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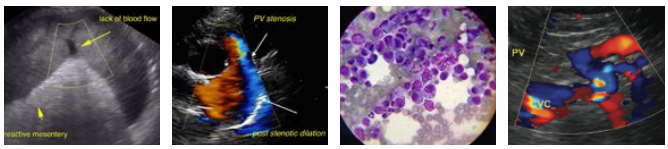


SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**
Cooper Whisenhunt

**SPECIES**
Canine

**BREED**
Scottish Terrier

**SEX**
Neutered male

**AGE**
6 years

**WEIGHT**
29 lbs

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

**IMAGING PERFORMED BY**
Dr. Beard

**HOSPITAL NAME**
West Prince AH

**REFERRING VET**
Dr. Beard

**INVOICE**
45895

**DATE**
7/5/23

## PRESENTING CLINICAL SIGNS

History: Hx of vomiting bile and dry heaving. Not eating well. Reduced water intake. Previous history suggests intermittent intussusception.
Abnormal PE/Chem/CBC/UA Results: Radiographs reveal vague abdominal signs (some gas and some fluid). CBC hemoconcentration. Chem 17 with lytes increased SAP.

## 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 was noted. Ureteral papillae were normal.

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 5.3 cm. The right kidney measured 5.0 cm with corticomedullary calculi that are non-obstructive.

### *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 0.6 cm at the caudal pole and 0.45 cm at the cranial pole. The right adrenal gland measured 0.8 cm at the cranial pole and 0.5 cm at the caudal 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 was 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 revealed a minor amount of excessive debris.

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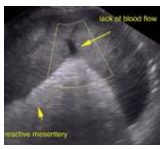
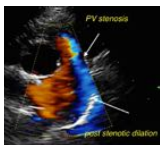
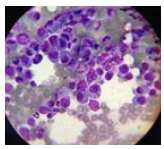
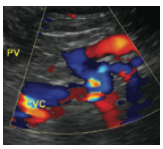

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### *Gastrointestinal*

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Fluid filled gastric lumen was noted. The pylorus was only partially visualized, yet there was no evidence of foreign matter. 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.

### *Pancreas*

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.

## ULTRASONOGRAPHIC FINDINGS

Gastritis pattern, no obvious foreign matter.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

24 hour n.p.o. and GI protectants are warranted. A recheck sonogram is recommended. Further imaging of the pylorus may be optimal if clinical signs persist as it was only partially visualized. A clinical trial of the following may prove effective. Endoscopy is warranted if clinical signs persist.

**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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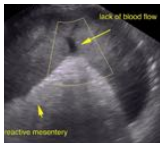
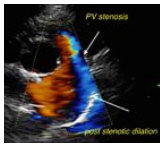
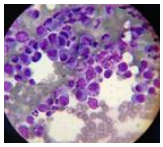
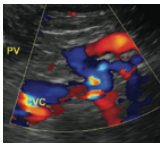

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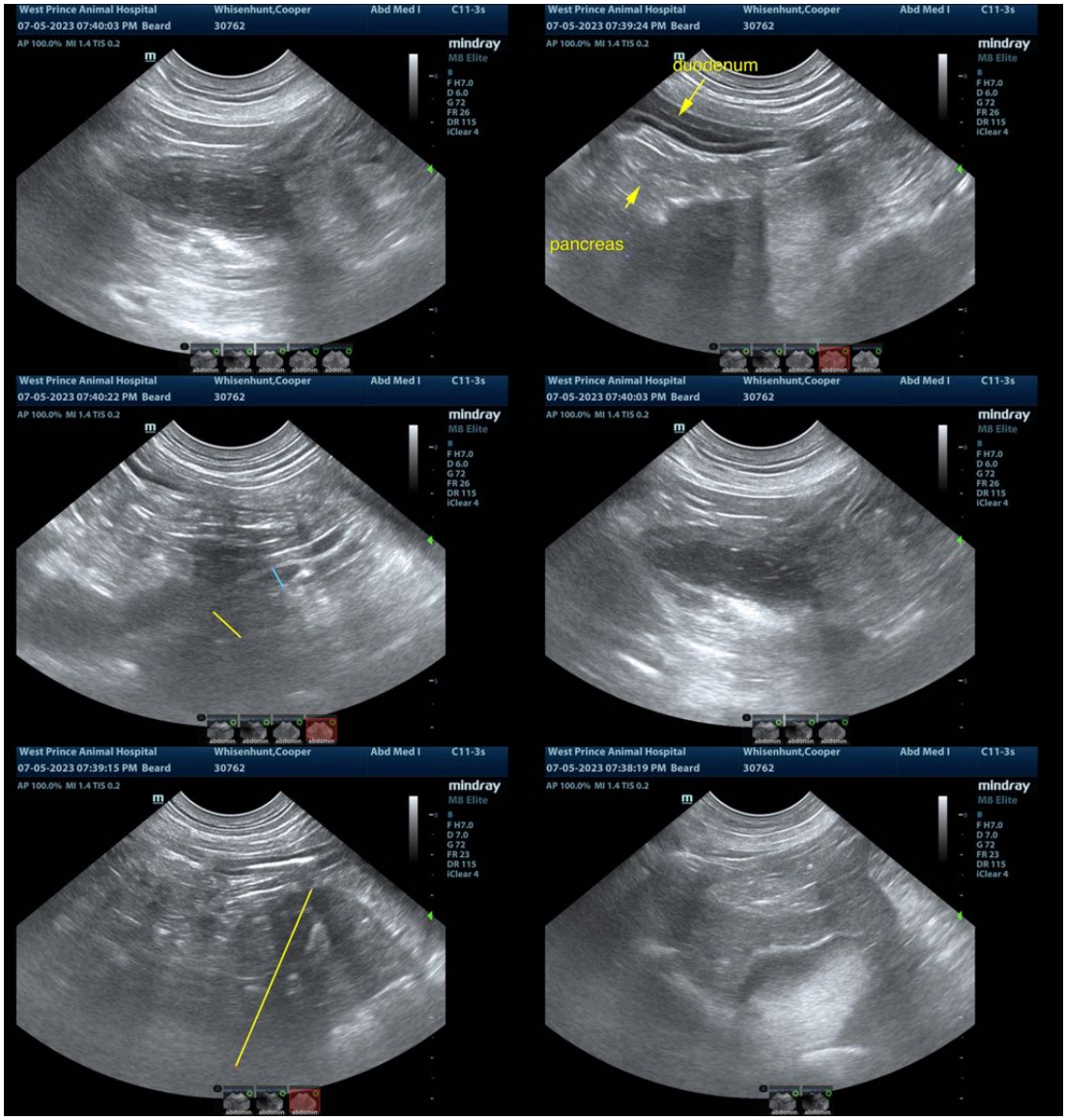

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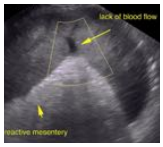
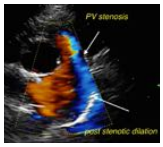
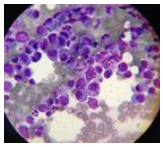
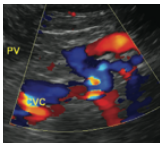

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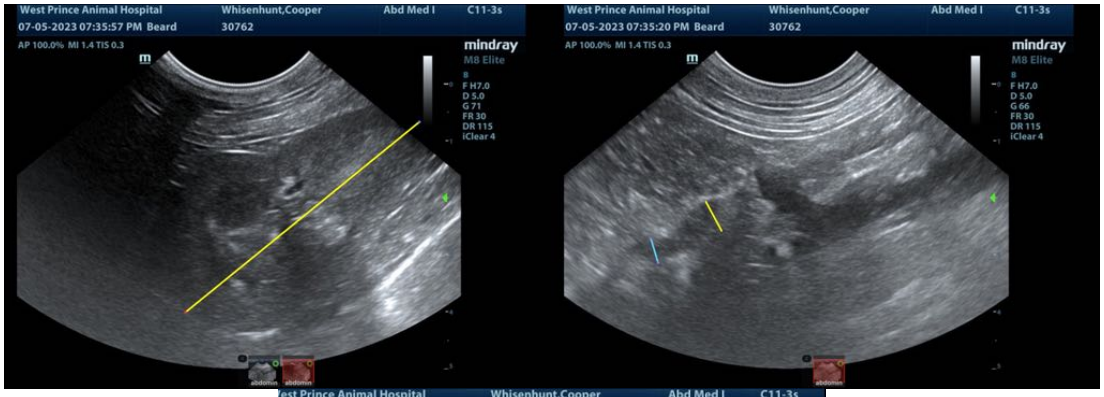


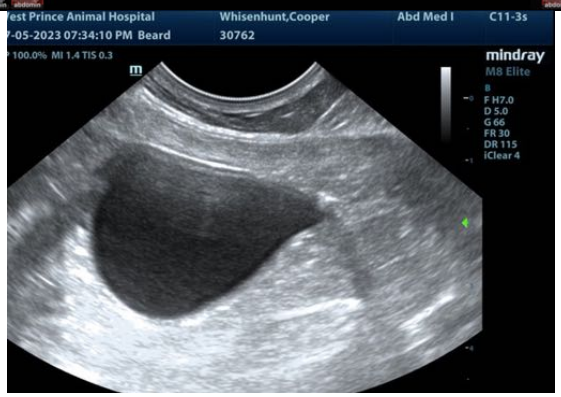


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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