



PATIENT PRESENTING CLINICAL SIGNS

Cooper Dewitt

History: Presented for vomiting, anorexia and lethargy .
Abnormal PE/Chem/CBC/UA Results: Blood work CBC 31,000, neutrophilia with bands ALP 1200
UA cystocentesis sp grav 1040, prot 30 , 3 wbc/hpf , cocci present rbc 250 Blasto urine test negative
4DX negative Lymphadenopathy priori to prednisolone FNA Reactive lymphoid hyperplasia with
evidence of neutrophilic lymphadenitis.

SPECIES

Canine

BREED

Frenchie Boston
Terrier Mix

SEX

Male

AGE

2 years

WEIGHT

30 lbs

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 5.0 cm. The right kidney measured 5.0 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 left adrenal gland measured 0.5 cm at the caudal pole. The right adrenal gland measured 0.65 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 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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Mack

HOSPITAL NAME

Northside VC

REFERRING VET

Dr. Mack

INVOICE

75974

DATE

7/6/23



PATIENT

Gastrointestinal

Cooper Dewitt

Gastric hypertrophy was noted with periserosal inflammatory pattern. This is consistent with gastritis. The small intestines and colon were unremarkable. Non-specific epigastric lymph node was noted measuring 5.0 cm and was mildly rounded.

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Pancreas

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Frenchie Boston Terrier Mix

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.

SEX

Male

ULTRASONOGRAPHIC FINDINGS

Gastritis pattern with secondary hypertrophy and slight regional reactive lymphadenopathy.

AGE

2 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prednisone therapy may be suppressing a more significant presentation. Endoscopy with mucosal biopsies can be considered. Helicobacter type protocol such as the following is recommended.

WEIGHT

30 lbs

Otherwise, full thickness gastric and epigastric lymph node biopsies with manual palpation of the pylorus would all be valid interventions in this patient. Screening for Addison's is warranted with baseline cortisol even though the adrenal glands appear normal.

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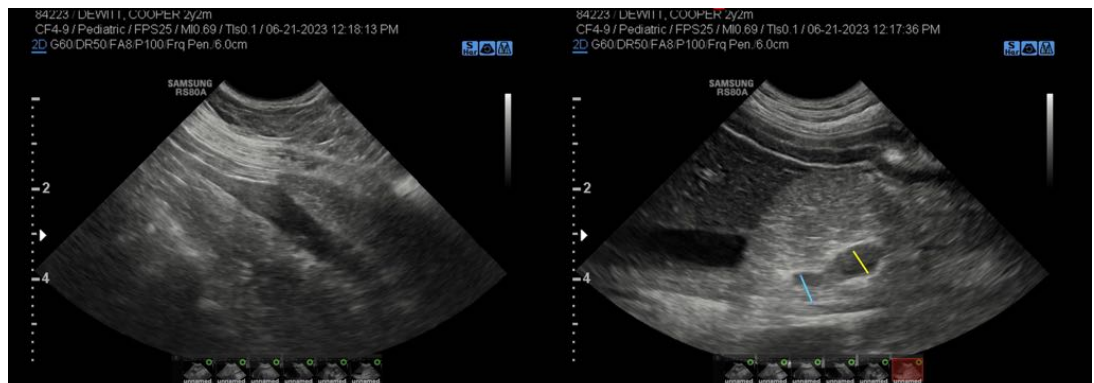
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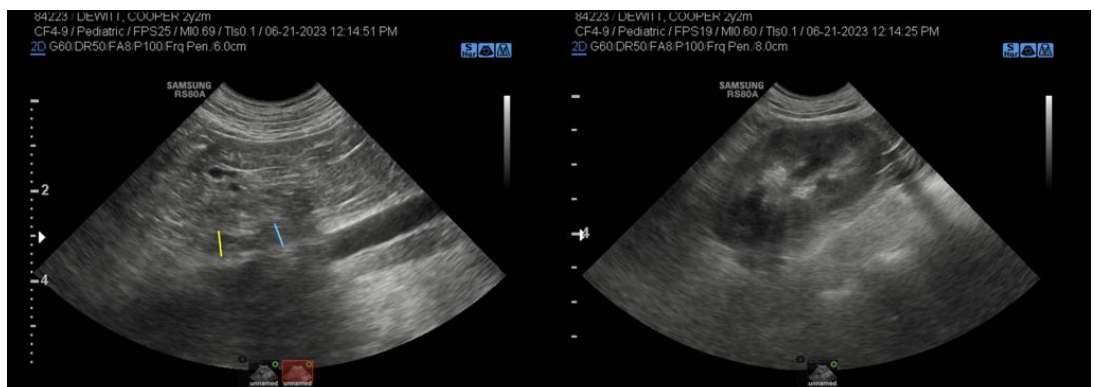
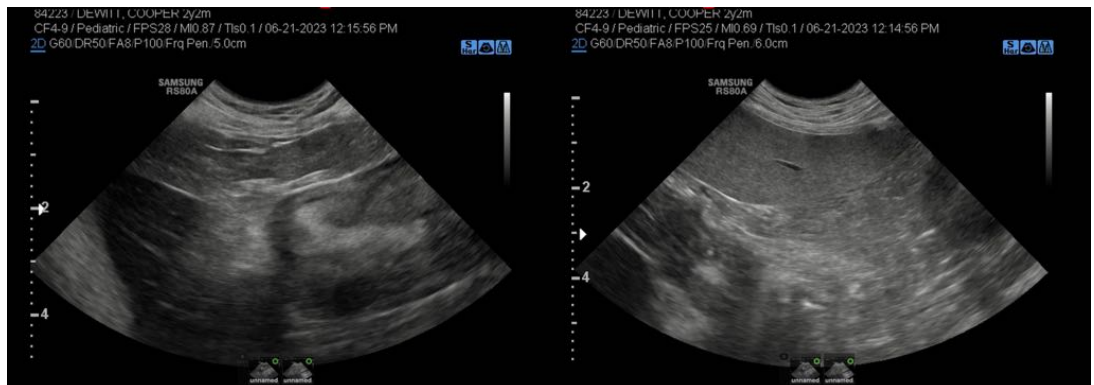
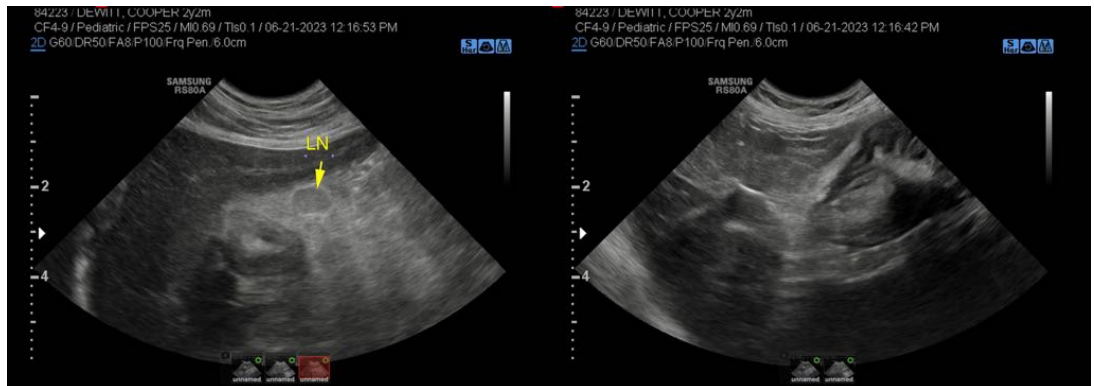
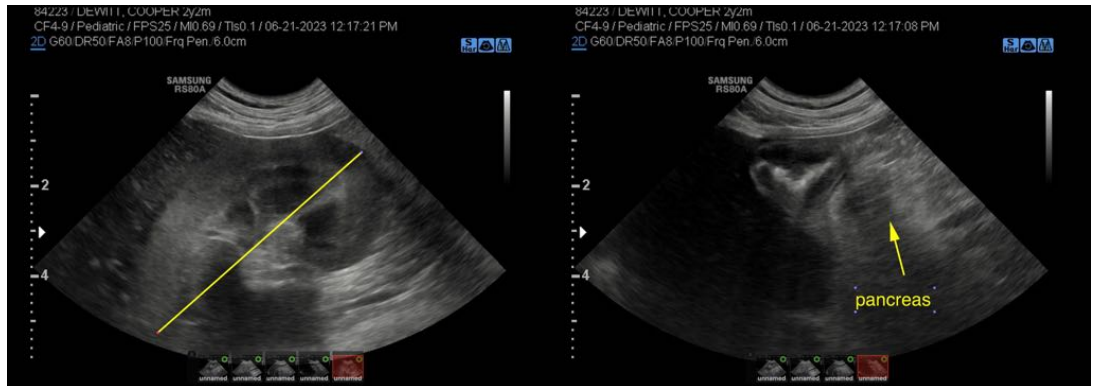
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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