



PATIENT

Cooper Weiler

SPECIES

Canine

BREED

Golden Retriever

SEX

Male

AGE

3.8 Years

WEIGHT

78 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Tam Mengine

HOSPITAL NAME

Stoney CVH

REFERRING VET

Dr. Tam Mengine

INVOICE

24528

DATE

8/11/21

PRESENTING CLINICAL SIGNS

Patient is on HP diet & Apoquel for dermatologic symptoms. Patient has had 2 prior episodes of GI signs and lethargy over the last year with no obvious cause. There is a possibility of ingestion of socks. 8/5 - patient had a few hours of acute RF lameness, that then resolved. Also client believe on 8/5 he began having serous nasal discharge with audible stertor (not noted on exam) 8/6 - 8/7 - vomited immediately after eating for every meal. 8/8 - stopped eating but continue vomiting bile. Client gave cerenia PO once and there has been no subsequent vomiting 8/9 - ate a few mouthfuls of food, very lethargic 8/10 - anorexic & very lethargic until PM appt - received cerenia injection and did eat a little bit after appt. Has had normal BM's each day until today (8/11) when there was no BM (but formed stool on rectal exam). CBC / Chem / Lytes / SpecCPL performed - all wnl. Chest rads - diffuse, mild bronchial pattern else unremarkable. Abd rads - unremarkable. Urinalysis, resting cortisol and GI panel to TAMU are pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** wall was slightly thickened. A minimal amount of anechoic urine was present at the time of the sonogram. Mild mucosa remodeling warranted, urinalysis warranted to assess for evidence of UTI. The prostate was uniform at 2.77 cm.

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 6.94 cm. The left kidney measured 5.75 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 0.43 cm at the caudal pole and 0.40 cm at the cranial pole. The left adrenal gland measured 0.54 cm at the caudal pole and 0.57 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

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. The pylorus was free of evident



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pathology. No evidence of foreign bodies. The gastric lumen was essentially empty. 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.

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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.

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Golden Retriever

ULTRASONOGRAPHIC FINDINGS

- Slightly thickened urinary bladder wall, unremarkable abdomen otherwise

SEX

Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. I recommend a fresh fecal smear and fecal floatation analysis. A clinical trial of the following could prove effective. Hydrolyzed diet may be in this patient's best interest if testing for Addison's is negative.

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Helicobacter/Gastritis protocol

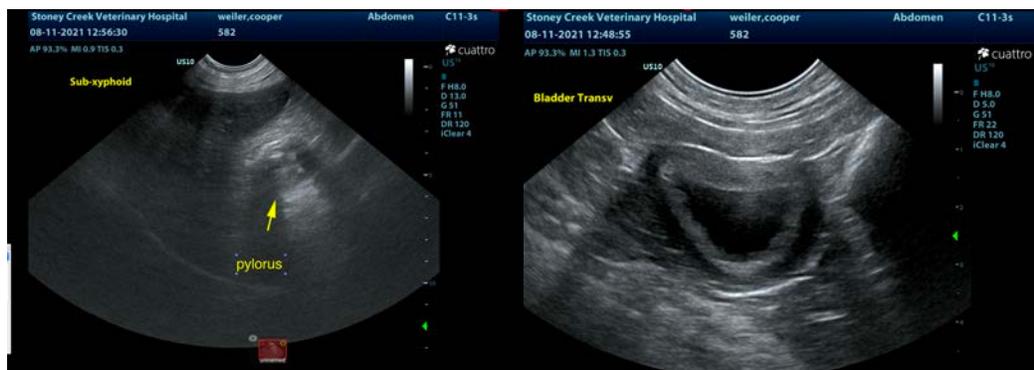
A clinical trial of **Zithromax** (Dogs: 5-10 mg/kg p.o. q24h. May increase dosing interval to q48h after 3-5 days of treatment), **Metronidazole** (10-20 mg/kg p.o. b.i.d.), **Pepcid** (0.5-1 mg/kg s.i.d.) and **Sucralfate** (0.5-2 g/dog PO) or **Omeprazole** (1 mg/kg p.o. s.i.d.) over the next 3 weeks 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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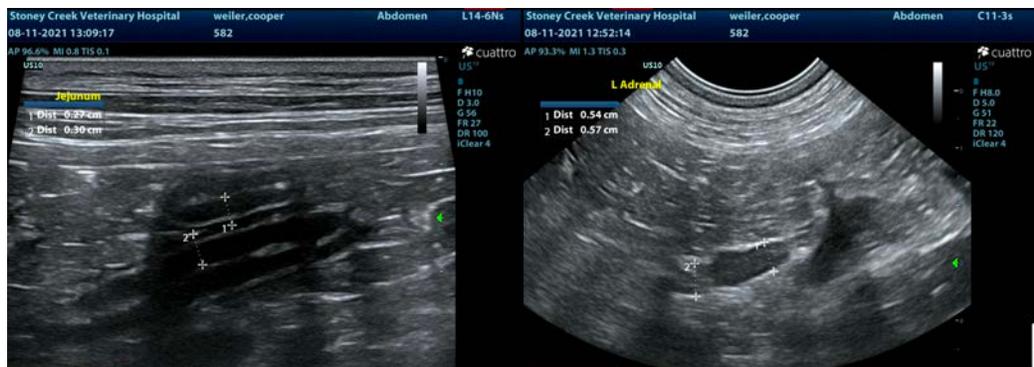
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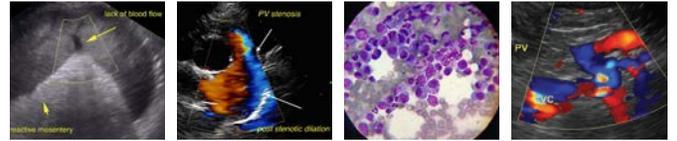


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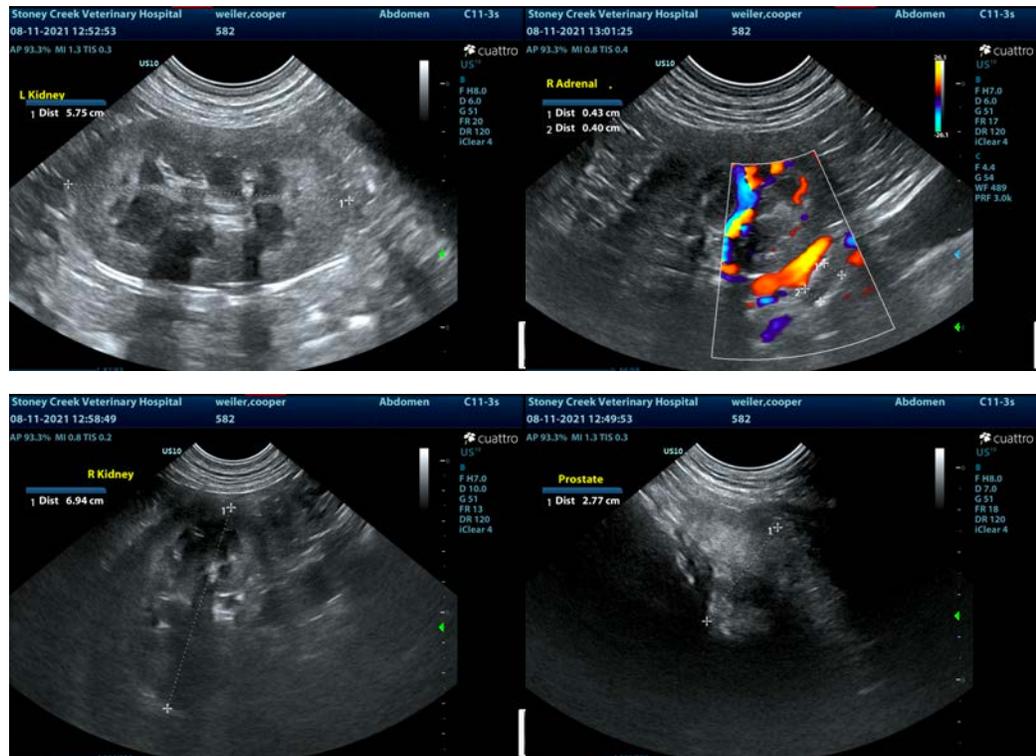
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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