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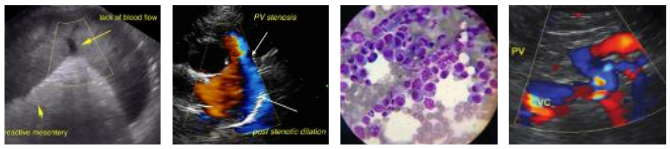
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Lexi Wilkins

SPECIES

Canine

BREED

Schnauzer, Standard

SEX

Spayed Female

AGE

8 Years

WEIGHT

33.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Matt Haghighat

HOSPITAL NAME

Beeches-Fallingbrook VC

REFERRING VET

Dr. Matt Haghighat

INVOICE

16512

DATE

7/6/22

PRESENTING CLINICAL SIGNS

History: Lexi is a 8 year old spayed female Standard Schnauzer has a history of on and off vomiting and diarrhea . Blood work; Spec cPL 1923 ALP 509

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 **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 right kidney measured 5.18 cm. The left kidney measured 5.92 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 0.5 cm. The left adrenal gland measured 0.61 cm.

Spleen

The **spleen** was mildly enlarged with a somewhat granular parenchymal appearance. The spleen revealed a microcystic nodule at the caudal pole, measuring 0.6 cm. Separate nodules measured 0.77 cm and 0.63 cm at the cranial body, non-expansive.

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

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.

Pancreas

The **pancreas** revealed slight coarse architecture and minor duct dilation. The left limb measured 1.55 cm. The right limb measured 1.09 cm.

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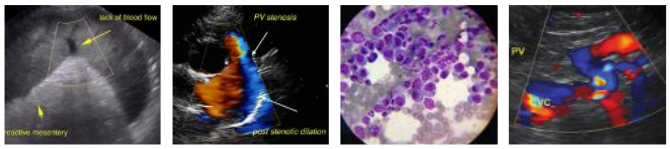

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ULTRASONOGRAPHIC FINDINGS

- Concerning splenic nodules, subjectively the nodules appear benign, however, do appear to be somewhat precarious. They are likely not related to the clinical history.
- Minor coarse pancreatic architecture- history pf pancreatitis or possible very low grade pancreatitis is a concern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Underlying occult parasitic disease, food intolerance and structurally insignificant inflammatory bowel are all possible. Proactive splenectomy with GI biopsies could be considered as a more aggressive approach. Empirical measures, such as the following could be considered. A hydrolyzed diet may prove effective long term in this patient, as well as a broad spectrum antiparasitic protocol.

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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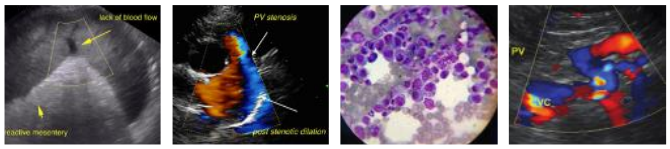

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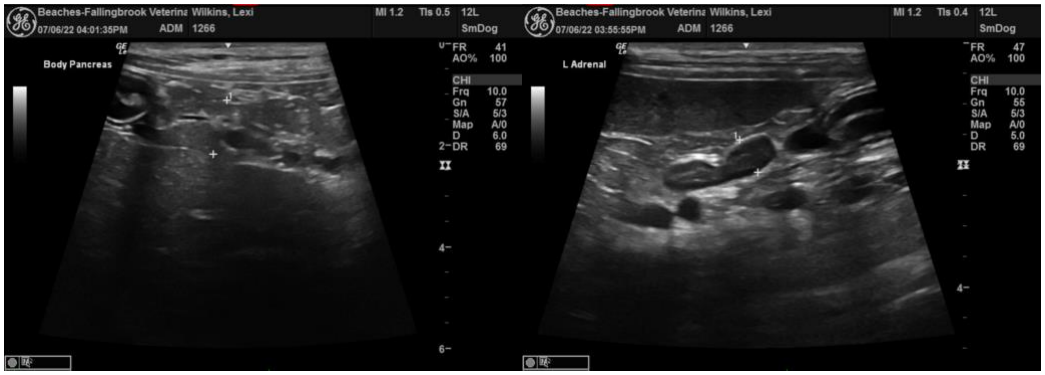

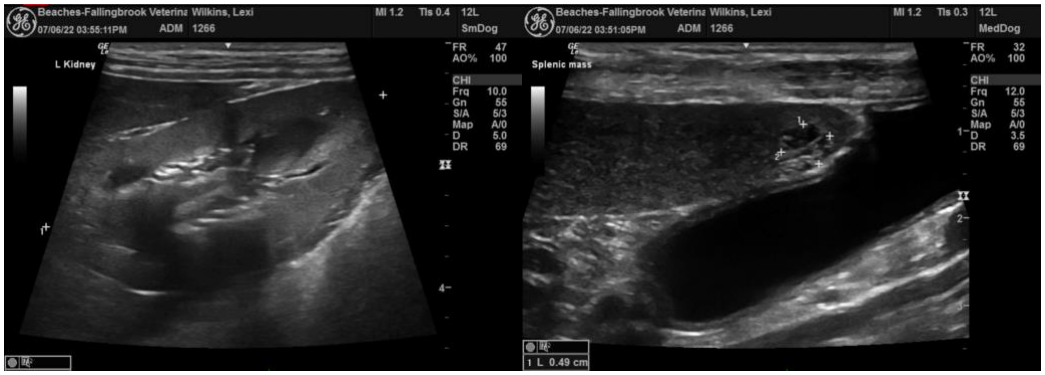

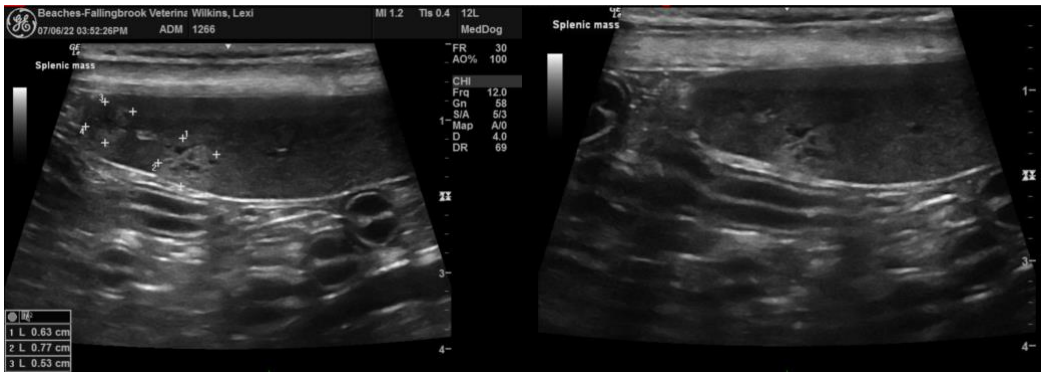

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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