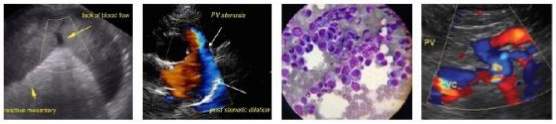

PATIENT

Buffy D'Alvise

SPECIES

Canine

BREED

Boston Terrier

SEX

Spayed Female

AGE

10 Years

WEIGHT

12.6 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Hamilton Regional VEC

REFERRING VET

Dr. Rubino

INVOICE

23172

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PRESENTING CLINICAL SIGNS

History: Buffy has one week history of inappetence. Was treated as outpatient at regular DVM with Cerenia and Metronidazole, ongoing skin allergies, eats a Hypo diet. Drooling on presentation, multiple SQ lumps, blood and urine unremarkable. Rads concerning for large, dilated stomach and suspected aspiration pneumonia due to undetermined increased opacity of the right lateral lung. Has been on Butorphanol, Pantoprazole, cerenia, Ampicillin and Metronidazole.

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 4.43 cm. The right kidney measured 6.01 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 right adrenal gland measured 1.95 cm x 1.02 cm at the cranial pole and 0.66 cm at the caudal pole. The left adrenal gland measured 1.66 cm x 0.64 cm at the caudal pole and 0.89 cm at the cranial pole.

Spleen

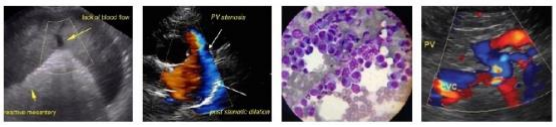
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

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.

Gastrointestinal

The **stomach** was mildly fluid filled with echogenic mucosal remodeling, consistent with gastritis. Mixed hyperechoic inflammatory pattern was noted around the stomach and pyloric outflow



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extending to the pancreas. Echogenic changes in the gastric mucosa would suggest ulcerative disease, particularly in the caudal aspect of the pyloric outflow. Minor fluid filled lumen was noted in the duodenum. The distal small intestine and colon were unremarkable.

Pancreas

The right limb of the **pancreas** revealed heterogenous parenchymal changes and irregular contour.

ULTRASONOGRAPHIC FINDINGS

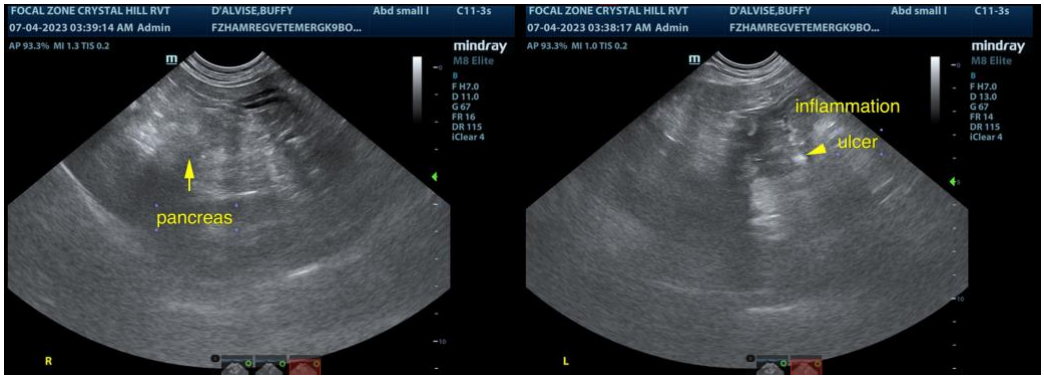
- Ulcerative gastritis/pancreatitis pattern
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

24hr NPO and GI protectants are warranted. Endoscopy would be ideal. If continual clinical signs are present, then exploratory surgery may be necessary. The ulcers appear to be mucosal and nonpenetrating, however, the reactive mesentery in the region is concerning for potential transmural penetration of the ulcerative change. No obvious evidence of neoplasia, however, cannot be completely ruled out. A clinical trial of the following may prove effective, along with pain management.

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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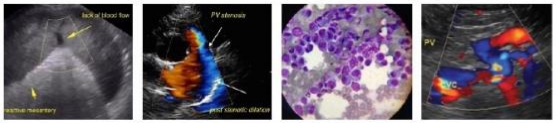

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289-808-2608 info@thefocalzone.com

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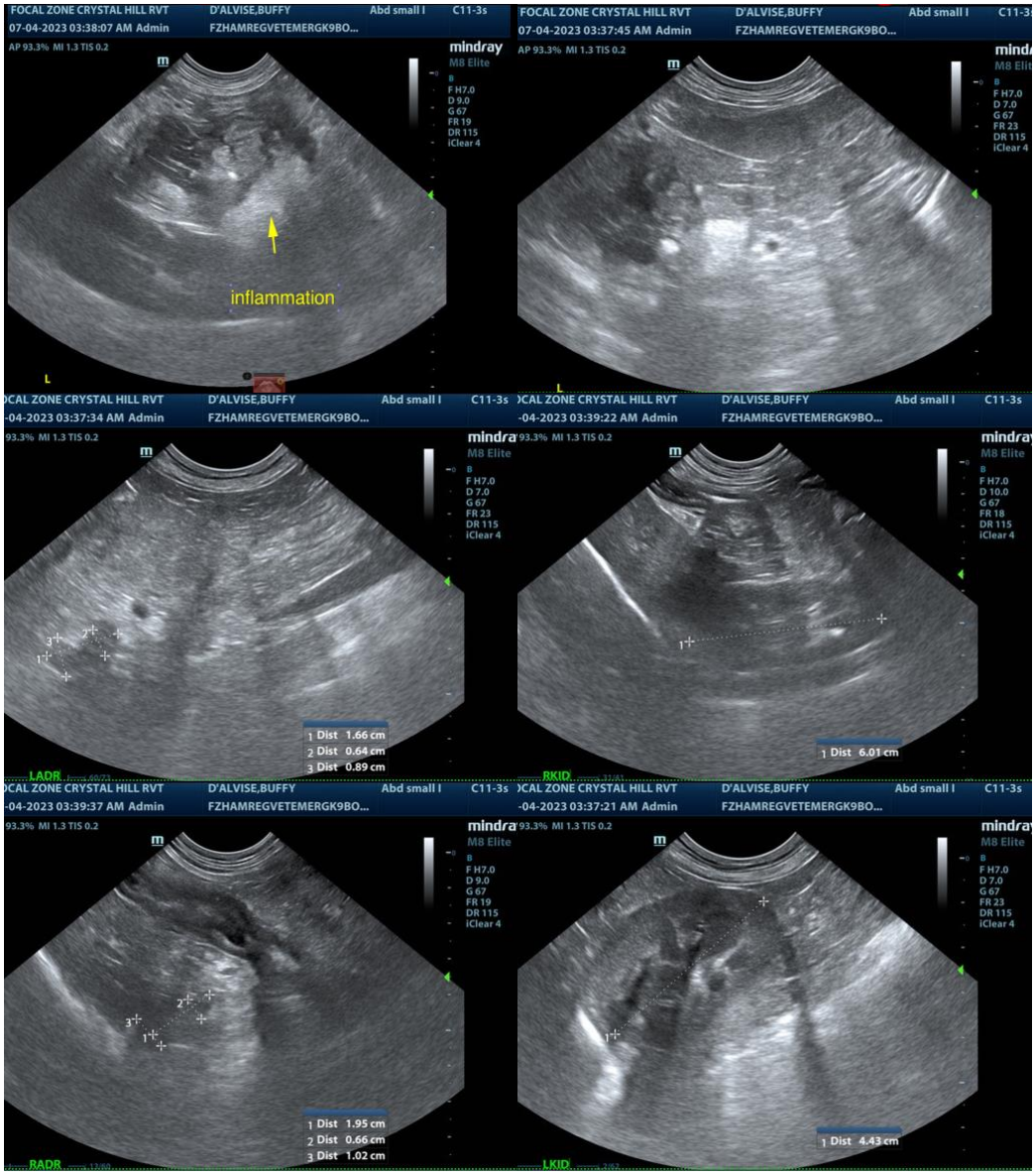

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com