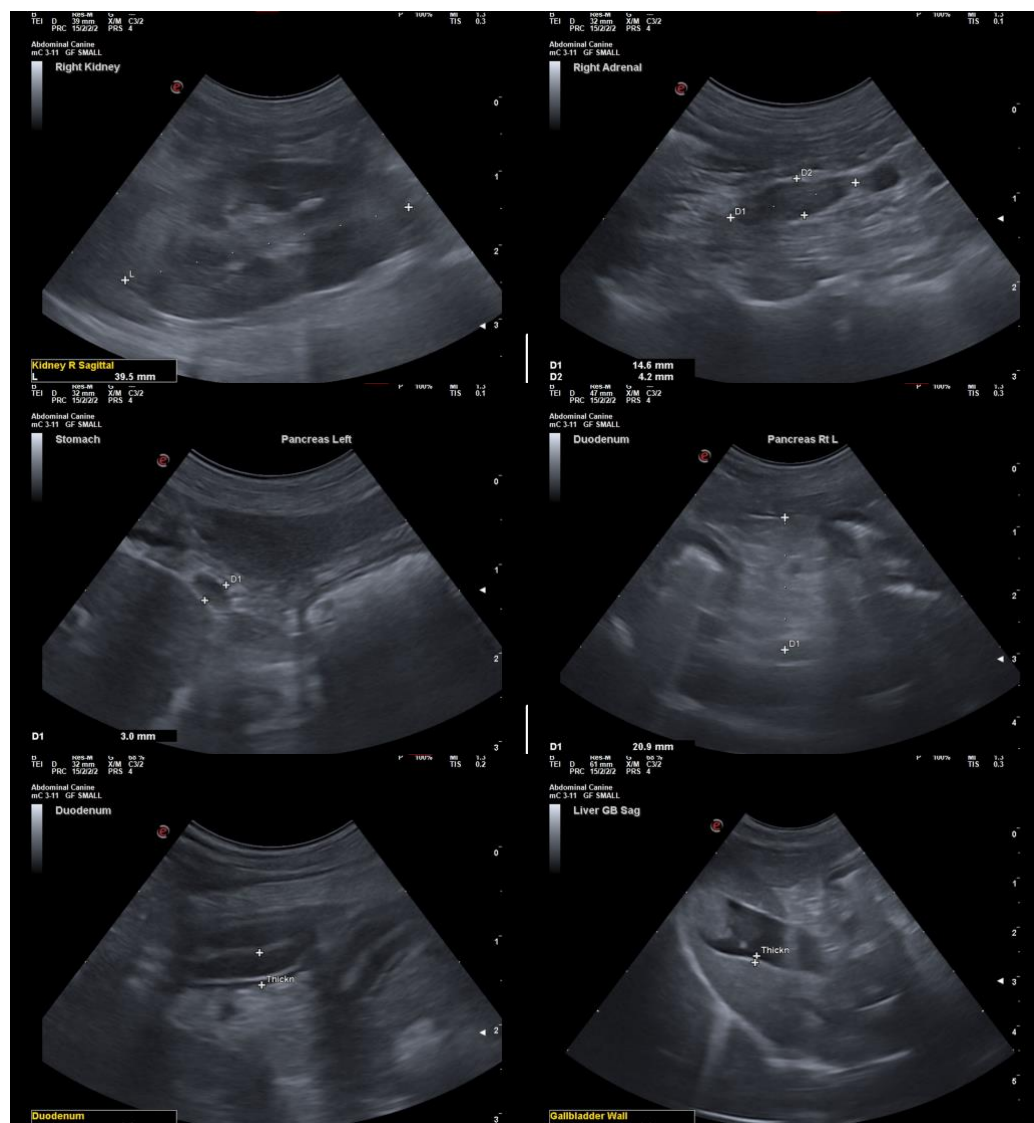
Dra. Alma Alicea

**INVOICE**

23670

**DATE**

7/29/23



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.

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com