



PATIENT

Rags Joines

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

Neutered Male

AGE

11 Years

WEIGHT

9 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Emergency
Clinic of High Country

REFERRING VET

Dr. Phipps

INVOICE

23910

DATE

8/11/23

PRESENTING CLINICAL SIGNS

History: P presented 8/11pm for lethargy, inappetence for 2 weeks, seen by rdvm 2 weeks ago and there was concern for kidney function, P is aggressive, painful abd, liver enlarged, sedated for oral exam, petechial hemorrhage and episraxis, rads enlarged liver,

Abnormal PE/Chem/CBC/UA Results: HCT 28.5 retic 116 plt 103 BUN40 Phos 7 TP 8.6 glob 5.8 alt 138 lepto neg PT/aPTT: normal.

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 3.0 cm beyond the cystourethral junction. Iliac trifurcation was unremarkable.

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. The right kidney measured 5.6 cm. Trace pyelectasia was noted in both kidneys. The left kidney measured 5.02 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 1.84 cm x 0.53 cm at the caudal pole and 0.5 cm at the cranial pole. The right adrenal gland measured 1.61 cm x 0.91 cm at the cranial pole and 0.64 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 were noted. Caudal folding of the spleen was noted.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. This is a moderate change.

Gastrointestinal



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Fluid filled **gastric** lumen was noted with excessive gas. Some microulcerative mucosal changes were noted. The small intestine and colon were unremarkable.

Pancreas

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The right **pancreatic** limb revealed an anechoic cyst, not clinically significant, measuring 1.4 cm.

ULTRASONOGRAPHIC FINDINGS

BREED

Shih Tzu Mix

- Gastritis pattern with microulcerative changes
- Benign hepatopathy with some remodeling
- Anechoic cyst in the right limb of the pancreas, benign
- Age-related renal changes with trace pyelectasia bilaterally

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of foreign bodies or neoplasia. GI protectant protocol is recommended. Treatment for the next 7-10 days and recheck sonogram is indicated, assuming the patient is improving. GI blood loss may be an issue given the anemia in this patient. If any NSAID treatment is being utilized, I recommend stopping that for the time being.

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Helicobacter/Gastritis protocol

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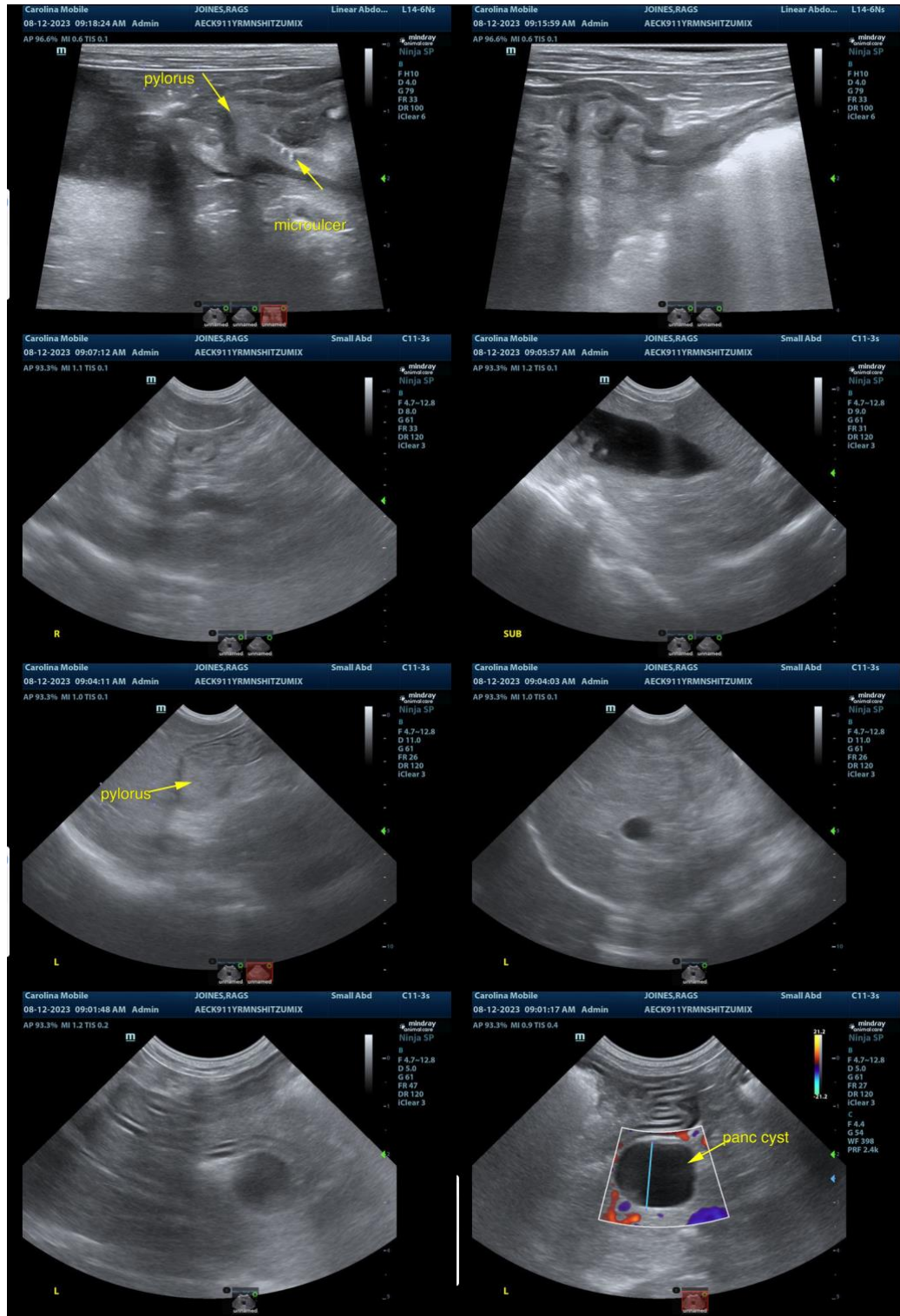
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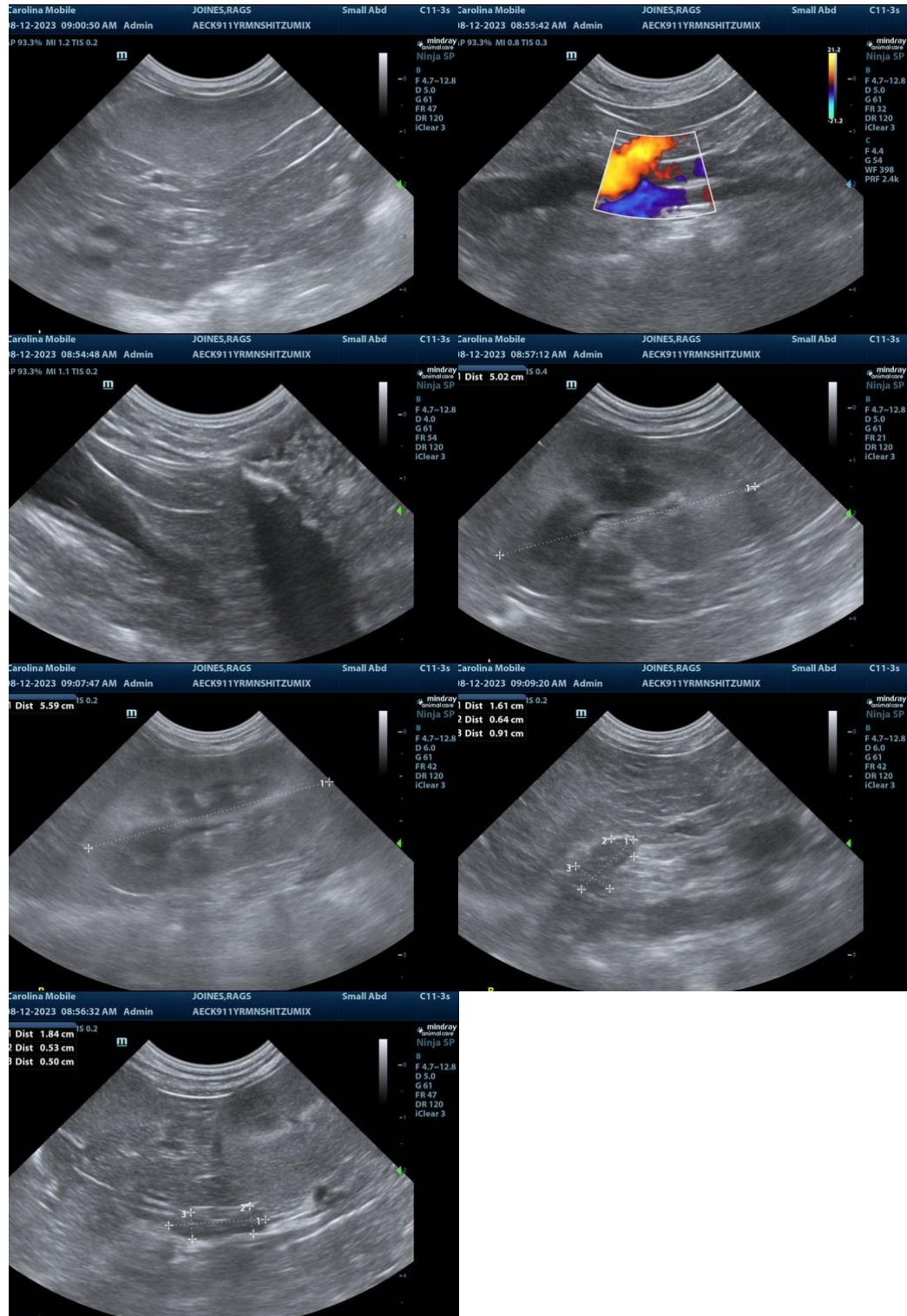
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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