



PATIENT

Oliver Patyk

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered Male

AGE

15 Years

WEIGHT

6.4

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Isermann

HOSPITAL NAME

Animal Emergency
Hospital Volusia

REFERRING VET

Dr. Isermann

INVOICE

23647

DATE

7/29/23

PRESENTING CLINICAL SIGNS

Patient presented for V+ and D+. P had dental and cyst removal procedure scheduled at rDVM for yesterday. Earlier this week, BW was performed which revealed mild anemia, elevated ALP, low T4, elevated lipase. P received hamburger earlier this week by husband. No surgery was performed due to abnormal blood values. P also had cardiac workup and placed on pimobendan. P has history of pancreatitis. V+ started around 1 AM and then D+ started today. P has been lethargic. P has history of skin issues as well. Diet: Natural Balance Meds: Levothyroxine 0.1 mg Q24 (started yesterday) Pimobendan

Abnormal PE/Chem/CBC/UA Results: CPL: abnormal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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. 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 and no evidence of pelvic dilation was present. The left kidney measured 4.8 cm. The right kidney measured 5.0 cm. Slight pinpoint mineralizations were present in the renal pelvis of the right kidney.

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 0.7 cm at the cranial pole and 0.5 cm at the caudal pole. The right adrenal gland measured 0.8 cm at the cranial pole and 0.55 cm at the caudal pole.

Spleen

The **spleen** presented relatively normal size and contour with multifocal hyperechoic nodular changes, most consistent with fatty deposits or lipogranulomas. These are not typically pathological. No suspicion of significant. Capsular and parenchymal integrity was normal otherwise.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some moderate 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 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



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past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable. Increased portal markings were also noted in the liver.

Gastrointestinal

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There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. No evidence of pathology. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted. The small intestine and colon were unremarkable.

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Pancreas

The **pancreas** revealed coarse architecture, heterogenous parenchymal changes and mild irregular swelling, suggestive for a history of and/or low-grade pancreatitis.

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ULTRASONOGRAPHIC FINDINGS

- Chronic active pancreatitis
- Chronic hepatic changes.
- Unremarkable GI tract with partially full stomach- structurally insignificant gastritis/gastroenteritis is likely.
- Multifocal hyperechoic nodular changes on the spleen
- Age-related renal changes with mineralization

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of neoplasia or foreign bodies. 24hr NPO, GI protectant protocol, IV fluid support and diet change are all valid interventions. The following protocol may prove effective:

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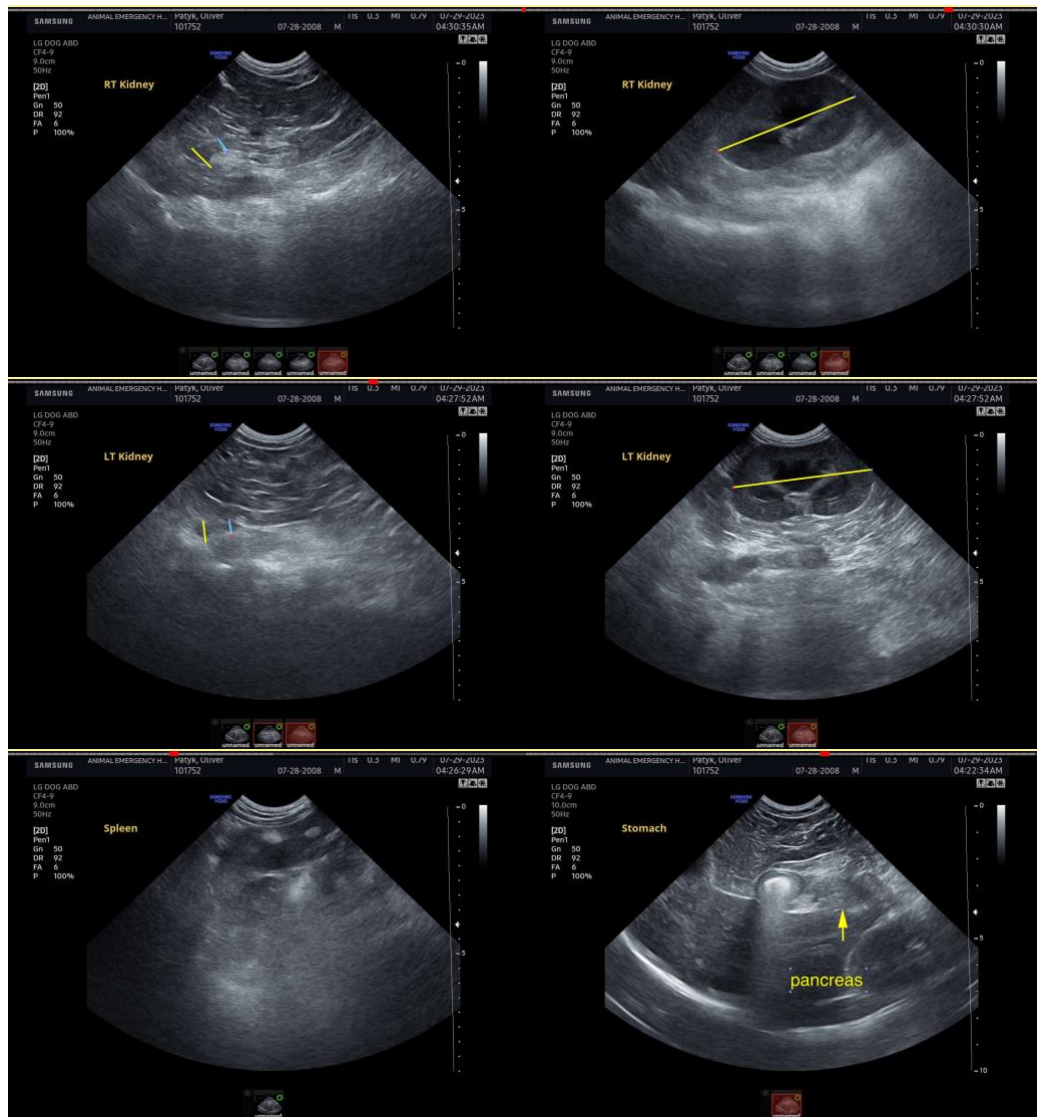
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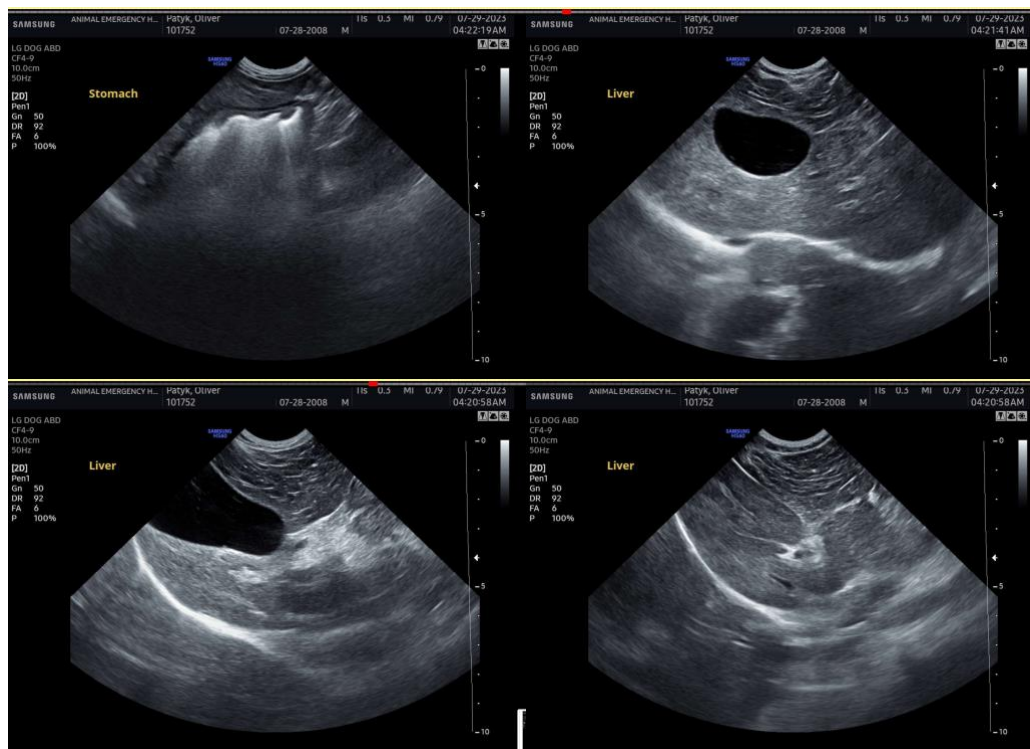
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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